

# Pelvic inflammatory disease (PID)

Department of Gynaecology

## What is PID?

PID is the name given to inflammation within the pelvis. It is usually caused by an infection spreading from the cervix up into the uterus (womb), fallopian tubes, ovaries and pelvic area/tissues. If severe the infection can result in an abscess forming (pus collection) within the pelvis - also known as a tubo-ovarian abscess.

## What are the signs and symptoms of PID?

**Some of the signs and symptoms you may experience are:**

- Increase in vaginal discharge
- Foul smelling vaginal discharge
- Fever
- Abdominal pain
- Pain or bleeding post sexual intercourse
- Vaginal bleeding between periods.

## What is the cause of PID?

One in four people's cause of PID is due to untreated sexually transmitted infections (STIs) such as Chlamydia and Gonorrhoea.

A bacterial infection that spreads from elsewhere in the abdomen e.g. acute appendicitis can cause PID.

Occasionally after a surgical abortion or miscarriage (or other surgery where an instrument is passed into the womb) people can develop PID.

Rarely after fitting an intrauterine device (IUD or coil) people can develop PID - but the risk is greatly reduced by testing and treating for any infection or STI before the device is deemed suitable to be inserted.

## How common is PID?

PID is most frequent in young sexually active women. Those under 25 years are most at risk as the cervix is immature and more likely to be infected.

Current estimates suggest that 10% of women with untreated Chlamydia infection may develop PID within a year.

It is estimated to account for 1:60 GP visits by females who are under 45 years. Rates are increasing reflecting the increased incidence of STI's.

## How is PID diagnosed?

PID is usually diagnosed by carrying out some routine tests and observations - these are all taken into account when a full medical, surgical and sexual health history has taken place by the clinician as part of your assessment.

### Expect the following tests/procedures:

- **Swab tests** - The clinician will take some vaginal swabs by using a speculum (this opens your vagina). Swabs may be taken from the vagina and also the cervix.
- **Urine test/pregnancy test** - To check your urine for any infection and to determine your pregnancy status. Ectopic pregnancies (pregnancy growing outside of the womb) can cause similar symptoms to PID so this needs to be ruled out.
- **Blood tests** - A blood test may be taken to look at the levels of infection in your blood using the white cell count.
- **Ultrasound Scan** - This is usually a transvaginal scan (where the probe is inserted into your vagina) to look more closely at the womb, fallopian tubes and ovaries. Sometimes it can be possible to detect inflamed fallopian tubes or, in very severe cases, the presence of an abscess.

## How is PID treated?

PID is treated with a mixture of antibiotics to cover the most likely infections and the course is for 14 days (2 weeks) with >95% cure rate.

You should start taking the antibiotic tablets as soon as they are prescribed and issued to you, this is more than likely to be before you get your test results back - including the swab results. It is important you start taking the antibiotics at this point because any delay could increase the risk of long-term health problems.

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.

You may also be given medication for pain relief alongside the antibiotics and the hospital staff will stress the importance of having no sexual contact until the course has been completed for a full effective treatment.

## Why am I in hospital having treatment for PID?

A clinician will carry out a full assessment and will determine whether or not you need hospital treatment. This may be due to:

- Unclear diagnosis
- You are very unwell
- An abscess is suspected
- You are pregnant
- You are not feeling better within a few days of starting the antibiotics
- You are unable to tolerate the antibiotics by mouth.

When you are in hospital, the antibiotics may be given intravenously (directly into the blood-stream through a drip). This treatment is usually continued for 24-48 hours. After that, you will be given a course of antibiotic tablets to take home.

## Will I need an operation?

An operation under a general anaesthetic called a laparoscopy (keyhole surgery) may be undertaken if your symptoms do not improve, you have a severe PID infection or an abscess is present. The doctor uses a small telescope called a laparoscope to look at your pelvis by making a tiny cut, usually into your umbilicus (tummy button).

## What if I am pregnant?

It is rare to develop PID when you are pregnant.

If there is any chance you could be pregnant, and this has not yet been confirmed you should tell your doctor or nurse. If a pregnancy is confirmed, certain antibiotics should be avoided.

The risks associated with the majority of antibiotics prescribed for PID are low.

## What if I have a Intrauterine Contraceptive Device (Coil/IUD)?

If your symptoms do not improve within a few days of commencing treatment your clinician may advise you to have the device removed.

## Does my partner need treatment?

Anyone you have had sexual contact with within the last six months needs to be informed and advised to be screened. They will be treated and like yourself they do not need to wait for the swab results to come forth.

## What are the risks of having PID?

**If PID is not treated promptly it can lead to complications. These are:**

- Infertility - (risk after 1 episode 8%; 2 episodes 9.5%; 3 episodes 40%)
- Ectopic Pregnancy - (9.5 times more likely)
- Chronic Pelvic Pain - (9.8 times more likely).

Some of these risks come from the scarring that is left in the fallopian tubes. This is why PID needs to be promptly treated and compliance met.

## What if I leave my PID untreated?

If so you are more likely to become unwell and be prone to the above risks putting your health at risk.

## What happens next?

The Sexual Health and Contraception Clinic (SHAC) will follow you up as an out patient if you have been in hospital requiring treatment. They will contact you via telephone and will also follow up your pending swab results. Please make sure the hospital has a telephone number to which you can be contacted on. It is particularly important you are followed up so they can see that your symptoms have responded to the treatment.

If your symptoms are not improving you may be advised to attend hospital for further investigations and treatment.

## Who can I contact with any concerns or questions?

If you have any problems or are worried, please do not hesitate to contact us on the gynaecology ward:

**Royal Sussex County Hospital - Level 11 Gynaecology ward**

Telephone 01273 523191

**Princess Royal Hospital - Horsted Keynes Gynaecology Ward**

Telephone 01444 441881 Ext. 5686

**The Sexual Health and Contraception Clinic (SHAC)**

Telephone 01273 696955 Ext. 64721

This information sheet has been produced by the Gynaecology Ward Sister Samantha Backley.

## References/useful links

RCOG Nov 2016 Acute Pelvic Inflammatory Disease

This information sheet has been produced by the Gynaecology Ward Sister.

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### Disclaimer

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Reference no. 558.3 Publish Date: July 2019 Review Date: July 2021

