Conference editorial

The upcoming ISPP International Pelviperineology Congress is a special event in the history of our society. AAVIS was founded in 1996 and has organised an Annual Scientific meeting every year since 1999. In recent years our meetings have developed a multidisciplinary and international focus until last year in Vienna it was decided to change the name of our society. In 2011 we return to Australia where our society was born and in particular to Sydney, the location of very successful meetings in 2005 and 2007.

This year The Plenary sessions will be held at the Dockside Convention centre which is a large modern venue in the heart of the Sydney Central Business District within walking distance of many hotels and apartments. Hands on cadaver workshops will be held at the impressive new facilities of the Australian School of Advanced medicine at Macquarie University. An interesting and varied program has been arranged and we look forward to welcoming you to Sydney in October. You can monitor the conference website at www.pelviperineology.com and make sure you book in early to secure your place at this landmark event.

BRUCE FARNSWORTH

Editorial

Clinical Practice Guideline for management of uncomplicated urinary tract infections

Urinary tract infections (UTI) are among the most common types of bacterial infection in outpatient medicine. Rising rates of antibiotic resistance and a better understanding of the ecological adverse effects (collateral damage) of antibiotics warrant a reevaluation of the treatment recommendations for uncomplicated UTI. The new German guideline contains updated recommendations.

The new German guideline is based on a review of publications on uncomplicated UTI retrieved by a systematic search of the Medline and Cochrane Library databases. Other guidelines were also considered in the review.

Uncomplicated UTI is classified as either uncomplicated cystitis (UC) or uncomplicated pyelonephritis (UP). The choice of a suitable antibiotic is determined by the following main criteria: the patient's individual risk profile and prior antibiotic treatment, if any; the spectrum of pathogens and antibiotic susceptibility; the proven efficacy of the antibiotic; the ecological adverse effects of antimicrobial therapy; the side effects for the patient under treatment. On the basis of these criteria, cotrimoxazole/trimethoprim and fluoroquinolones can no longer be recommended as first-line empirical treatment for UC. Fosfomycin-trometamol, nitrofurantoin, or pivmecillinam are now recommended as first choice drugs. High-dose fluoroquinolones are still recommended, however, as first-line oral treatment for UP. Asymptomatic bacteriuria should only be treated in exceptional situations such as pregnancy or before urological procedures that will probably injure the mucosa of the urinary tract.

The new German guideline on management of uncomplicated UTI incorporates a forward-looking approach to the use of antibiotics in treating this common type of infection. It is intended to bring up a sustained improvement in the quality of care.

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