

Enhanced Culture UTI Pathway

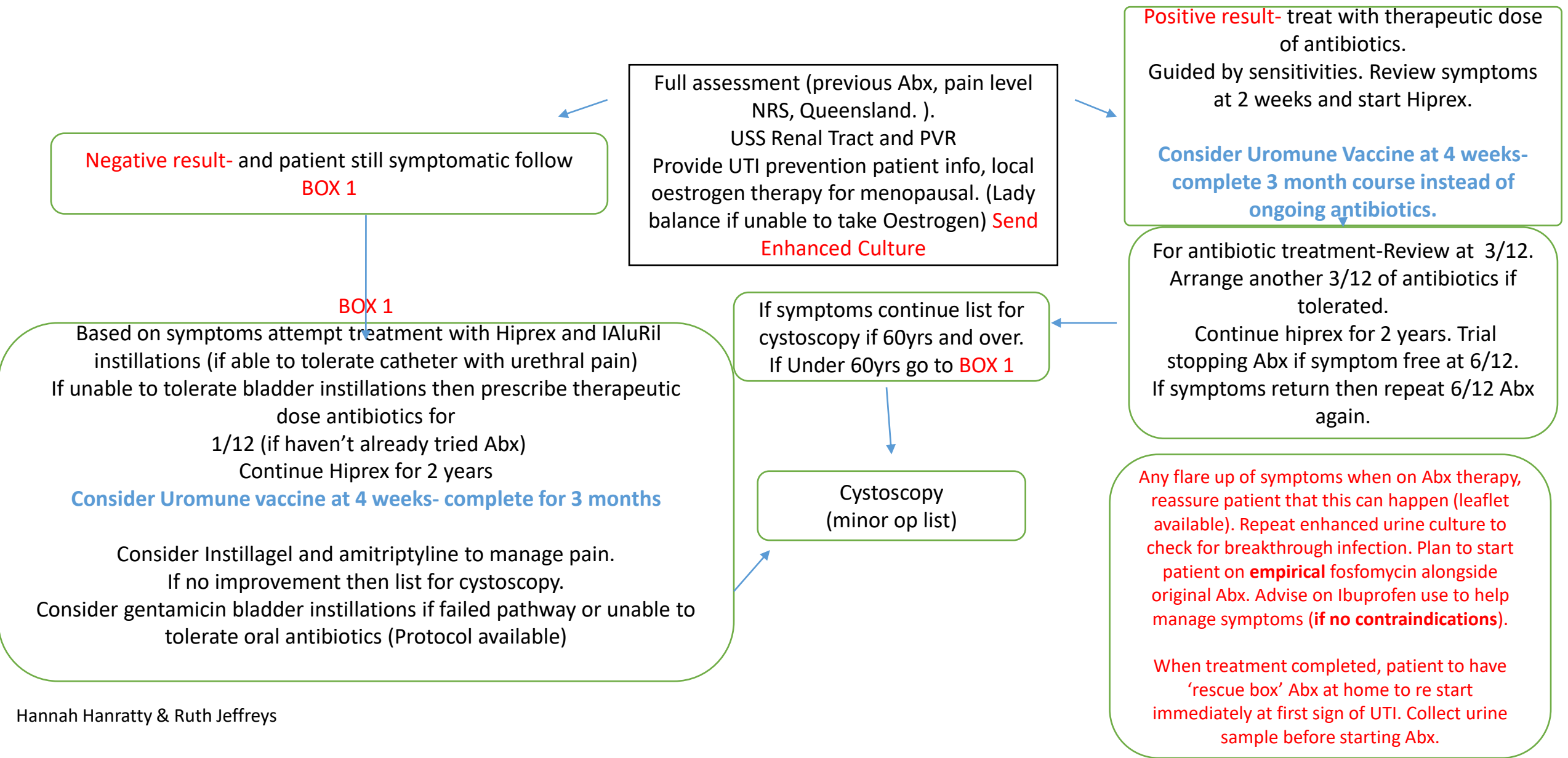
- **INCLUSION CRITERIA** (they must meet all 5 points below to have testing)
- **1**-Classic symptoms of UTI (sudden onset acute dysuria with/or without urinary frequency)
- **2**-A Negative standard MSU culture (with this episode of symptoms)
- **3**-No antibiotics in the last 7 days
- **4**-Alternative causes ruled out e.g vaginal thrush or BV
- **5**-UNCOMPLICATED UTI ONLY (see page 2 for definition)

