

Pelvic Inflammatory Disease Information Leaflet

What is Pelvic Inflammatory Disease?

Pelvic Inflammatory Disease (PID) is a condition that involves infection and inflammation of the upper female genital tract, including the womb (uterus), fallopian tubes and ovaries. Any or all of these parts may be affected, PID is usually caused by an infection in the vagina and the neck of the womb (cervix) passing to the internal reproductive organs.

As the infection develops within the pelvis and becomes more widespread, PID may be diagnosed. If the infection remains untreated, the inflammation can eventually spread to the fallopian tubes. This can sometimes cause abscesses (pockets of infected fluid) to develop. The infection can then spread through the tubes and may also start to affect other organs such as the bladder and bowel.

About 1 in 50 women a year develop PID. It most commonly develops in sexually active women who are between 15 – 24 years of age. However, this figure may be an underestimate because many women with PID experience few or no symptoms.

What causes it?

PID can be caused by many types of bacterial infection, but the majority of cases occur as a result of a sexually transmitted infection (STI), most commonly Chlamydia or Gonorrhoea. Sometimes, the infection that leads to PID may start as a result of bacteria introduced into the vagina or upper genital tract during childbirth, an abortion or miscarriage, or a procedure that involves passing a catheter or a surgical instrument into the womb, for example: to take a sample of tissue from the inside of the womb for laboratory testing (endometrial biopsy).

In rare cases, PID can develop as a result of appendicitis, treatment following an abnormal cervical smear, or after the fitting of an IUD (intrauterine device).

What are the symptoms?

The symptoms of Pelvic Inflammatory Disease (PID) are not always very specific, meaning that the condition can be difficult to diagnose. Symptoms may appear suddenly, they may come and go or they may be constant:

- Smelly or unusual vaginal discharge
- Bleeding between periods
- Fever and vomiting
- Pain deep inside during or after sex
- Ache or pain in the lower abdomen or back

You may have PID without being aware of it. Sometimes, there are no symptoms at all, if there are, they may not be obvious – for example, you may only experience mild discomfort.

Are there risk factors?

Having multiple sexual partners is one of the main risk factors for developing PID. The more partners you have penetrative sex with, the more likely you are to be exposed to the bacteria that can cause PID, particularly if you are not using barrier contraception (condoms).

How is it diagnosed?

There is no single test available for diagnosing PID. PID is diagnosed by the symptoms and by a gynaecological examination. This will usually involve a specimen being taken from inside the vagina and cervix, using a cotton wool swab. The examination may cause some discomfort, especially if you do have PID.

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

Sometimes an additional swab may be taken from the urethra (the tube through which urine empties out of your bladder). This can make it easier to detect chlamydia and gonorrhoea or other infections. Because PID is difficult to diagnose by the symptoms alone, you may also have a blood test, or an ultrasound scan.

In some cases, a laparoscopy may be used to diagnose PID. A laparoscopy is a minor surgical procedure where tiny cuts are made in the abdomen. A thin telescope is inserted so that the internal organs can be seen and if necessary, take tissue samples or drain a pelvic abscess (request 'Laparoscopy' leaflet for more information).

What is the treatment?

If diagnosed at an early stage, pelvic inflammatory disease (PID) can be treated quickly and efficiently. However, if left untreated, it can lead to more serious, long-term complications (see the 'Complications' section). Treatment involves:

Antibiotics:

A combination of at least two antibiotics is usually prescribed to treat PID. This is because PID often involves several different types of bacteria. Quick and efficient treatment of PID is essential for minimising the risk of fertility problems.

Antibiotics that are commonly prescribed to treat PID include Ofloxacin, Metronidazole and Doxycycline. You will usually have to take the antibiotics for 14 days. **It is very important that you complete the entire course of antibiotics; otherwise the treatment may not be effective. Your partner may also need to be tested and treated with antibiotics.**

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.

In particularly severe cases of PID, you may have to be admitted to hospital where you will receive antibiotics intravenously (through a drip in your arm).

