

Pelvic inflammatory disease (PID) in women

Department of Gynaecology

Information for Patients

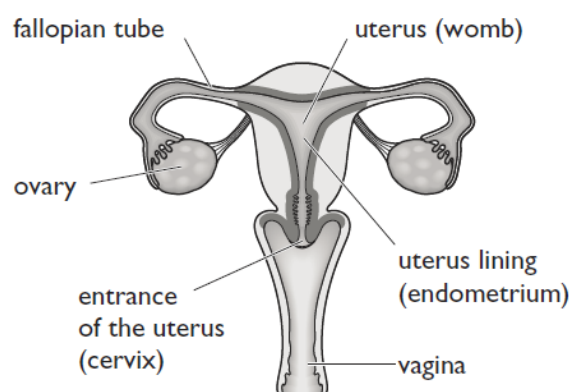
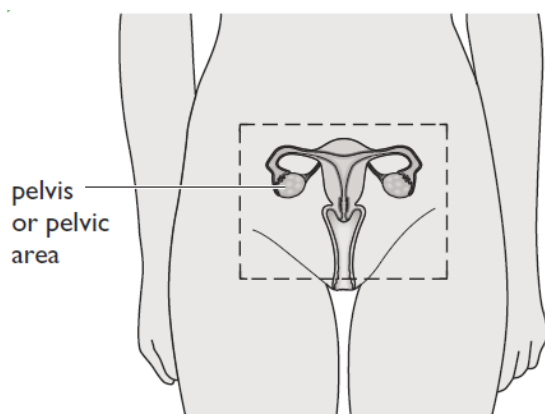
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Introduction

Pelvic inflammatory disease (PID) is a reaction (inflammation) of a woman's reproductive organs. If it is sudden or serious (acute PID), it is usually caused by a bacterial infection. This spreads from the entrance of the womb (cervix) and vagina to the womb (uterus), fallopian tubes, ovaries and pelvic area (the area surrounding the womb). When this reaction (inflammation) carries on for a long time, this is known as chronic PID



What is the cause of PID:

In about a 1 in 4 women it is caused by a sexually transmitted infection (STI) such as chlamydia or gonorrhoea. This spreads upwards when left untreated.

PID may also be caused by a number of less common infections that may, or may not, be sexually transmitted.

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

Who is at risk of getting PID:

- Women with untreated sexually transmitted infections. About 1 in 10 of women with untreated chlamydia infection may have PID within a year.
- It is most common in young sexually active women. Those aged under 25 years are most at risk as the opening of the womb (cervix) is still developing and more likely to be infected with chlamydia or gonorrhoea.
- Women with many sexual partners or those who have a sexual partner who has many sexual partners, more at risk of getting sexually transmitted infections.
- If a woman has had PID in the past, she is more likely to get it again.
- Within 3 weeks of fitting an intrauterine birth control (contraceptive) device (IUD or coil). The risk is greatly reduced by testing and treating for any infection or STI before being fitted.
- Washing or cleaning out the vagina with water or other mixtures of fluids (vaginal douches)
- Women who have had any pelvic procedure like surgical abortion or other procedure where an instrument is passed into the womb.
- Women with bacterial infection in another part of the abdomen (like appendicitis). This can lead to infection spreading to the female genital organs.

How would you know if you have PID?

In the early stages you may not notice anything wrong. Most women have mild symptoms that may include 1 or more of the following:

- Pain in the lower belly (abdomen). It is usually on both sides and can feel like period pains.
- Pain deep inside during or after sex.
- Smelly or unusual vaginal discharge.
- Heavy periods, vaginal bleeding in between periods, or bleeding after sex.
- Feeling sick (nausea) or being sick (vomiting).
- Fever.
- Low backache.

If very bad, you may get a collection of pus (abscess). This forms inside the pelvis. This is most often an abscess affecting the tubes and ovaries (tubo-ovarian abscess). In these serious cases women may become very ill with

- very bad lower belly (abdominal) pain,
- a high temperature,
- feeling sick (nausea) or being sick (vomiting)

If this happens to you, you need to seek urgent medical attention. Either go to a Sexual Health clinic or Emergency Department if very unwell.

How the diagnosis is confirmed?

Your doctor will ask you about your symptoms and your medical and sexual history. With your consent, your doctor may also do an internal (vaginal) examination. You should be offered a female chaperone (someone to be with you) for this. The examination may cause some discomfort, especially if you do have PID.

Swabs may be taken from your vagina to test for infection. It usually takes a few days for the results to come back.

- A positive swab result means that you do have an infection
- A negative swab result, however, does not mean you are definitely clear of infection.

Sometimes another swab may be taken from the tube (urethra) through which pee (urine) empties out of your bladder. This can make it easier to find chlamydia and gonorrhoea or other infections.

More tests

You may need more tests to check for infection, pregnancy or to find out how bad the disease is:

- Pee (urine) sample to check for infection or pregnancy.
- Blood tests to check for infection/ pregnancy hormones. Pregnancy tests are done to rule out other conditions related to pregnancy such as when a pregnancy develops outside the womb (ectopic pregnancy). This can cause similar symptoms to PID.
- HIV may also be advised in case of STI.
- An ultrasound scan. A probe is gently inserted into your vagina (transvaginal scan) to look more closely at the womb (uterus), fallopian tubes and ovaries. This may help to find inflamed fallopian tubes or an abscess.
- An operation under a general anaesthetic called a laparoscopy. This is sometimes called keyhole surgery. The doctor uses a small telescope called a laparoscope to look at your pelvis. Tiny cuts are made into your tummy button, just above the bikini line. Laparoscopy can help diagnose PID and can be used to drain a pelvic abscess.

