



New Chronic and Recurrent UTI Clinic

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Mr Ased Ali is a Consultant Urologist at Mid Yorkshire Hospitals NHS Trust and a member of the Bladder Health UK Medical Panel. He has recently begun to run clinics to help patients with chronic UTI which are based in Yorkshire. The treatments he offers such as broth culture can only be offered privately at the Spire Hospitals in Leeds, Huddersfield and Dewsbury but Mr Ali also sees patients with UTIs at his NHS practice at Pinderfields Hospital. BHUK's Susannah Fraser went along to chat to him about his motives for setting up the clinics and his interest in UTI.

Q Thank you for agreeing to speak to us! A lot of members tell us that many Urologists aren't very interested in UTI - what sparked your interest?

A I was very fortunate to gain insights into urinary tract infections when I did my first research project relating to UTI back in 2007. I then went onto do a PhD specifically in recurrent UTI so really it's been something I've been interested in scientifically for over a decade (in fact Bladder Health UK or COB as it was then, even helped with some of the research). I personally think UTI a fascinating area as a) UTI is so common (most common bacterial infection in humans) and b) there is still so much we don't understand.

Q What motivated you to set up the clinic?

A Through a variety of sources including Bladder Health UK, the Chronic Urinary Tract Infection Campaign and individual patient experiences, it was clear to me that many patients were suffering needlessly due to limited access to clinicians and services dealing with this problem. This was especially bad in the North of England as although there are a few services in London including Professor Malone-Lee's clinic, there was nothing specifically in the North of England. Furthermore, even the existing clinics in London were struggling with the number of patients needing help.

Q What services does the clinic provide?

A The focus of the clinic is in providing enhanced diagnostics to help identify the appropriate bacteria to treat and then using appropriate treatment to remove infection. To that end, we have teamed up with Dr Catriona Anderson who set up a lab service to provide broth culture. Broth cultures are a specialised form of urine culture where the bacteria are grown for extended periods of times in a liquid medium instead of a petri dish. The result is that it is much more sensitive at picking up UTI causing bacteria. The standard urine culture technique used within the NHS really isn't fit for purpose and is based on work in the 1950s and just doesn't work well in chronic and recurrent UTI. This is really important as so many patients who know they've got a UTI and whose symptoms improve with antibiotic treatment get told by GPs and hospital specialists that there is no bacteria in their urine because of deficiencies in the testing. This is not only misleading but can actually lead to an incorrect diagnosis and sufferers 'getting labelled' with other conditions that they may not actually have (interstitial cystitis, overactive bladder, psychosomatic symptoms, etc.)

Q Once the bacteria have been identified, what do you then consider to be appropriate treatment'?

A Good question. In the first instance, we use the culture results to help us determine which bacteria are causing the problem and provide an extended course of antibiotics to remove them. The culture results can be quite revealing as often sufferers have more than one bacteria with different sensitivity and resistance to antibiotics. Once, we've treated patients with an extended course, we can then look at prophylactic regimes, where appropriate, using either agents to sterilise the urine, vaginal treatments, naturopathic agents or low dose antibiotics. Other options for patients with very stubborn infections include the new UTI vaccine (Uromune[®]), intravesical antibiotics (i.e. antibiotics put directly into the bladder) or even some invasive options like fulguration treatment of the bladder to destroy the bladder cells where the bacteria grow.

Q What is the purpose behind the longer course of antibiotics?

A The exact process leading to chronic and recurrent UTI is not fully understood but there is now research showing that the condition is due to bacterial persistence in a 'reservoir' either within the wall of the bladder or in the peri-urethral and vaginal tissues. This reservoir is itself relatively resistant to eradication by short courses of antibiotics due to the bacteria forming a 'biofilm'. A biofilm comprises a group of bacteria which stick to each other and often also to other living or non-living surfaces forming a three-dimensional structure as a form of bacterial community. These biofilms can form within the deep cell layers of the bladder and are known as intracellular bacterial colonies (IBC). In order to eradicate these IBC, one has to wait for the layers of bladder cells above them to be shed so that the infected layers are exposed to the antibiotics. Hence, the longer courses.



Bladder Health UK

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