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PATIENT INFORMATION SHEET: Urinary Tract Infection (UTIs) in Children

Urinary tract infections are seen quite commonly in children. They can present as bladder infections (Cystitis) or kidney infections (Pyelonephritis).

Symptoms include burning/discomfort on passing urine, urgency, frequency and 'smelly' urine. If they are severe they can include fever and vomiting as well. In some cases, children previously potty trained may start bed wetting or dribbling into their underpants if they can't get to the loo in time.

This is not normal and there is a need to confirm that these symptoms represent a 'true', confirmed UTI and so needs to be investigated.

Initially this includes:

A *clean catch* urine in older children or a fresh bag sample in infants. This is then tested using urine dipstix which looks for evidence of infection – such as white cells and nitrites but also kidney *mischief* such as blood and protein.

This fresh urine, if abnormal on dipstix, is then sent to the laboratory to be looked at under a microscope and also to be grown on a special medium to see what kind of bug is responsible and to assess what antibiotic would work best.

If it is proven to be a UTI, then an ultrasound of the kidneys and bladder is indicated to exclude any structural problem (this is less of a problem now as all mothers have ante-natal scans which include assessment of the babies' kidneys). If this test shows abnormalities such as swollen/blocked kidneys – called hydronephrosis, then further tests may need to be done.

In addition, if the infection is severe or recurrent, a test called a DMSA scan should be done to exclude scarring of the kidneys. In this situation, children may be put onto a low dose night-time antibiotic to prevent any further infections for a time period of 6 months – 2 years (the variable duration depends on their age), and then reassessed.

Prevention of UTIs:

- Good fluid intake – we suggest 6 – 8 cups of fluid a day up to 1 hour before bed-time
- Avoiding constipation – passing a stool every day – if not use Lactulose, Movicol or oatbran added to food
- Regular peeing every 3-4 hours – not holding on to urine
- Probiotics in form of Actimel or Yakult yoghurt drinks
- Good hygiene – daily bath/shower, avoiding bubble baths

Dr Mignon McCulloch