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Pearl W. Yee, M.D. Inc.

*Obstetrics • Gynecology • Medical Aesthetics
Fertility • Menopause • Urinary Incontinence
Advanced & Minimally Invasive Female Surgery*

■ 2661 Ocean Avenue, San Francisco, CA 94132
(415) 405-0200 • (415) 405-0201 (Fax)
■ 1447 Powell Street, San Francisco, CA 94133
(415) 43-DrYee (433-7933) • (415) 433-1622 (Fax)

Urinary Tract Infection Treatment Options

- 60% of women will have a urinary tract infection in her lifetime
- Complicated UTIs include: diabetes, abnormal anatomy, previous surgery, history of stones, indwelling catheter, spinal cord injury, immunocompromise or pregnancy.
- Acute bacterial cystitis presents with: Dysuria, frequency, urgency, suprapubic pain or pressure, hematuria or fever.
- Differential diagnoses of acute urethritis include: GC, Chlamydia, HSV and Upper tract pyelonephritis presents with: Fever, chills, flank pain, varying degrees of dysuria, urgency and frequency
- Pyelonephritis requires 14 days of total antibiotic therapy either outpatient or inpatient
- Uncomplicated acute bacteria cystitis in women even over 65 years of age can be treated with 3 days of antibiotics
- Acute uncomplicated cystitis is less effectively treated with amoxicillin or first-generation cephalosporins

Treatment options for uncomplicated acute bacterial cystitis includes:

- Trimethoprim – sulfamethoxazole = Septra DS b.i.d. x 3 (ssx=fever, rash, photosensitivity, nausea, headache)
- Trimethoprim 50-100 mg b.i.d. x 3
- Ciprofloxacin 250 mg b.i.d. x 3
- Levofloxacin 250 mg a day x 3
- Norfloxacin 400 mg b.i.d. x 3
- Nitrofurantoin mg q.i.d. x 7
- Nitrofurantoin monohydrate hundred milligrams b.i.d. x 7 (ssx=anorexia, nausea, hepatitis)

3 days of anti-microbials is the recommended treatment for uncomplicated acute bacterial cystitis in women with a 90% effectiveness. Septra DS is preferred with 95% eradication.

Frequent recurrences can be treated with continual prophylaxis for 6 months effective in 95%
Pyelonephritis has been shifted to outpatient treatment

Urine culture is not needed for initial treatment of lower UTIs

Practice protocol: Treatment of UTIs/Pearl W. Yee M.D. Inc. April 2008