

Recurrent urinary tract infections (UTIs)

Why infections return, what may help, and when to seek care.

For patients of **Mr Syed Ali Shahzad**, Consultant Urological and Robotic Surgeon
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Simplified bladder illustration, not to scale. Symptoms need assessment to identify their cause.

What does recurrent mean? Usually **2 or more UTIs in 6 months**, or **3 or more in 12 months**.
A useful plan treats the current infection, checks why episodes return and chooses prevention that fits you.

Recognising symptoms

A UTI is usually caused by bacteria entering the urinary tract. Burning when passing urine, urgency, frequency and lower tummy discomfort may occur. Smelly or cloudy urine alone does not confirm infection. Similar symptoms can have other causes.

Know when to get help

Call 999 or go to A&E: new confusion, marked drowsiness or difficulty speaking. Sudden inability to pass urine needs immediate medical assessment.

Urgent GP or NHS 111: fever, shaking chills, pain in the back below the ribs, vomiting, blood in the urine, pregnancy with symptoms, rapid worsening, or no improvement within 48 hours of treatment. Do not wait for a routine private appointment.

Building your prevention plan

Start with everyday care

- Drink enough to avoid dehydration. Follow any fluid restriction for heart or kidney disease.
- Avoid regularly delaying a wee; allow time to empty your bladder. Discuss constipation or difficulty emptying.
- Use gentle washing and avoid vaginal douching or harsh antiseptics. Review spermicide use if infections follow sex.
- Passing urine after sex is reasonable if sex is a trigger, although evidence that this prevents UTIs is limited.

UTIs are not a sign that you are unclean. These steps may help, but cannot prevent every infection.

Vaginal oestrogen around menopause

During perimenopause and after menopause, local oestrogen cream, tablets or a ring may reduce recurrences and help dryness. It acts mainly locally. Discuss suitability, including any history of breast cancer, with your clinician. Systemic HRT is not prescribed solely to prevent UTIs. Review local treatment within 12 months. [1]

Hiprex (methenamine hippurate)

This urinary antiseptic is an alternative to daily antibiotics for suitable non-pregnant people with a female urinary system when appropriate earlier measures have not helped enough. Treat any current UTI first. Men, children, pregnancy, recurrent kidney infections and complicated UTIs need specialist advice. [1]

Your prescriber checks kidney and liver health, other conditions and medicines. **Do not combine Hiprex with sulphonamide antibiotics or alkalinising cystitis sachets containing sodium or potassium citrate.** Some illnesses, including severe kidney failure, severe dehydration and gout, make it unsuitable. [2]

Hiprex does not treat a new acute UTI. Seek advice if symptoms develop. Review treatment within 6 months, then at least annually. [1]

Preventive antibiotics

A trigger-related dose (for example after sex) or a daily low dose may help selected patients. The choice depends on cultures, allergies and medical history. Review at least every 6 months. A breakthrough infection needs medical advice and may need a different antibiotic; do not change treatment yourself. [1]

If you take nitrofurantoin: longer-term use needs monitoring. Seek prompt medical advice for new cough, breathlessness, painful breathing, yellow skin or eyes, or dark urine with pale stools. These may signal lung or liver side effects. [3]

Understanding other options

Bladder instillations: UTIs and bladder pain

A clinician places a solution into the bladder through a thin catheter during an outpatient visit. Treatments containing hyaluronic acid, sometimes combined with chondroitin sulphate, aim to support the bladder lining.

For recurrent UTIs, they may be considered when less invasive prevention has not helped sufficiently. Some studies suggest fewer infections, but evidence remains limited. The EAU recommendation is weak, and further research is needed. [4]

These treatments may also help some people with bladder pain syndrome after infection and other causes have been assessed. Persistent bladder pain does not always mean infection; negative urine tests alone do not establish bladder pain syndrome. [5]

These bladder-lining treatments are not antibiotics. They do not replace treatment for an acute UTI. Tell the clinic if you suspect infection before a planned visit. Discuss likely benefits, alternatives, costs and catheter-related discomfort or infection.

[Explore the iAluRil clinic guide](#)

Jade and Kay provide nursing care and support under Mr Shahzad's clinical leadership.

Uromune (MV140)

This preparation of inactivated bacteria is sprayed under the tongue to stimulate an immune response. Research is promising, but it is **unlicensed in the UK**; selected specialist services arrange named-patient supply. [6]

It is not a standard NICE NG112 prevention recommendation. Current EAU guidance recommends immunomodulatory prevention in women only within a well-regulated clinical trial. It does not treat an active UTI. Any proposed use needs discussion of evidence, alternatives, unlicensed status and follow-up. Inclusion here does not confirm availability at this clinic. [1,4,6]

Supplements: set realistic expectations

D-mannose: a large UK trial found no significant preventive benefit over placebo in women in primary care. It should not be presented as established prevention. Consider cost and sugar content. [7]

Probiotics: evidence for preventing recurrent UTIs is inconclusive; products and strains vary. They should not replace assessment or established care. [1]

Cranberry: some people try it for prevention, but benefit is uncertain. It does not treat an active infection. Avoid cranberry products if taking warfarin. [8]

Make the most of your review

What your urologist may check

Mr Shahzad can review your infection pattern and possible contributing factors, such as incomplete emptying, stones or prostate problems. Assessment may include urine cultures, a bladder scan after passing urine, relevant blood tests or an ultrasound. Cystoscopy is used when the history or findings justify it; not everyone needs every test. [4]

Recurrent infections in men, pregnancy, kidney infections or an unclear cause deserve specialist advice. Catheter users need an individual plan. Ongoing symptoms despite treatment also need reassessment. [1,4]

Bring these to your appointment

- Dates of infections, symptoms and any triggers you have noticed.
- Urine-culture results and details of recent antibiotic courses.
- Your medicine and allergy list, including supplements and menopause treatments.

Agree a clear plan: What should I do if symptoms return? Who should I contact? Do I need a urine sample before antibiotics? When will prevention be reviewed?

Arrange a recurrent UTI assessment

Birmingham, Worcestershire and the West Midlands
birminghamadvancedurology.co.uk/contact/
HCA secretary: Yasmin Khan | +44 7866 009874
Yasmin.Khan@hcaconsultant.co.uk



Scan for the full guide and references. For other hospital contacts and current fees, use the website. Self-pay patients can enquire without a GP referral. This is not an urgent-care service.

Sources and further reading

1. NICE NG112: recurrent UTI recommendations (updated 2024)
2. Hiprex 1 g: UK Summary of Product Characteristics
3. MHRA: nitrofurantoin lung and liver safety advice
4. EAU 2026: Urological Infections guideline
5. EAU: Chronic Pelvic Pain - management and bladder pain
6. NHS Right Decisions: example Uromune named-patient pathway
7. Hayward et al. MERIT trial (2024). DOI: 10.1001/jamainternmed.2024.0264
8. NHS: urinary tract infections and when to seek urgent help

Sources checked 20 September 2026. Published by Birmingham Advanced Urology. This leaflet summarises options; medicine licensing and availability may change. Ask your prescriber before starting or changing treatment.