

This can take infection into the kidney, leading sometimes to permanent damage and scars.

If we find reflux or scars, we can prevent damage or worsening of existing damage, by giving low dose antibiotics every evening continuously over a long period of time.

This type of antibiotic and the low dose is chosen to avoid disturbing natural immunity while hopefully preventing UTIs.

Eventually the reflux stops and the child no longer needs the prevention antibiotic.

At one time reflux was treated by surgery, but now this is rarely necessary.

How to comment on your treatment

We aim to provide the best possible service and staff will be happy to answer your questions. However, if you have any concerns you can also contact the Patient Experience Service on 0800 917 6039 or E-mail portsmouthhospitals.patientexperience@porthosp.nhs.uk

Consent- What does this mean?

Before any health professional examines or treats you they must have your consent or permission. Consent may be implied (e.g. offering a wrist for taking a pulse) or written (where you sign a form agreeing the treatment/operation). Young people are presumed to be able to give consent depending on their maturity and the nature of the decision.

Where a child is not competent to give consent, only a person (or body) with parental responsibility may consent on the child's behalf. More detailed information is available www.dh.gov.uk

Information about you- The Data Protection Act 1998

Please refer to the booklet 'Your Healthcare Information – Your Rights! Our Responsibilities!' for further guidance.

Further information: NHS Direct online, www.nhsdirect.nhs.uk
Helpline: 0845 4647

Urinary tract infection in children

Information for parents and older children



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Specialist Support

If you require this leaflet in another language, large print or another format, please contact the Health Information Centre Tel: (023) 9228 6757, who will advise you.

Urinary Tract Infection in Children

Urinary tract infection (UTI) is a common problem in childhood and most of the time is not due to any serious kidney problem.

However, sometimes careful investigations can show an underlying reason for the occurrence of UTIs and if this is picked up early, it can save further problems in the future.

This is why we take it seriously and organise some tests.

Why do UTIs happen?

There can be simple reasons for getting a UTI.

Make sure your child is drinking enough. Children at school may not drink enough during the day. It is essential to have plenty of fluid passing through their system to wash out any bacteria (germs) that have passed up into the bladder from the outside. It is also necessary for your child to empty their bladder regularly in order to wash out any germs that might be taking hold.

Some children can go for several hours without emptying their bladder. Your child should be encouraged to empty their bladder every 3-4 hours. The germs that cause the problem come from the bowel. Therefore be careful about avoiding contamination when bottom wiping. Always wipe front to back. UTIs may be set off by bubble bath or hair washing in the bath especially in girls.

Girls get UTIs more commonly than boys but they certainly happen in boys, sometime following an infection in the prepuce (foreskin). Other problems that can set off UTIs include constipation and threadworms.

Tests for UTIs

Ultrasound Scan

This is the main test carried out in all children from babies to teenagers.

Using sound pictures a view of the kidneys and bladder is put onto a screen. Children usually enjoy this test (jelly on the belly and watch it on the telly!).

With a scanner we can make sure that there are two good kidneys and there is no appearance of obstruction either of the collecting part of the kidneys or the bladder.

Other tests are only required in the following cases:-

- In babies or if your child has an abnormal ultrasound scan
- Strong family history of kidney problems
- Multiple infections
- If the UTI was a bad one with a fever or back pain around the kidneys

Other Tests

DMSA Scan

This involves the injections of a radioisotope (small dose of radiation) into an arm vein. It is the best test for showing up any scars that might have been caused by an infection. It should not be performed too quickly after a UTI as we may get a false result.

MAG 3 Scan

This involved an injection of radioisotope and is the best way for showing any obstruction. To make this more obvious, a second injection is often given to increase the urine flow. In older children who have bladder control, we ask them to pass urine to see if any passes back from their bladder to their kidney (reflux).

Micturating cystogram (MCU)

This test is carried out by inserting a catheter (small hollow tube) into the urethra (lower urinary passage). A fluid which shows up on x-ray is then put into the bladder. It is the best test for showing up reflux (see over) since the fluid is seen passing back up to the kidneys.

Remember that in order to be sure that there is a UTI, a well taken urine sample must be sent to the laboratory.

Vesico-Ureteric Reflux

If babies and young children have serious or repeated infections, reflux may be the reason. The condition often runs in families. It consists of back flow of urine, up the ureters (tubes from the kidneys) to the kidneys due to weak valves at their entrance to the bladder.