Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Pelvic Inflammatory Disease

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Pelvic Inflammatory Disease

Patient Information

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What is it?

Pelvic inflammatory disease (PID) is due to an infection causing inflammation of the pelvic organs, usually the fallopian tubes, and may involve the tissue nearby such as the uterus and ovaries. About 1 in 50 sexually active women in the UK develop PID each year. It most commonly develops in women aged between 15 and 24. The bacteria (germs) that cause the infection, usually travel into the uterus from the cervix (neck of the womb) and spreads into your reproductive organs (your womb, fallopian tubes and ovaries) or pelvic area.

What are the symptoms of PID?

- No symptoms in approximately 70% of cases.
- Pain in the lower abdomen (pelvic area) is the most common symptom. It can range from mild to severe.

Other symptoms that may also occur include:

- Abnormal vaginal bleeding occurs in about 1 in 4 cases. This may be periods that are heavier than usual, or bleeding between periods, or bleeding after having sex.
- Pain during sex.
- Abnormal vaginal discharge.
- Fever.

- Low back pain.

You can become quite ill over a few days. Sometimes symptoms are mild and develop slowly and you just have a mild abdominal pain that may “grumble on” for weeks. In some cases, no symptoms develop and you do not know that you have an infection. However, you are still at risk of complications even if you have no symptoms at first.

What are the causes of PID?

A common cause of PID is from a sexually transmitted infection (the bacteria are passed on when you have sex). A bug called Chlamydia is the most common cause. Gonorrhoea (another bug) is another quite common cause of PID. Sometimes both of these bugs can be present together. Sometimes the bugs can be in the cervix for quite some time without causing symptoms before travelling into the uterus. This is why some women develop PID weeks or months after having sex with a person with an infection.

Some cases of PID are not due to a sexually transmitted infection. The vagina normally contains various bacteria. These are usually harmless and are not passed on by sexual contact. However, these bacteria sometimes cause PID.

This is more of a risk after having a baby, or after a procedure such as an insertion of an intrauterine device (IUD).

There are certain risk factors which have been identified as increasing the possibility of developing PID, including:

- Multiple sexual partners.
- It can occur following termination of pregnancy, miscarriage or childbirth.
- It can also occur however, if none of these factors exist, and certainly does not necessarily imply that either you or your partner has had other partners recently.
- A previous episode of PID or sexually transmitted disease.
- A recent operation or procedure to the uterus.

What are the possible complications of PID?

Complications do not develop in most cases if PID is diagnosed and treated early. Possible complications include one or more of the following:

- Infertility (difficulty in becoming pregnant). PID can cause scarring or damage to the fallopian tubes. This can occur whether or not the PID caused symptoms.
- Due to the damage to the Fallopian tubes you are at increased risk of an ectopic pregnancy if you become pregnant. (This is a pregnancy that develops in a fallopian tube and can cause serious problems). If you have had PID and become pregnant, you have about a 1 in 10 chance that it will be an ectopic pregnancy.
- Chronic (persistent) pain develops in about 1 in 5 cases. This often includes pain during sex.
- The risks of developing some complications of pregnancy such as miscarriage, premature birth and stillbirth are increased in pregnant women with untreated PID.
- An abscess (collection of pus) sometimes develops next to the uterus if the infection is severe.

You are less likely to develop complications if you begin treatment within two to three days of symptoms starting. This may be possible if symptoms develop quickly. However, some women with PID have mild symptoms or no symptoms at all. The infection may progress for quite some time before it is diagnosed or treated.

How is the diagnosis of PID confirmed?

After a full history you will need:

- An internal vaginal examination.
- Samples from your vagina and the entrance of your womb (the cervix) with a swab (similar to a cotton bud).

However, even in women who have PID, the swabs and tests may not show any bacteria. Therefore, to help confirm a diagnosis of PID, other tests may be considered:

- Ultrasounds scan through your vagina or abdomen.
- Blood tests.

You may be offered a laparoscopy. This is a “keyhole” operation, done under general anaesthetic. The doctor makes small cuts (usually on the lower half of the tummy) and then inserts a small telescope (called a laparoscope). This enables him or her to examine your fallopian tubes and pelvic area more closely. It can help to show how severe the PID is or exclude other causes of pain. Sometimes a sample of the fluid in your tummy can be taken to help with diagnosis.

