

# Guideline Amendment Summary

## Recurrent Uncomplicated Urinary Tract Infections in Women: AUA/CUA/SUFU Guideline

Published 2019; Validity Confirmed 2022; Amended 2025

The changes below constitute updates made in the 2025 Amendment:

Section	Document Update
Methodology	Updated to include 2025 amendment process
Introduction	Updated the following sections: “Terminology and Definitions” “Index Patient” “Symptoms” and “Diagnosis” “Human as Habitat Model” “Emerging Diagnostic Tools” “Education and Informed Decision-making” “Panel Formation” “Searches and Articles Selection” “Peer Review and Document Approval”
Table 1	Updated the following definitions: <ul style="list-style-type: none"> <li>• Acute bacterial cystitis</li> <li>• Localized urinary tract infection (previously uncomplicated)</li> <li>• Complicating factors</li> <li>• Recurrent urinary tract infection (rUTI)</li> </ul> Added definitions for: <ul style="list-style-type: none"> <li>• Systemic urinary tract infection</li> <li>• Pyuria</li> </ul>

Section	Document Update
Statement #1	Statement remains unchanged Supporting text updated
Statement #2	This statement was previously Statement #5 and moved up to Statement #2 Statement remains unchanged Supporting text updated
Statement #3	This statement was previously Statement #2 Statement and supporting text updated
Statement #4	This statement was previously Statement #3 Statement remains unchanged Supporting text updated
Statement #5	This statement was previously Statement #4 Statement remains unchanged Supporting text updated to change “uncomplicated UTI” to “localized UTI”
Statement #6	The recommendation type has been modified from “Moderate” to “Conditional” as per AUA guideline nomenclature
Statement #7	Statement remains unchanged Supporting text updated
Statement #8	Statement remains unchanged Supporting text updated
Statement #9	Statement remains unchanged Supporting text updates on antibiotics

Section	Document Update
	Table 3 updated
Statement #13	Statement updated to: “Clinicians should offer cranberry as an option for prophylaxis for women with rUTIs. (Moderate Recommendation; Evidence Level: Grade B)”  Supporting text updated
Statement #14	New statement: “Clinicians should inform patients with rUTIs that D-mannose alone for prophylaxis may not be effective in UTI prevention. (Moderate Recommendation; Evidence Level: Grade B)”  Corresponding text included
Statement #15	New statement: “Clinicians may offer methenamine hippurate for prophylaxis for women with rUTIs. (Conditional Recommendation; Evidence Level: Grade C)”  Corresponding text included
Statement #16	New statement: “When women with rUTIs have a water intake below 1.5 L/day (50 oz), clinicians may offer increased water intake for prophylaxis. (Conditional Recommendation; Evidence Level: Grade C)”  Corresponding text included  Sections from “Other Preventive Methods” previously under Statement #13 has been moved under this recommendation
Statement #17	This statement was previously Statement #14  Statement remains unchanged  Additional paragraph added to supporting text
Statement #19	New statement: “For patients with persistent UTI symptoms after microbiological cure, clinicians should evaluate for alternative causes to patient symptoms. (Expert Opinion)”  Corresponding text included

Section	Document Update
Future Directions	Supporting text updated that include discussion on: <ul style="list-style-type: none"> <li>• rUTI education</li> <li>• Advanced molecular technologies</li> <li>• Antimicrobials</li> <li>• Overuse of antibiotics and alternative therapies</li> <li>• rUTI prevention</li> <li>• Vaccines</li> </ul>
References	The reference list was updated to reflect document additions and deletions
Algorithm	The algorithm was updated to incorporate all relevant changes to the document

Note: Additional editorial changes were made throughout the guideline to align with current AUA guideline criteria and for consistency purposes. These additional changes were not substantial and were not content-related.