NICE Guidelines 2022 Uncomplicated V Complicated UTI

- **Uncomplicated UTI** — UTI caused by typical pathogens in people with a normal urinary tract and kidney function, and no predisposing co-morbidities.
- **Complicated UTI** — UTI with an increased likelihood of complications such as persistent infection, treatment failure and recurrent infection.
 - Risk factors for complicated UTI include structural or neurological abnormalities of the urinary tract, urinary catheters, virulent or atypical infecting organisms and co-morbidities such as poorly controlled diabetes mellitus or immunosuppression.
 - Pregnancy

Enhanced culture UTI pathway

Patient must have had negative standard MSU with ongoing symptoms of an Uncomplicated UTI – including dysuria and no antibiotics 7 days before testing



Full assessment (previous Abx, pain level NRS, Queensland.).
USS Renal Tract and PVR
Provide UTI prevention patient info, local oestrogen therapy for menopausal. (Lady balance if unable to take Oestrogen) Send Enhanced Culture

Negative result- and patient still symptomatic follow BOX 1

Positive result- treat with therapeutic dose of antibiotics.
Guided by sensitivities. Review symptoms at 2 weeks and start Hiprex.
Consider Uromune Vaccine at 4 weeks- complete 3 month course instead of ongoing antibiotics.

For antibiotic treatment-Review at 3/12. Arrange another 3/12 of antibiotics if tolerated.
Continue hiprex for 2 years. Trial stopping Abx if symptom free at 6/12. If symptoms return then repeat 6/12 Abx again.

If symptoms continue list for cystoscopy if 60yrs and over. If Under 60yrs go to BOX 1

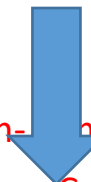
Cystoscopy (minor op list)

Based on symptoms attempt treatment with Hiprex and IALuRil instillations (if able to tolerate catheter with urethral pain)
If unable to tolerate bladder instillations then prescribe therapeutic dose antibiotics for 1/12 (if haven't already tried Abx)
Continue Hiprex for 2 years
Consider Uromune vaccine at 4 weeks- complete for 3 months
Consider Instillagel and amitriptyline to manage pain.
If no improvement then list for cystoscopy.
Consider gentamicin bladder instillations if failed pathway or unable to tolerate oral antibiotics (Protocol available)

Any flare up of symptoms when on Abx therapy, reassure patient that this can happen (leaflet available). Repeat enhanced urine culture to check for breakthrough infection. Plan to start patient on empirical fosfomycin alongside original Abx. Advise on Ibuprofen use to help manage symptoms (if no contraindications).
When treatment completed, patient to have 'rescue box' Abx at home to re start immediately at first sign of UTI. Collect urine sample before starting Abx.

Antibiotic Dosage

- Nitrofurantoin 100mg slow release BD – nitrofurantoin is ineffective if there is significant renal impairment therefore not used if eGFR < 45ml/min. Inform patient to report any new respiratory symptoms.
- Trimethoprim 200mg BD (long term side effects- hyperkalaemia, needs periodic U & E, FBC 6/12. Caution with ACE inhibitors/angiotensin II inhibitors)-
- Cephalexin 500mg TDS or QDS
- Pivmecillinam 200mg TDS
- Amoxicillin 500mg TDS
- Doxycycline 100mg BD
- Lymecycline 408mg BD
- Fosfomycin 3gms day 1, 4 then 7
- Co-trimoxazole 960mg BD (Pyelonephritis)
- Hiprex 1gm BD (without Vitamin C)



Trimethoprim- monthly U & E'S
Nitrofurantoin – Consider respiratory
function tests in the older patient
(Refer to Hannah.Hunt@wales.nhs.uk)

Vulva Skin care- provide patient leaflet from BAD (British Association of Dermatologists)

Data collection- Please refer to UTI assessment template produced by Miss Vij (Consultant Urogynaecologist)