Let's have a wee chat! DR. VINCENT CHONG UROLOGIST

)utline

- Case 1 UTIs
- Case 2 SUI vs OAB
- Case 3 PCa Survivorship
- Questions and Answers

Case 1 - History

45 yo woman with a history of recurrent UTIs. How will you approach this case?

- Is this simple vs complicated
- Other causes STIs, gynae, red flags
- Pain dyspareunia, loin pain
- MSU results
- PMH diabetes, stones, constipation, neurology, childhood UTIs

efinition

 "Simple/Uncomplicated" means that the patient has no known factors that would make her more susceptible to develop a UTI

"Complicated" indicates that other complicating factors may put one at higher risk for UTI and decreased treatment efficacy.

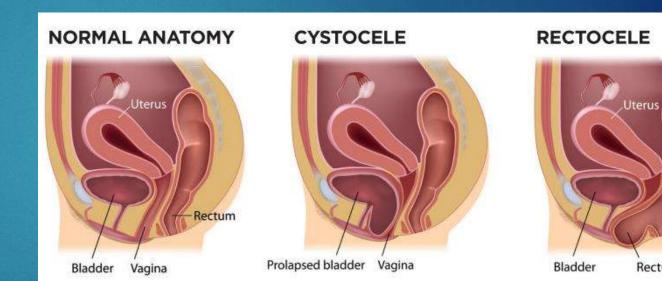
 anatomic or functional abnormality of the urinary tract (e.g., stone disease, diverticulum, neurogenic bladder),

- an immunocompromised host,
- multi-drug resistant bacteria.

Case 1 - Examination

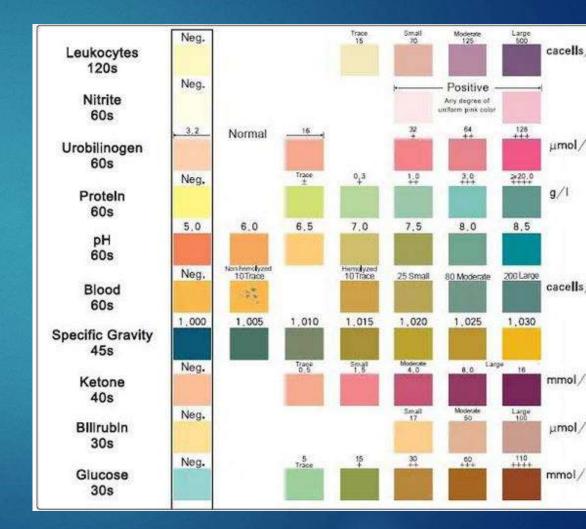
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- ?palpable bladder
- Flank pain
- Gynae
 - Atrophic vaginitis
 - Prolapse
 - Urethral diverticulum

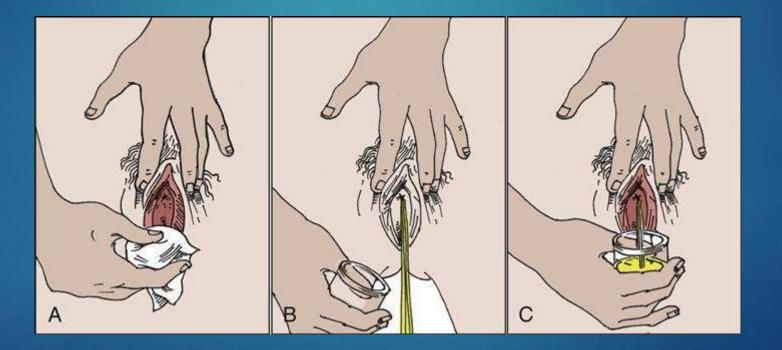


Case 1 - Investigations

- Dipstick
- Urine microscopy, C+S
- HbA1c
- X-ray/US KUB with a PVR



ow would you ask a patient to ake a urine sample?

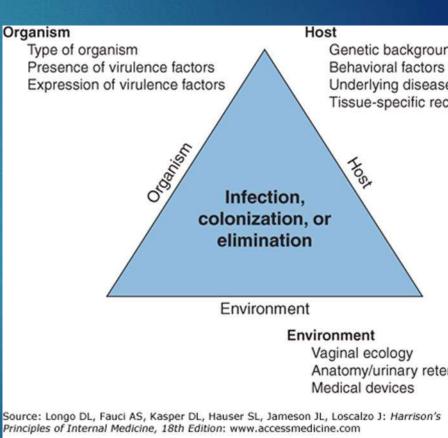


Net are the normal host defence nechanism against UTIs?

- Normal flora
- Normal flow of urine
- Vaginal estrogen/cervical IgA
- Urine characteristics
- Exfoliation of urothelial cells
- Tamm-Horsfall protein
- GAG layer

o cause of infections in this woman. ow will you manage her?

- High fluid intake
- Void after intercourse
- Topical estrogen in postmenopausal
- Non-antibiotics therapy
 - Cranberry
 - D-mannose
 - Uromune
 - Hiprex



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