

OUR QUESTION ONE QUESTION, THREE DOCTORS' ADVICE

“Is urinating frequently normal, or is it a symptom of a serious ailment?”



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Frequency is subjective. Sometimes we urologists see patients who naturally urinate infrequently and who have started urinating more often. They still might be close to the average frequency, but because they are deviating from their routine, this new pattern still can be considered frequent urination.

So, frequency can be defined as a number of trips to the bathroom more than you are accustomed to. A rule of thumb for frequency is less than two to three hours between bathroom breaks.

Frequent urination is a symptom that might have several causes. If it is accompanied by burning, increased urgency, and flank pain, then that could be a sign of a urinary tract infection (UTI). If it's a serious infection, a fever might be present. In that case, call your physician immediately.

With overactive bladder, frequent urination often is accompanied by incontinence, while cases of interstitial cystitis (IC) are characterized by extreme frequency and chronic pain. Another overlapping symptom sometimes seen with both an infection and IC is blood in the urine, or "hematuria." Like fever, this symptom must be evaluated as soon as possible.



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Initial evaluation of a urinary tract infection begins with urinalysis and a urine culture. If fever is present, then a blood count, blood culture, and kidney and bladder ultrasound are also useful. The ultrasound helps exclude the presence of a stone or kidney swelling. Sometimes a CT scan or "nuclear medicine study" may be necessary to confirm kidney function and urine drainage.

When frequency is accompanied by urgency and incontinence, the above evaluations will be performed, and if there is any blood in the urine—without infection—then a CT intravenous urogram and cystoscopy are ordered. Sometimes, these tests are done in the absence of blood. If they are negative, urodynamics can evaluate bladder function; look for uninhibited bladder contractions; and exclude an obstruction, incomplete bladder emptying, and stress incontinence.

In suspected IC, cystoscopy with hydrodistention helps make a diagnosis (this test usually requires anesthesia). A "Hunner's ulcer" found inside the bladder during cystoscopy is a classic IC sign.

Visible blood in the urine ("gross hematuria") almost always requires a thorough workup to exclude significant urinary tract pathology. The most common causes of gross hematuria in the adult population are UTI, stones, benign prostate hyperplasia, trauma, anticoagulation, and tumors.



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Most of the time, frequent urination is not a symptom of a serious illness, although in a few cases, it can present as a symptom of bladder cancer along with another possible symptom of a UTI: a burning sensation while urinating.

These cases are usually referred to a urologist if a person has had what seem like repeated bouts of UTI without any response to antibiotics. In these rare instances, we will order a urine culture, and if it is negative—if there is no evidence of bacteria that is causing a UTI—then we will order a work up for potential bladder cancer.

Another serious illness that sometimes presents with the symptom of frequent urination is diabetes. Increased thirst can be an accompanying symptom in diabetes, so first a doctor must determine if a much simpler explanation—increased fluid intake—is not to blame.

The test for diabetes is a type of urine analysis called the "glucose test" or "sugar test," which looks for greater than normal levels of glucose in the urine, a telltale sign of diabetes.



About Frequent Urination

This is a tricky question to answer, only because defining "normal frequency" is a little like answering the question "am I too short or too tall." Put simply, everyone is different, but there are some cases in which deviation from a (quite wide) norm can be the sign something is amiss.

In general, most adults urinate about six to eight times in a 24-hour period, which translates into a daily production of anywhere from just under a quart to a half a gallon. If you're happy and healthy, the amount you urinate is just right, for you.

Problems arise when you deviate from your typical habit.

Frequent urination can result from simple causes, such as drinking too many fluids, especially those that contain caffeine or alcohol. Caffeine is a mild diuretic, meaning it promotes urine production. If you're drinking more than five cups of coffee, tea, or caffeinated soft drinks a day, your urologist might advise you to cut down. Alcohol also acts as a diuretic, suppressing a hormone that controls urination. And several blood pressure medications use the diuretic effect to relax blood vessels.

Frequency can be a symptom of a number of diseases readily controlled with medication. These complaints are often accompanied by other symptoms. For instance, a urinary tract, kidney, or prostate infection often presents with burning or pain during urination, pain in the groin or flank, and a persistent urge. An accompanying fever should be evaluated immediately. Overactive bladder syndrome often also causes incontinence and urgency, while interstitial cystitis causes bladder pain that gets worse as the bladder fills.

Some conditions are potentially fatal if left untreated. Diabetes is the name given to several disorders that affect how your body processes sugar. Often in diabetes frequent urination is accompanied by thirst, hunger, "nocturia" (nighttime urination), and fatigue. When frequency and burning is accompanied by constant back pain and blood in the urine, your urologist may order tests to rule out bladder or prostate cancer.

We want to hear from you. Send your urology health and wellness question to information@ampofny.com.

Physician SPOTLIGHT



William H. Foresman, MD

Dr. William Foresman is a board certified urologist practicing in Auburn, NY. He received his undergraduate education at Hamilton College in Clinton, NY; his medical degree at Upstate Medical Center in Syracuse, NY; and completed his urology residency at the University of Rochester Medical Center at Strong Memorial Hospital in Rochester, NY.

Dr. Foresman has been practicing in Auburn since 1998, and he established a busy solo practice at Lake Region Urology in 2004. He has held many leadership positions in his community, including serving as president of the Cayuga County Medical Society; as chief of surgery and president of the medical staff at Auburn Memorial Hospital (AMH); as a Board of Trustees and Foundation Board member at AMH; and on many hospital committees.

While in training in Rochester, Dr. Foresman worked under Dr. Edward Messing, chairman of the Rochester Medical Center Department of Urology. During this time, Dr. Foresman was involved in research studies in both pediatric urology and prostate cryotherapy. He practices general adult and pediatric urology, and his interests include medical and endourologic management of stone disease, female urology and incontinence, management of benign prostate hyperplasia, and genitourinary cancer care.