UTI’s: To Pee or not to Pee: That is the Question

Not really a question though, is it? We don’t have a choice when it comes to elimination of “body wastes”, even if it hurts. Everyone knows the symptoms of a UTI: pain or burning (“dysuria”), frequency (needing to urinate often), and urgency (gotta pee, gotta pee, gotta pee!). The presence of fever (“febrile UTI”) usually means the infection is “ascending” to the upper urinary tract (the kidneys). UTI’s are usually caused by bacteria (E coli is #1), although it may be viral at times.

A urinalysis – a 2 minute test – will almost always indicate the presence of a UTI. Culturing the urine at a medical lab – a 48 hour test – tells us what type of bacteria is the cause and which antibiotics will and won’t work.

UTI’s during infancy are about equal in frequency between boys and girls – although there is excellent evidence that circumcision is preventative. Past infancy, UTI’s are much more common in females, mostly because of the shorter urethra. There’s also a genetic component; UTI’s often run in families.

So how can you tell if your child has a UTI? In older, verbal kids, it’s usually straightforward; they complain, you get a sample tested, badda bing, badda boom, you’re done. In infants and toddlers, you (and the doctor) should suspect UTI if the child is persistently fussy or febrile (feverish) without an obvious cause, either by your excellent observation or the MD’s excellent exam.

What else could it be? The same symptoms can be caused by bubble bathes, or even too much soap or shampoo suds in the bathwater. Diabetes will eventually cause “polyuria” (frequent voiding of large amounts) but no burning; urinary frequency without pain may be a temporary phenomenon due to stress, or bladder spasms (“dysfunctional voiding”).

How to prevent UTI’s? In infants, changing poopy diapers quickly may help. Older kids should be encouraged to use the bathroom throughout the day and not “hold” it until the last minute. Avoiding constipation can help, good hygiene (wiping front to back for girls), and finally drinking lots of liquids (and I don’t mean sodas).

Further investigation? Some individuals are prone to UTI’s because they’re born with an anatomical abnormality of the urinary tract. Ultrasound and x-ray imaging will detect these structural problems. Recurrent UTI’s or UTI with fever warrants further evaluation and possible referral to a pediatric urologist.