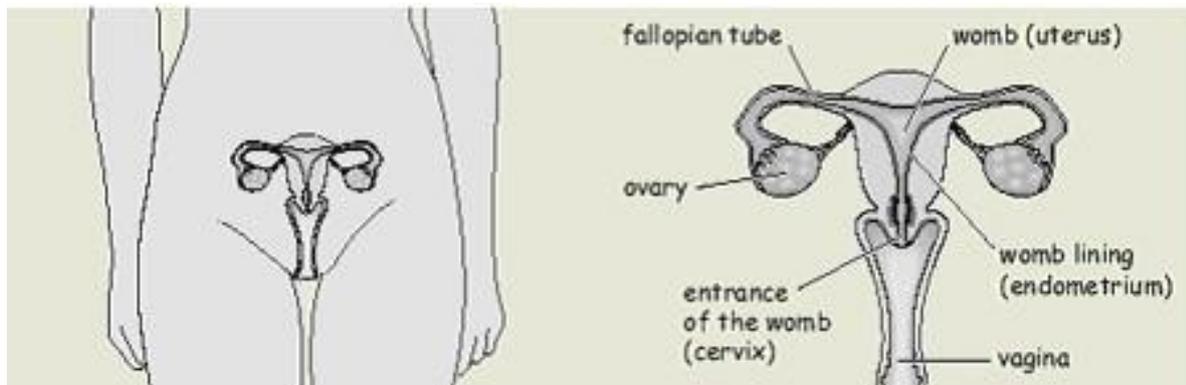


Information about Pelvic Inflammatory Disease (PID)

What is acute pelvic inflammatory disease?

Acute pelvic inflammatory disease (PID) is the name given to sudden or severe inflammation of the womb, fallopian tubes, ovaries, and surrounding areas in the lower abdomen. It is usually caused by an infection that travels up through the entrance of your womb (known as the cervix) and spreads into your reproductive organs (your womb, fallopian tubes and ovaries) or pelvic area.



The original infection may be a sexually transmitted infection (such as chlamydia or gonorrhoea) or a vaginal infection. Chlamydia is a common cause of PID but you may not realise straight away, as this infection doesn't always cause noticeable symptoms. PID may not develop until some months after. Occasionally PID can develop after a miscarriage, abortion, vaginal delivery (birth), or a gynaecological operation.

PID shows up as:-

- inflammation of the lining of the womb (known as endometritis)
- inflammation of the fallopian tubes (known as salpingitis) – the fallopian tubes carry the egg from the ovaries to the womb
- inflammation of the ovaries (known as oophoritis)
- inflammation of the internal lining of the abdomen (known as peritonitis).

If PID is not treated straight away, this inflammation can damage your reproductive organs and cause long-term problems such as infertility, persistent pain in the lower abdomen, and ectopic pregnancy (where the embryo develops outside the womb, usually in the fallopian tube). PID is not the only cause of these conditions.

Acute PID is not easy to diagnose. The symptoms can include:

- abnormal vaginal discharge
- pain in your lower abdomen
- pain deep inside when you have sex
- bleeding between your periods or after sex
- a high fever
- general feeling of being unwell

- These symptoms can be caused by other conditions, too so your doctor will need to examine you and do a number of tests to decide whether you have PID.

How will I be tested?

If your doctor thinks you might have PID he or she may:

- perform an internal vaginal examination
- take samples from your vagina and the entrance of your womb (the cervix) with a swab (similar to a cotton bud)
- perform an ultrasound scan (which uses sound waves to produce a picture of your internal organs on a screen) through your vagina or abdomen
- take some blood tests
- In a small number of cases a laparoscopy may be offered. This is a 'keyhole' operation, done under general anaesthetic, to insert a small telescope (called a laparoscope). This enables the doctor 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.

What are the treatment options?

Because PID is so difficult to diagnose, and because it can cause serious problems if it is not treated, your doctor may offer you treatment even if he or she is not completely sure you have PID. The benefits of this are greater than the risks. If you are diagnosed as having PID you should be treated as soon as possible. You should usually be given a combination of two antibiotics to take by mouth to begin with. If your symptoms have not improved after three days, you may need further tests or treatment. The antibiotics your doctor prescribes should be effective for treating sexually transmitted infections, as appropriate and in line with Royal College of Gynaecologist (RCOG) recommendations.

If your PID is severe, or if you do not respond to, or cannot take antibiotic tablets, you may have to go into hospital where you will have injections of antibiotics at first. After you start to improve, you will switch to antibiotic tablets. You will be allowed home once you are feeling better. You must finish the full course of antibiotics, which will usually last for 14 days, even if you are feeling much better. The antibiotics will not work effectively if you do not take the full course. If you stop taking them early the infection and inflammation will return.

You may be asked to go back to see a doctor or nurse after four weeks, to check that your symptoms have not re-appeared and that you have completed the full course of antibiotics.

Are there any side effects?

All antibiotics have some side effects. Some people are allergic to certain antibiotics. If you have had a reaction to antibiotics before, or if you know you have an allergy to any of them, you should tell your doctor or nurse.

Will my contraception be affected?

You should avoid having sex, until you and your partner have finished the course of treatment.

Oral contraceptives are not altered by antibiotics so continue to take them as you should. If you are too sick to take them you will not be covered for contraception and for seven days after you restart them.

If you use an IUD (known in the past as a coil) for contraception, it may need to be taken out if you have severe PID. If your IUD needs to be removed and you have had sexual intercourse within the last seven days, you should ask your doctor whether you need to use emergency contraception.

What might happen if I don't have treatment?

If you delay, or do not get treatment, your PID could get worse and cause more damage to your fallopian tubes and ovaries. You may infect or re-infect your partner (or partners).

If it is not treated immediately or completely, PID can make you very ill, or lead to further problems such as persistent pain, infertility, or ectopic pregnancy.

What about my partner?

Your current sexual partner (or partners), should be tested and treated for sexually transmitted infections. If you or your partner has had other sexual partners within the last six months the clinic will recommend that those people are contacted and offered tests.

Is there anything else I should know?

No treatment can be guaranteed to work all the time for everyone. We would recommend that you are reviewed by your GP or the Department of Sexual Health clinic once you have completed your antibiotics, in two weeks, to check that your symptoms have reduced.

Contact Details:

<p>The Early Pregnancy Unit (EPU) Lily clinic, treatment centre, Hinchingsbrooke Hospital, Huntingdon, PE29 6NT Opening days may vary</p>	<p>The Emergency Gynaecology Assessment Unit (EGAU) 1st floor, woman and child unit, Bretton Gate, Peterborough (City Hospital), PE3 9GZ Open: Weekdays 0800-1800 Weekends/Bank Holidays 0800-1200</p>
<p>Central triage line for EPU and EGAU: 01733 673758 (voicemail will cut in when the line is engaged – please leave a message for a call back).</p> <p>www.womenshealthpeterborough.co.uk</p>	
<p>For emergencies only, out of these hours, please attend the Emergency Department.</p>	

Within this leaflet we use the term woman/women, however we acknowledge that it is not only people who identify as women for whom it is necessary to access our services. We recognise the importance of providing inclusive and respectful care to all people and their families, including those whose gender identity does not align with the sex they were assigned at birth. Please let us know if there is anything we can do to make you feel more comfortable while you are under our care.