Surgery:

The bacteria that cause PID can leave scar tissue and collections of infected fluid (abscesses) on the lining of your fallopian tubes. This makes it very hard for an egg to pass along it. The longer PID is left untreated, the more likely scarring will occur. Prompt treatment is essential for minimising the risk of damage to the

fallopian tubes and other reproductive organs. Studies suggest that even delaying treatment by a few days can increase the risk of impaired fertility. Sometimes, blocked or damaged tubes can be repaired with surgery, such as a laparoscopy, which can help remove the lesions on the lining of the tubes. However, the results are mixed and it can sometimes cause further scarring.

A more radical form of surgery is a salpingectomy. This involves the removal of one or both of the fallopian tubes to help stop the spread of further infection. This is only to be considered as a last resort, as the removal of both fallopian tubes will mean you will no longer be able to conceive naturally.

In the most serious cases of PID, it may be necessary to perform surgery through an abdominal incision (laparotomy) to drain abscesses. In this situation a large drain may be inserted into the abscess to allow it to drain. This would then be removed at a later date.

Avoid sexual intercourse:

While you are receiving treatment for PID, you should avoid having sexual intercourse because it can interrupt the healing process. **It is also important that any partners that you have had sexual contact with in the six months before your first symptoms are tested and treated to stop the infection recurring.** If you have not had a sexual partner in the last six months, then you should contact your most recent partner.

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 and you have an IUD, your doctor may recommend that you have it 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.

Are there any long term effects or complications?

Recurrent pelvic inflammatory disease:

Recurrent PID is where a woman develops PID on a recurring basis. The more often a woman gets PID, the more likely she is to get it in the future. The condition can recur if the initial infection is not entirely cured or because a sexual partner has not been tested and treated. If an initial case of PID damages the cervix, this can make it easier for bacteria to move into the reproductive organs in the future, making it more likely that the condition will develop again.

Abscesses:

Sometimes PID can cause abscesses on the lips to the entrance of the vagina and on the lining of the fallopian tubes. An abscess is a collection of infected fluid. It can sometimes be treated with antibiotics. If an abscess does not respond to antibiotics, you may require surgery. It is important that abscesses are either treated or removed, as an abscess which bursts can be potentially life-threatening.

Ectopic pregnancy:

The word ectopic means "in the wrong place". In a normal pregnancy, the fertilised egg implants in the womb lining. An ectopic pregnancy is one which occurs outside the womb. Over 95% of ectopic pregnancies occur in a fallopian tube. If PID develops in the fallopian tubes, it can scar the lining of the tubes making it more difficult for eggs to pass through. If a fertilised egg gets stuck and begins to grow

inside the tube, it can cause the tube to burst, which can sometimes lead to severe internal bleeding. Ectopic pregnancy is a potentially fatal condition.

Infertility:

It is estimated that 20% of women become infertile as a result of PID. This means they will be unable to conceive (get pregnant) naturally. PID can make a woman infertile by scarring the fallopian tubes so severely that it makes it virtually impossible for the egg to travel down into the uterus (womb). Delaying treatment for PID can dramatically increase your chances of becoming infertile.

How to prevent it?

The most effective way to prevent Pelvic Inflammatory Disease (PID) is to **protect yourself from sexually transmitted infections** (STIs). This means using a condom, femidom or cervical cap. It is also important to get regular sexual health check-ups.

You can get a check-up easily at your local sexual health clinic. you can find your nearest clinic by visiting the Family Planning Association website (www.fpa.org.uk) which allows you to search for your local clinic using your postcode.

You should also have a sexual health check if you have had sexual contact with someone who you think may have been infected with either an STI or PID.

References

British Association for Sexual Health and HIV (BASHH) published 2011– *UK National Guideline for the Management of Pelvic Inflammatory Disease*: www.bashh.org/documents/3572.pdf

Acute pelvic inflammatory disease Patient information leaflet -*published by RCOG in November 2016*
<https://www.rcog.org.uk/globalassets/documents/patients/patient-information-leaflets/gynaecology/pi-acute-pid.pdf>

www.womenshealthlondon.org.uk/leaflets/PID

www.fpa.org.uk

This leaflet can be made available in difference formats on request. If you would like to make any suggestions or comments about the content of this leaflet, then please contact the Patient Experience Team on 0151 702 4353 or by email at pals@lwh.nhs.uk

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