

Information for Patients: Urinary Problems in Women

Urinary problems are some of the most common gynecologic problems in women of all ages.

Bladder infections

A bladder infection is a common urinary problem and occurs for different reasons in different age groups. Symptoms can include one or more of pain on urination, urinary frequency and urgency, or hematuria (blood in the urine). They can also be silent (asymptomatic). Bladder infections are frequently called “urinary tract infections” or “UTI”. The following discussion addresses only teenage and older women – it does not apply to pediatric UTI cases.

Bladder infections occur when bacteria from the vulva or vagina migrate through the urethra into the bladder. They may occur because of poor hygiene, or from sexual activity, or during conditions when the bladder has a reduced ability to combat infection, such as pregnancy or menopause. They may come on quite suddenly or very gradually.

It is important to treat a urinary tract infection promptly. Without treatment, a UTI may spread to the kidneys and cause damage. Ideally, a urine specimen is obtained for analysis and culture, but sometimes it is more convenient to treat on the basis of symptoms. This should not be habitual though, because the infection may be a sign of something more serious. Symptoms can be alleviated by a medication called pyridium, available over the counter at the pharmacy, which anesthetizes the bladder and colors the urine bright orange. This should not be used for more than a day, or long enough to diagnose the condition and obtain appropriate treatment.

Treatment consists of several days of oral antibiotics, the duration depending on the medication prescribed. It is important to complete treatment even though the pain usually resolves within 24 hours. If urinary infections recur frequently, evaluation should be made for other conditions such as kidney stones or interstitial cystitis.

Incontinence

Incontinence is most common in pregnant women and post menopausal women. In pregnancy the tissues surrounding the bladder lose their tone. Post-partum and perimenopausal, either “stress” incontinence (related to increased abdominal pressure like coughing or jumping) or Over-Active Bladder (OAB) may occur. These conditions are partially related to the lack of estrogen in the vaginal tissues and partially to other factors. Severe stress incontinence usually is treated with surgery, though milder levels may respond to physical therapy. OAB is characterized by urinary urgency and frequency, though a “stress” component may also be present. This can be treated with physical therapy, bladder “retraining” or oral medication.

Hematuria

Blood in the urine, occurs often with bladder infections but also for other reasons such as kidney stones or cancer. Anyone with blood in her urine should be medically evaluated. If you are not sure if blood is from the bladder or the vagina, use a tampon to trap any vaginal blood. If blood continues to be present in the urine, then you should seek treatment.

Urinary urgency

It is common to experience urinary urgency with bladder infections, OAB and interstitial cystitis (IC). IC often comes on gradually and episodically. The first few episodes may be treated as bladder infections, but urine cultures will be negative. Having a negative culture does not prove IC, but it should be suspected when symptoms don't resolve with treatment or symptoms return repeatedly with negative cultures. In addition to urgency and frequency, pelvic pain is often present with IC.

IC can be treated with oral medication or instillation of medicine into the bladder, or sometimes with physical therapy. Treatment usually has to be ongoing. There is no known cure for IC - it is thought to be due to a metabolic defect in the bladder, but research continues.