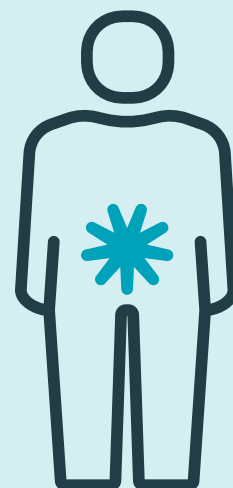


UTI risk factors

a quick guide

"I've been catheterising for 10 years. I check everything. I wash my hands. I drink plenty of water. And I still had four UTIs last year."

Rob Turk | NL



Rob Turk
Continence Care User



What is a UTI?

Let's start at the beginning. A urinary tract infection (UTI) occurs when harmful bacteria enter the bladder, multiply and then attack the bladder wall¹. Some people are more prone to UTIs than others, but catheter users are particularly vulnerable. Not only is your risk of infection higher, but your symptoms may also be more severe.

Your healthcare provider can prescribe medication to help your body fight the infection. But what if you could reduce your risk of getting a UTI in the first place?

UTI risk factors

There are many factors that can impact your risk of contracting a UTI^{2,3}. We worked with a team of expert doctors on identifying and defining these factors so we could better understand them. The result is our UTI risk factor model, which you can see below in a condensed version.*

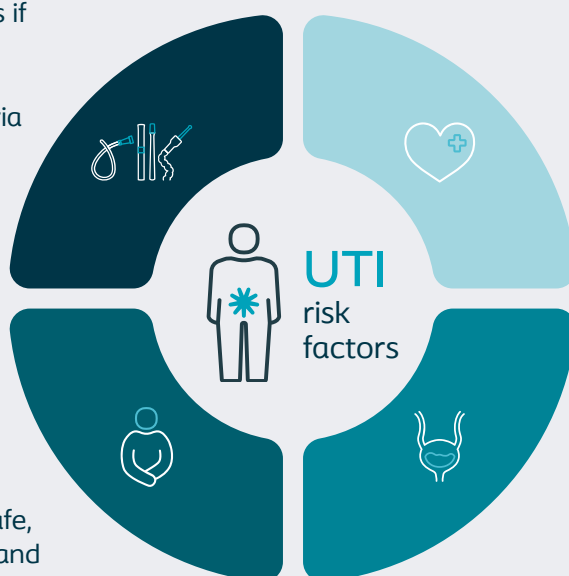
Our aim is to help you recognise and then, with the guidance of your healthcare provider, manage the risk factors that are relevant to you.

Catheter

Your risk of UTI increases if you fail to empty your bladder completely, you introduce harmful bacteria into the urethra or you injure the urinary tract when you use a catheter.

Routine

Risk factors associated with your routine include not emptying your bladder often enough, not practising safe, hygienic catheterisation and not drinking sufficient water.



Health

Your risk of UTI increases with age, and is greater if you have a health condition such as bowel dysfunction or diabetes, or you are female.

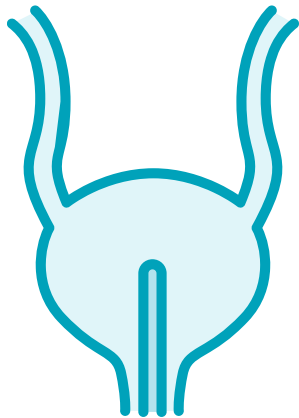
Urinary tract

Previous UTIs, bladder or kidney stones, or a bladder with a shape that makes it difficult to empty completely can increase your risk of UTI.

*Adapted from the UTI risk factors model (Kennelly M., et al. (2019), 10.1155/2019/2757862)

How UTIs develop and what you can do about it

Let's have a look at how a UTI develops to understand what you can do about it.



Step 1

When bacteria get into the bladder

Most of the microorganisms found around and inside the urethra are helpful to you³. But harmful bacteria, such as E. coli that are normally found in the bowel and faeces might also be present and can enter the bladder when you insert your catheter^{1,2}. Harmful bacteria can also get onto the catheter if it comes into direct contact with your hands or other surfaces.

What can I do about it?



Wash your hands thoroughly with soap and water before catheterisation.



Don't let the catheter touch your hands, clothes or skin.



Clean the area around the urethral opening as instructed by your healthcare provider.



Use a catheter, such as one from the SpeediCath® range, that is instantly ready to use so you don't have to touch it before insertion.



Don't touch the area around the urethra with the catheter before insertion.



After a bowel movement, wipe from front to back to avoid transferring bacteria to the urethra.



Step 2

When bacteria start to multiply

Once inside the bladder, bacteria can multiply fast. They can double in number every 20-30 minutes, so it is important to empty the bladder completely and frequently^{3,4}.



Step 3

When bacteria cause an infection

Infection occurs when bacteria attack the bladder wall¹. Your risk of infection will go up if you have a high concentration of bacteria in your bladder or if your bladder wall is inflamed or traumatised from a previous UTI, treatment or examination procedure².

What can I do about it?



Drink enough fluids (6-8 glasses per day is recommended) to help dilute bacteria in the urine.



Catheterise 4-6 times a day or more frequently if you experience UTI symptoms.



If you are using a conventional eyelet catheter, reposition your catheter when the flow of urine stops to empty your bladder of any remaining urine.



Keep a bladder diary to track how much you drink and how often you catheterise so together with your healthcare provider you can find the schedule that works best for you.

What can I do about it?



Use a well-lubricated, hydrophilic-coated catheter so that insertion is smooth, reducing the risk of trauma to the urethra and bladder^{5,6}.



Always insert the catheter slowly and gently, even if you are in a hurry.



Consider your catheter options to make sure you have one with a smooth coating such as a SpeediCath® with Triple Action Coating Technology™.

To take a look at your catheter options visit <https://coloplast.to/Intermittent-Catheters>

If you are struggling with repeated UTIs, feel free to reach out for support **1800 653 317**.

Our Coloplast Care Team has a deep understanding of how UTIs can impact the lives of catheter users and is ready to help you find out how you can lower your risk of UTIs.

1. Barber AE, Norton JP, Spivak AM, et al. Urinary tract infections: current and emerging management strategies. Clin Infect Dis. 2013;57(5):719-24.

2. Kennelly M, Thiruchelvam N, Averbek MA, et al. Adult Neurogenic Lower Urinary Tract Dysfunction and Intermittent Catheterisation in a Community Setting: Risk Factors Model for Urinary Tract Infections. Adv Urol. 2019;2019:2757862.

3. Vasudeva P, Madersbacher H. Factors implicated in pathogenesis of urinary tract infections in neurogenic bladders: some revered, few forgotten, others ignored. Neurourol Urodyn. 2014;33(1):95-100.

4. Forsyth VS, Armbruster CE, Smith SN, et al. Rapid Growth of Uropathogenic Escherichia coli during Human Urinary Tract Infection. mBio. 2018;9(2).

5. De Ridder DJ, Everaert K, Fernández LG, et al. Intermittent catheterisation with hydrophilic-coated catheters (SpeediCath) reduces the risk of clinical urinary tract infection in spinal cord injured patients: a prospective randomised parallel comparative trial. Eur Urol. 2005;48(6):991-5.

6. Stensballe J, Looms D, Nielsen PN, et al. Hydrophilic-coated catheters for intermittent catheterisation reduce urethral micro trauma: a prospective, randomised, participant-blinded, crossover study of three different types of catheters. Eur Urol. 2005;48(6):978-83.