PID may not be diagnosed for some time if symptoms are mild, or do not occur at first. A pregnancy test is also usually done in women suspected of having PID. This is to rule out an ectopic pregnancy which can sometimes be confused with PID, as some of the symptoms are similar.

What treatment is available?

Antibiotics are the main treatment. You will usually be given a two-week course of antibiotic tablets. **It is very important to complete your course of antibiotic tablets, even if you are feeling better**. Most women who complete their course of antibiotics have no long-term health or fertility problems.

Treatment will usually be started as soon as possible of PID is suspected by your doctor, before the results of swabs or other tests are available. This is because the earlier the treatment, the better the outlook, and the lower the risk of future fertility problems.

If you have had a reaction to antibiotics before, of if you know you have an allergy to any of them, you should tell the doctor.

You must tell your doctor if you are (or may be) pregnant as this may affect the choice of antibiotic.

Occasionally an operation is needed. For example, to drain an abscess if one develops (which is uncommon). This may be a big operation (laparotomy) or a keyhole operation depending on the individual circumstances.

You should not have sex until both you and your sexual partner have finished treatment.

You may need to take one to two weeks off work. It is very important that you drink plenty of fluids, especially if you have a high temperature.

Does my partner need to be treated?

Yes, your current partner and also any other sexual partners within the past six months should be tested for infection. (If you have not had sex within the last six months then your latest sexual partner, however long ago the relationship was, should be tested and treated.) If your partner has had other sexual partners within the last six months those people should be offered tests.

A course of antibiotics is usually advised whether or not infection is found on testing. This is because:

- As PID is mostly caused by Chlamydia that is often passed on during sex.
- Men often have no symptoms with Chlamydia infection but can still pass on the infection.
- The test for Chlamydia is not 100% reliable. Treatment makes sure that any possible infection which may have been missed by the tests is cleared.
- If your sexual partner is infected and not treated, infection may be passed back to you again after you are treated.

Will my contraception be affected?

You should avoid having sex or, if this is not possible, use condoms until you and your partner have finished the course of treatment.

Short courses of antibiotics can make oral contraceptives (often known as the Pill) less effective, so if you are on the combined Pill you should use additional contraception, such as condoms, while you are taking antibiotics and for seven days after you have finished the treatment.

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

If your symptoms of PID are not improving within a few days of starting treatment, your doctor may recommend you have your IUD/coil removed. If you have had sex in the previous seven days, you will be at risk of pregnancy and emergency hormonal contraception (morning after pill) may be an option.

Can PID happen again?

About 1 in 5 women who have had PID have a further episode. This is usually within two years. Reasons why this may occur include:

- If the sexual partner was not treated. You are then likely to get the infection back again.

- If you did not take the antibiotics properly, or for long enough. The infection may then not be completely clear and may flare up again later.

- If you change your sexual partner and do not practice 'safer sex'.

- Some women are more prone to infection once their uterus or fallopian tubes have been damaged by a previous episode of PID.

- The risk of developing complications such as infertility or persistent pelvic pain is greatly increased with repeated episodes of PID.

You may wish to contact other people with the same problem for support:

National Chlamydia Screening Programme

Web: www.chlamydiascreening.nhs.uk

On this site you can learn more about Chlamydia, the National Chlamydia Screening Programme, and be able to access local services for Chlamydia screening.

Sexual Health Helpline

Free confidential information and advice on sexual health from the NHS.
Telephone: 0800 567123

Contact information

This leaflet is not meant to replace advice and support offered by the nursing and medical staff; in fact, it may raise more questions than it answers.

Please do not hesitate to approach the medical staff at any time if you have any worries or questions, telephone:

Hanover Women's Healthcare Unit Nurses (Leigh): Monday to Friday 9:00am to 4:30pm Telephone 01942 264 962 or 01942 264 963.

Swinley Ward, Royal Albert Edward Infirmary, Wigan: Telephone 01942 822568 (24 hrs)



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