

# Urine

## Frequently asked common questions

### **1. The lab called back to say they need a new urine sample, the first was contaminated. What happened?**

If the skin and genital area were not cleaned well prior to collecting the sample, the urine culture may grow three or more different types of [bacteria](#) and is assumed to be contaminated. The culture will be discarded because it cannot be determined if the bacteria originated inside or outside the urinary tract. A contaminated specimen can be avoided by following the directions to carefully clean yourself and by collecting a mid-stream clean catch urine sample.

### **2. Can symptoms of a urinary tract infection be treated by using antibiotics without performing a urine culture?**

The reason is because bacteria known as *Escherichia coli* ([E. coli](#)) cause the majority of lower [urinary tract infections](#). This organism is usually susceptible to a variety of antibiotics, such as trimethoprim-sulfamethoxazole, ciprofloxacin, and nitrofurantoin. In most patients with uncomplicated disease, the UTI may be resolved after empiric therapy with one of these antibiotics. However it is advisable to conduct a culture test because many bacteria are resistant to most antibiotics. A sensitivity test removes the guess work.

### **3. What happens if the infection goes untreated?**

If the infection is not treated, it can move from the lower urinary tract to the upper urinary tract and infect the kidney itself, and possibly, enter the bloodstream, causing [septicemia](#). Symptoms of septicemia include fever, chills, elevated [white blood cell count](#), and fatigue. [Blood cultures](#) have to be performed to determine if you have septicemia and then antibiotics have to be prescribe accordingly.

#### **4. What puts a person at risk for recurrent urinary tract infections (UTI)?**

There are a wide variety of factors that predispose a person to acquire a [UTI](#). After the neonatal period, the incidence in females is higher than in males due to the anatomical differences in the female genitourinary tract. In infants and young children, congenital abnormalities are associated with UTI. In adults, sexual intercourse, diaphragm use, [diabetes](#), [pregnancy](#), reflux, [neurologic](#) dysfunction, renal stones, and tumors all predispose to UTI. In a hospital, nursing home, or home care setting, indwelling catheters and instrumentation of the urinary tract are major contributing factors to acquiring a UTI