

Complicated

- Definition
 - Females with comorbid medical conditions
 - All male patients
 - Indwelling foley catheters
 - Urosepsis/hospitalization
- Diagnosis
 - Urinalysis, Urine culture
 - Further labs, if appropriate.
- Treatment
 - Fluoroquinolone (or other broad spectrum antibiotic)
 - **7-14 days** of treatment (depending on severity)
 - May treat even longer (2-4 weeks) in males with UTI



Special cases of Complicated cystitis

- Indwelling foley catheter
 - Try to get rid of foley if possible!
 - Only treat patient when symptomatic (fever, dysuria)
 - Leukocytes on urinalysis
 - Patient's with indwelling catheters are frequently colonized with great deal of bacteria.
 - Should change foley before obtaining culture, if possible
- Candiduria
 - Frequently occurs in patients with indwelling foley.
 - If grows in urine, try to get rid of foley!
 - Treat only if symptomatic.
 - If need to treat, give fluconazole (amphotericin if resistance)



Recurrent Cystitis

- Want to make sure urine culture and sensitivity obtained.
- May consider urologic work-up to evaluate for anatomical abnormality.
- Treat for 7-14 days.



Pyelonephritis

- Infection of the kidney
- Associated with constitutional symptoms – fever, nausea, vomiting, headache
- Diagnosis:
 - Urinalysis, urine culture, CBC, Chemistry
- Treatment:
 - **2-weeks** of Trimethoprim/sulfamethoxazole or fluoroquinolone
 - Hospitalization and IV antibiotics if patient unable to take po.
- Complications:
 - Perinephric/Renal abscess:
 - Suspect in patient who is not improving on antibiotic therapy.
 - Diagnosis: CT with contrast, renal ultrasound
 - May need surgical drainage.
 - Nephrolithiasis with UTI
 - Suspect in patient with severe flank pain
 - Need urology consult for treatment of kidney stone



Prostatitis

- Symptoms:
 - Pain in the perineum, lower abdomen, testicles, penis, and with ejaculation, bladder irritation, bladder outlet obstruction, and sometimes blood in the semen
- Diagnosis:
 - Typical clinical history (fevers, chills, dysuria, malaise, myalgias, pelvic/perineal pain, cloudy urine)
 - The finding of an edematous and tender prostate on physical examination
 - Will have an increased PSA
 - Urinalysis, urine culture
- Treatment:
 - Trimethoprim/sulfamethoxazole, fluroquinolone or other broad spectrum antibiotic
 - **4-6 weeks of treatment**
- Risk Factors:
 - Trauma
 - Sexual abstinence
 - Dehydration

