

- (eg urinary catheter)
- Functional or anatomical abnormality of the urinary tract (eg hydronephrosis, neurogenic bladder, single kidney)
- Prior pelvic radiation
- Prior urinary tract or vaginal surgery (ie incontinence correction, mesh surgery)
- management
- Persisting post void residual volume (PVR) (≥100 mL or complaints of urinary flow)
- Current or planned pregnancy Renal insufficiency or transplant,
- immunocompromised state. or poorly controlled diabetes
- recommended)
- Constipation/faecal incontinence (if minimal symptoms and normal investigations, referral to pelvic floor physiotherapist is recommended)
- Failed antibiotic prophylaxis
- Desire for UTI vaccination
- Patient and/or doctor concern

Figure 1. Diagnostic and management algorithm for recurrent urinary tract infections.

ANegative urine MCS does not exclude UTIs in the presence of symptoms, asymptomatic bacteriuria should not routinely be screened for and often require no treatment. Circumstances for the treatment of asymptomatic bacteriuria include pregnant patients or prior to a urological procedure, which might risk breaching the urinary mucosa. CTIVP, computed tomography intravenous pyelography; CTKUB, computed tomography of the kidneys, ureters and bladder; urine MCS, urine microscopy/culture/ sensitivities; USKUB, ultrasound of the kidneys, ureter and bladder; UTI, urinary tract infection.