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Pelvic inflammatory disease (PID) in people with a womb

Department of Gynaecology

Information for Patients

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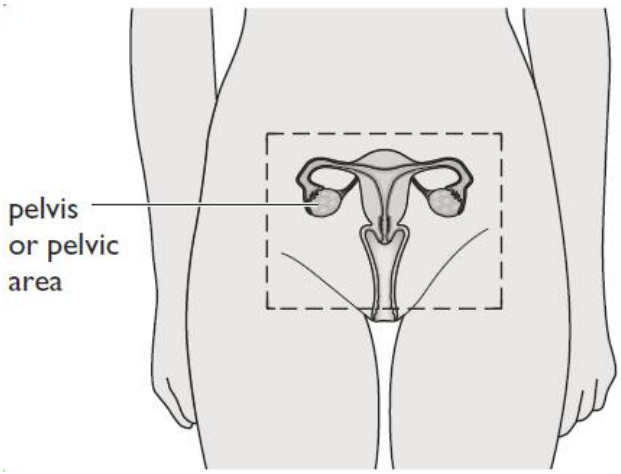
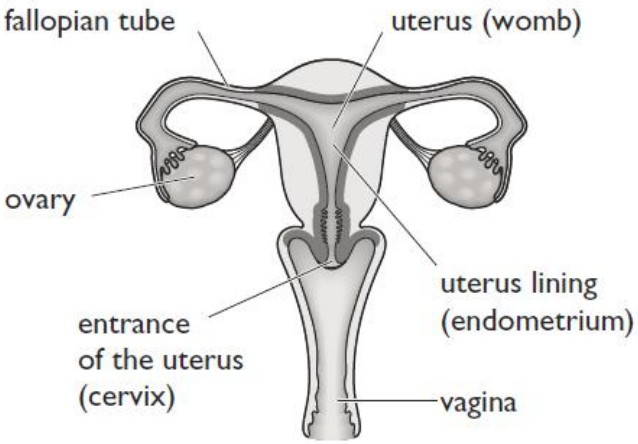
Introduction

Pelvic inflammatory disease (PID) is inflammation of the reproductive organs in people with a womb. Sudden or serious PID is called acute PID. It is usually caused by a bacterial infection. The infection can spread from the cervix and vagina to the womb (uterus), fallopian tubes, ovaries and the pelvic area around the womb. If the inflammation lasts for a long time, it is called long-term (chronic) PID.





What is the cause of PID:

In about a 1 in 4 people with a womb (called people after this point) 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 few less common infections that may, or may not, be sexually transmitted.

Who is at risk of getting PID:

- If you have untreated sexually transmitted infections. In about 1 in 10 people who have untreated chlamydia infection in the cervix or vagina will get PID within a year.
- It is much more common in if you are young and sexually active. Tests for chlamydia under age 25 are positive in nearly 1 in 10 cases.
- If you have many sexual partners, or you have a sexual partner who has many sexual partners, you are more at risk of getting sexually transmitted infections.
- If you have had PID in the past, you are more likely to get it again.
- Within 3 weeks of fitting an intrauterine birth control (contraceptive) device (IUD or coil). The risk is much less 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).
- If you have had any procedure like surgical abortion or other procedure where a tool is passed into the womb.
- If you have a 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. You may 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 you 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 get urgent medical attention. Go to a Sexual Health clinic or Emergency Department if very unwell.

How is the diagnosis confirmed?

Your doctor healthcare professional will ask you about your symptoms and your medical and sexual history. With your consent, they 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 means you may not have the infection. However, it does not mean you are 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.
- Blood tests for HIV, Hepatitis and syphilis will also be recommended 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 swollen fallopian tubes or an abscess (pocket of pus inside and around the fallopian tube or ovary).
- An operation under a general anaesthetic called a laparoscopy. This is sometimes called keyhole surgery. The healthcare professional uses a small telescope called a laparoscope to look inside your belly. Tiny cuts are made into your tummy button and just above the bikini line. Laparoscopy can help diagnose PID. It can be used to drain a pelvic abscess if the diagnosis is not certain of if treatment has not brought down your temperature.

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 affect contraception or pregnancy.
- It is very important to complete your course of antibiotics even if you are feeling better. Most people who complete the course have no long-term health or fertility problems.
- You may also be offered be given painkillers.

- You should rest until your symptoms have got better. If they get worse, or do not get better within 48 to 72 hours (2 to 3 days) of treatment, you should see your healthcare professional again.

When does treatment start?

You should start taking antibiotics straight away, even if you have not had your test results back. This is because any delay could raise the risk of long-term health problems and sometimes the tests are negative even if there is and infection there.

When might I need to be admitted to hospital?

Your healthcare professional 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 cannot 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 (1 day) after your symptoms have improved and your temperature is normal again. After that, you will also be given a course of antibiotic tablets.

Do I need an operation?

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 healthcare professional will talk about these treatments with you in more detail.

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

If you use an IUD for birth control and your PID symptoms do not improve within a few days of starting treatment, your healthcare professional may suggest removing the IUD. If you had sex in the 7 days before it is removed, there is a risk of pregnancy. You may be offered emergency hormonal contraception (the morning-after pill).

Should my partner be treated?

If you have developed PID because 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:

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 not have sex (not even with a condom and not even any oral sex) for **1 week** after both you and your partner have finished the course of treatment, to avoid reinfection.

You can get PID again if repeated STI infections and also have had PID before. This is called as a recurrent PID.

Can PID be cured?

- Yes, if PID is diagnosed early, it can be treated. The 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 must finish taking all your treatment.
- Be sure to tell your recent sex partner(s), so they can get tested and treated for STIs, too.
- Both you and your partner must finish your treatment before having any kind of sex so that you do not re-infect each other.

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 for follow up. You must attend this appointment so that we can check that the antibiotics are working.

If your symptoms are not getting better, you may be asked to come back to 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 examinations like this can be very difficult if they have

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

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)*.

Health information and support is available at www.nhs.uk or call 111 for non-emergency medical advice
Visit www.uhleicester.nhs.uk for maps and information about visiting Leicester's Hospitals.
To give feedback about this information sheet, contact uhl-tr.informationforpatientsmailbox@nhs.net

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If you would like this information in another language or format such as EasyRead
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