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## **Urethral Syndrome in Women**

Urethral syndrome describes a situation in which women suffer from a variety of irritative bladder symptoms that include more frequent urination, urgency (a stronger than normal urge to urinate), burning with urination, slowing of the stream, pain in the lower abdomen, a sense of incomplete emptying of the bladder after urinating, pain with intercourse and incontinence of urine (unwanted loss of urine). Not all women have all of the symptoms listed above.

### **Definitions**

The urethra (your-e-thra) is a channel or tube through which urine flows from the bladder to the outside. In women, this channel ends just above the vaginal opening. The urethra is surrounded by muscles, which squeeze the channel shut, and gives us our urinary control. Cystitis (sis-tie-tus) is the medical term for lower urinary tract or bladder infection.

### **Diagnosis**

Urethral syndrome is most often misdiagnosed as bladder infection of 'cystitis'. A bladder infection has identical symptoms but requires the presence of large amounts of bacteria in the urine to make a diagnosis. With cystitis, antibiotics are used and most symptoms resolve quickly after treatment. Patients with urethral syndrome have no bacteria in their urine and hence, do not respond to antibiotic therapy. An internal telescopic examination of the bladder (cystoscopy) in patients with bladder infection shows the wall to be red and inflamed. In patients with urethral syndrome is relatively rare, many women will be given multiple courses of different antibiotics just on the basis of symptoms. It is not uncommon for the diagnosis of urethral syndrome to be delayed until antibiotic therapy has failed to cure the symptoms.

Other disease processes that also must be considered with the symptoms presented above include infections with rare bacterial types (chlamydia and ureaplasma are two of these), neurological disorders, gynecological disorders, bladder tumors, urethral narrowing, interstitial cystitis and more. We may need to perform certain tests in order to clarify the diagnosis. These tests may include X-rays and cystoscopy. The X-rays may be done in order to be sure there is no stone or other physical abnormality. The bladder studies may include cystoscopy and cystometrics. Cystoscopy allows direct inspection of the interior of the bladder with a small telescope placed through the urethra. Cystometrics are studies of the nerves to the bladder area done by measuring pressure and sensations as the bladder is filled and emptied with a tube.

The diagnosis of urethral syndrome is usually made when we have eliminated other disease possibilities. By excluding infections and other bladder irritating conditions as mentioned above, we finally arrive at diagnosis of urethral syndrome.

The true cause of urethral syndrome is not known. Some feel that it may be due to urethral stenosis (narrowing) but this is not well documented. Others feel that it may be due to infectious agents, which are difficult to isolate, neurologic factors, or psychologic factors. More likely, urethral syndrome is a combination of all these events.

### **Treatment**

Treatment of urethral syndrome is made difficult by the absence of a known cause. Since the symptoms are so reminiscent of a bladder infection, we do try various types of antibiotics first. If you are reading this pamphlet it is very likely that antibiotics have been tried and no relief was obtained! Other treatments include placing special medications directly into the bladder and urethra. These include DMSO and argyrols. Some medications can reduce symptoms or spasms. They include bladder relaxing medications and anti-inflammatories. Changing one's diet to reduce irritating foods and beverages such as caffeine, acids, cranberries, and alcohol may also help. Sometimes urethral syndrome disappears as mysteriously as it begins, sometimes it lasts for many years, coming and going. Stress may play some role. Stress may somehow stimulate the symptoms, and it definitely makes it harder for the patient to tolerate or deal with the symptoms, whatever the cause. An old time treatment of urethral syndrome was to forcibly dilate or stretch the urethra. Unless a definite narrowing exists, we feel that dilation should not be performed. Stretching the urethra may only create more scar tissue and then truly the need for urethral stretching will always be needed.