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PATIENT GUIDE

Preventing Urinary Infections After Menopause

Urinary tract infections (UTIs) become more common after menopause, and for some women they keep coming back. The good news is that there are effective ways to break the cycle — many of them without long-term antibiotics. This sheet explains why infections happen, what you can do yourself, the treatments that help, and why douching should be avoided.

WHY ARE UTIs MORE COMMON AFTER MENOPAUSE?

Lower **oestrogen** levels thin the lining of the vagina and urethra and reduce the "good" bacteria (lactobacilli) that normally keep harmful germs in check. Other factors that add to the risk include incomplete bladder emptying, a prolapse, bladder leakage, constipation, diabetes and reduced fluid intake.

KNOW THE SIGNS OF A UTI

Bladder infection (cystitis)

Burning or pain when passing urine, needing to go often or urgently, lower tummy discomfort, or blood in the urine.

In older women

Symptoms can be less typical — new confusion, falls, or feeling generally unwell may be the only signs.

Kidney infection — urgent

Fever, shivering, pain in the side or back, nausea or vomiting. **Seek care the same day.**

Not a UTI on its own

Cloudy or smelly urine without other symptoms is usually not an infection and does not need antibiotics.



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SELF-CARE

Everyday habits that help

1 Drink enough water
Keep your urine pale — usually about 2–2.5 litres a day. Women who drink little benefit most.

2 Don't hold on
Pass urine every 3–4 hours by day, and whenever you feel the need.

3 Empty fully
Sit fully on the seat and lean forward. Wait a moment and try again ("double voiding").

4 Pass urine after sex
This helps flush out germs. A water-based lubricant reduces irritation.

5 Wipe front to back
After using the toilet, to keep bowel germs away from the urethra.

6 Keep bowels regular
Constipation increases infection risk. Eat fibre and stay active.

IMPORTANT — HEART OR KIDNEY DISEASE

If you have **heart disease** or **chronic kidney disease (CKD)**, follow the fluid amount your doctor has advised for that condition. Do not aim for more than 3 litres a day unless told to.

Other things that help

- **Control blood sugar** if you have diabetes. Some diabetes tablets can increase genital and urinary infections — ask your doctor if you are prone to UTIs.
- **Treat bladder leakage or prolapse.** These can stop the bladder emptying properly and are very treatable.
- Wear breathable cotton underwear and change out of damp clothing promptly.

Common myths, corrected

MYTH	FACT
"Douching keeps me clean and prevents infections."	It removes protective bacteria and **increases** the risk of infection.
"Every positive urine test needs antibiotics."	Bacteria in the urine **without symptoms** is common after menopause and usually should not be treated.
"Vaginal oestrogen is the same as HRT tablets."	It is a very low, local dose with minimal absorption into the body.
"Cranberry juice cures a UTI."	It may help prevent infections in some women, but it does not treat an active infection.

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TREATMENTS

Treatments to prevent repeat infections

If you have **2 or more UTIs in 6 months, or 3 or more in a year**, we look for a cause and discuss prevention. Options include:

TREATMENT	WHAT IT INVOLVES
Vaginal oestrogen	A low-dose cream, tablet or pessary placed in the vagina. It restores the protective lining and good bacteria, and is one of the most effective preventive treatments after menopause. Very little enters the bloodstream. Please discuss it with us if you have had breast or womb cancer.
Methenamine hippurate	A non-antibiotic tablet that makes urine less friendly to bacteria. A good alternative to long-term antibiotics.
Bladder vaccines	Oral and under-the-tongue UTI vaccines are used in some other countries, but they are **not yet approved by CDSCO or available in India**.
Cranberry products	May help some women. Choose sugar-free capsules or unsweetened juice. Check with your doctor if you take warfarin.
D-mannose, probiotics	Evidence is uncertain. They are generally safe, but should not replace proven treatments.
Low-dose antibiotics	A small daily dose, a dose after sex, or a "standby" course you start yourself — used when other measures are not enough.

Tests we may do

- A **urine culture** before antibiotics are started, so the right antibiotic is chosen.
- An **ultrasound** of the kidneys and bladder, including how well the bladder empties.
- Blood sugar and kidney function tests, and sometimes a **cystoscopy** (camera check of the bladder), for example if there is blood in the urine.

A NOTE ON DOUCHING

Why you should not douche

What is douching?

Douching means washing or rinsing **inside** the vagina with water, soap, antiseptics, vinegar or scented "feminine hygiene" products. It is **not recommended**.

- The vagina **cleans itself naturally**. Douching washes away the protective lactobacilli and disturbs the natural acidity.
- This makes infections **more** likely — including bacterial vaginosis, thrush and pelvic infections — and can worsen dryness and irritation after menopause.
- Douching does **not** prevent urinary infections, and it can hide symptoms that need a doctor's attention.

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GENTLE INTIMATE HYGIENE

- Wash only the **outer area** (vulva) once a day with plain water or a mild, unscented soap, and pat dry.
- Using the **health faucet** is fine — rinse the outer area front to back, and never direct the water inside the vagina.
- Avoid scented intimate washes, vaginal deodorants, sprays, powders, wipes with fragrance, and bubble baths.
- If you notice unusual discharge, odour, itching or bleeding after menopause, **see a doctor** rather than douching.

When to seek help

USUALLY SETTLES	CONTACT US OR GO TO EMERGENCY
• Mild burning or frequency that improves within 48 hours of starting antibiotics • Slight vaginal irritation in the first weeks of vaginal oestrogen	• **Fever**, shivering, or pain in the side or back • Nausea or vomiting, or unable to keep fluids down • **New confusion**, or feeling very unwell • Symptoms not improving after 48 hours of antibiotics • **Blood in the urine**, or any vaginal bleeding after menopause

IN AN EMERGENCY: call **+91 97465 52559** or go to the nearest hospital emergency department. Mention any recent urine infections and antibiotics.

MY PERSONAL PLAN (to be filled in at your consultation)

Prevention plan _____

Vaginal oestrogen _____

Other medicines _____

What to do if symptoms start _____

Next review _____

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This leaflet provides general information for patients and families. It does not replace individual medical advice. Please follow the advice given to you personally, and speak to your doctor before starting or stopping any medicine. Content based on current EAU (European Association of Urology) guidance on urological infections and the AUA/CUA/SUFU guideline on recurrent urinary tract infections in women.