How is PID treated?

- You will usually be given an injection of an antibiotic.
- After this you will be given a 2 week course of antibiotic tablets to take at home.
- Treatment usually does not interfere with contraception or pregnancy.
- It is very important to complete your course of antibiotics even if you are feeling better. Most women who complete the course have no long-term health or fertility problems.
- You may also be offered medicine for pain relief.
- You should rest until your symptoms improve. If they get worse, or do not get better within 48 to 72 hours of treatment, you should see your doctor again.

When does treatment start?

You should start taking antibiotics as soon as they are prescribed, even if you have not had your test results back. This is because any delay could raise the risk of long-term health problems.

When might I need to be admitted to hospital?

Your doctor may suggest treatment in hospital if:

- your diagnosis is unclear.
- you are very unwell.
- they suspect an abscess in your fallopian tube and/or ovary.
- you are pregnant.
- you are not getting better within a few days of starting antibiotic tablets.
- you are not able to take antibiotic tablets.

When you are in hospital, antibiotics may be given directly into the bloodstream through a drip (intravenously). This treatment is usually continued until 24 hours after your symptoms have improved. After that, you will also be given a course of antibiotic tablets.

When may an operation be needed?

You will usually only need an operation if you have a severe infection or an abscess in the fallopian tube and/or ovary. An abscess may be drained during a laparoscopy or during an ultrasound procedure. The doctor will discuss these treatments with you in greater detail.

What if you have an intrauterine contraceptive device (IUD/coil)?

If you have an IUD for birth control and your symptoms of PID do not start to get better within a few days of starting treatment, your doctor may suggest that you have the IUD removed. If you have had sex in the 7 days before it is removed, you will be at risk of pregnancy, and emergency hormonal contraception (the morning-after pill) may be offered.

Should your partner be treated?

If you have developed PID as a result of an STI, anyone you have had sex with, in the last 6 months should be tested for infection (even if they are well). They are treated with antibiotics too (even if their STI tests are negative). Sometimes ex-partners will need to be tested too. We advise you to tell your partner/s to go to a Sexual Health Clinic.

Please contact Leicester Sexual Health for testing and treatment (see contact details on the next page)

Leicester Sexual Health
Haymarket Health, 1st Floor
Haymarket Shopping Centre
Leicester LE1 3YT
<http://leicestersexualhealth.nhs.uk>
Phone: 0300 124 0102

When can you have sex again?

You should avoid having any sexual contact at all (not even with a condom and not even any oral sex) for 1 week after both you and your partner have completed the course of treatment, to avoid reinfection

You can get PID again if you get infected with an STD again. Also, if you have had PID before, you have a higher chance of getting it again.

Can PID be cured?

- Yes, if PID is diagnosed early, it can be treated. However, treatment will not undo any damage that has already happened to your reproductive system.
- The longer you wait to get treated, the more likely it is that you will have complications from PID.
- While taking antibiotics, your symptoms may go away before the infection is cured. Even if symptoms go away, you should finish taking all of your medicine.
- Be sure to tell your recent sex partner(s), so they can get tested and treated for STIs, too.
- It is also very important that you and your partner both finish your treatment before having any kind of sex so that you do not re-infect each other.
- You can get PID again if you get infected with an STI again. Also, if you have had PID before, you have a higher chance of getting it again.

What about a follow-up?

If you have a moderate to serious infection, you will usually be given an appointment to return to the clinic after 3 days. It is important to attend this appointment so that your doctor can see that the antibiotics are working..

If your symptoms are not improving, you may be advised to attend hospital for more tests and treatment.

If your symptoms are improving, you will usually be given a further follow-up appointment 4 to 6 weeks later to check:

- that your treatment has worked
- if a repeat swab test is needed to check that the infection has been successfully treated. This is very important if you have ongoing symptoms
- that you have all the information you need about the long-term effects of PID
- if another pregnancy test is needed
- that you have all the information you need about future birth control choices
- that your sexual partner(s) have been treated.

Are there any long-term effects?

- Scar tissue forming both outside and inside the fallopian tubes that can lead to their blockage.
- A greater risk of pregnancy outside the womb (ectopic pregnancy)
- Problems in becoming pregnant
- An abscess in a fallopian tube and/or ovary.
- Long term pelvic/tummy (abdominal) pain (chronic pelvic pain).

Repeated episodes of PID raise the risk of future fertility problems. Further infection risk can be reduced by using condoms and by timely treatment of you and your sexual partner(s).

Having an intimate examination:

During your care in hospital intimate examinations are often needed.

We know that for some people, particularly those who may have

- anxiety,
- had trauma,
- physical or sexual abuse,

such examinations can be very difficult.

If you feel uncomfortable, anxious or distressed at any time before, during, or after an examination, please let your healthcare professionals know. You may share your feelings in writing.

Your healthcare professionals are there to help and they can offer other options and support for you.

Contact details

In case of emergency: (Monday to Sunday 24 hours)

Gynaecology Assessment Unit (GAU): Leicester Royal Infirmary 0116 258 6259 / 0116 258 6105

More information

British Association for Sexual Health and HIV (BASHH) – *UK National Guideline for the Management of Pelvic Inflammatory Disease (2019 Interim Update)*.

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل
જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

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