URINE CULTURE

Patient: What is a urine culture?
Doctor: A urine culture is a lab test to check for bacteria or other germs in a urine sample.
Patient: What is it for?
Doctor: Your health care provider may order this test if you have symptoms of a urinary tract infection or bladder infection, such as pain or burning when urinating.
You may also have a urine culture after you have been treated for an infection, to make sure that all of the bacteria are gone.
Patient: What are some preparations needed for the test?
Doctor: Generally none; however, you may be instructed not to urinate for at least an hour before the test and/or to drink a glass of water 15-20 minutes before sample collection. This will help to ensure that you can produce enough urine for the sample. Be sure to follow the instructions provided for collecting a clean catch urine sample.
Patient: How is the test performed?
Doctor: Most of the time, the sample will be collected as a clean catch urine sample. We will use a special kit to collect the urine. A urine sample is taken by inserting a thin rubber tube (catheter) through the urethra into the bladder. The urine drains into a sterile container, and the catheter is removed.
Patient: What happens after they take the sample?
Doctor: The urine is taken to a lab to determine which, if any, bacteria or yeast are present in the urine. This takes 24 - 48 hours.
Patient: How does the test feel?
Doctor: When the catheter is inserted, you may feel pressure. A special gel is used to numb the urethra.
Patient: What does the test result mean?
Doctor: "Normal growth" is a normal result. This means that there is no infection. A "positive" or abnormal test is when bacteria or yeast are found in the culture, this likely means that you have a urinary tract infection or a bladder infection. Sometimes more than one type of bacteria or only a small amount may be found in the culture.
Patient: What are the risks of this test?
Doctor: There is a very rare risk of a hole (perforation) in the urethra or bladder if your doctor or nurse uses a catheter.
Patient: Is there anything else I should know doctor?
Doctor: Females get UTIs more often than males. Even school-age females may have frequent UTIs. For males with a culture-proven UTI, the doctor may order further tests to rule out the presence of a kidney stone or structural abnormality that could cause the infection.
If you have recurrent urinary tract infections, culture and susceptibility testing may be performed with each episode. For patients who have frequent UTIs, their bacteria may become resistant to antibiotics over time, making careful selection of antibiotic and the full course of treatment essential. Those with kidney disease and/or with diseases that affect the kidneys, such as diabetes and those with compromised immune systems may be more prone to recurring UTIs.
Patient: What happens if my infection goes untreated?
Doctor: If your 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. If your doctor suspects that you have septicemia, she will typically order blood cultures and will prescribe antibiotics accordingly.
Patient: What puts me at risk for recurrent urinary tract infections (UTI)?
Doctor: 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

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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.

QUESTIONS:

1. **In your own words, can you tell me how the test is performed**?
2. **Is it very important to perform urine culture before prescribing an antibiotic? Why?**
3. **Why do you think females have a higher risk of having UTIs than men?**