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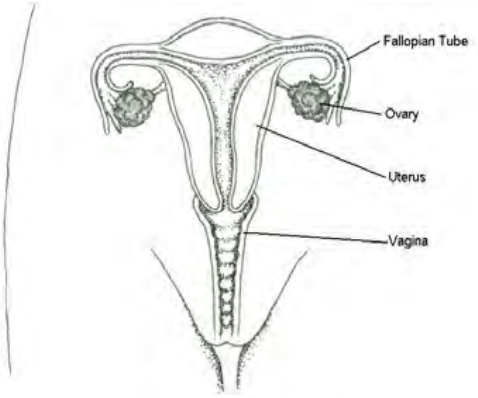
Pelvic inflammatory disease (PID)

This leaflet is for women who have been diagnosed with (or think they might have) pelvic inflammatory disease. If there is anything you do not understand or if you have any questions, please ask the clinic nurse.

What is pelvic inflammatory disease (PID)?

PID is the inflammation of the uterus (womb), fallopian tubes or ovaries, which is caused by an infection of these organs. About a quarter of these infections are caused by sexually transmitted infections (STIs) such as gonorrhoea or chlamydia. The majority of infections are not found to be STIs but are caused by skin or bowel bacteria.



Can anything else cause PID?

PID may occasionally result from operations that pass instruments into the womb, such as termination of pregnancy (abortion), or even after childbirth.

Who is risk of PID?

Anyone who is sexually active may suffer from PID. You are more likely to be affected by PID after sexual intercourse with someone who has an STI. Correct condom use reduces the risk of infection.

What are the symptoms of PID?

Symptoms can vary from very mild to severe, they include:

- Lower abdominal (tummy) pain or ache.
- Deep pain during and sometimes after sex.
- Bleeding between periods or after sex.
- A change in vaginal discharge.
- Occasionally fever.

Who should I see if I get these symptoms?

You should go to your local genito-urinary medicine (GUM) clinic. In Reading, this is the Florey Unit walk-in clinic on Craven Road (see details overleaf). Your GP can also be very helpful. A few women become very ill with severe pain, fever and vomiting, sometimes requiring hospital treatment.

How do doctors diagnose PID?

There is no simple test for PID. A doctor will often make the diagnosis from your symptoms and an examination. They may organise an ultrasound scan to rule out other causes of pain and will usually take swabs from the vagina to look for infections. PID can exist even if the swab results show no infection, so doctors will often treat you if they suspect that you have PID.

How is PID treated?

PID is treated with a 2-week course of antibiotics. It is important to complete the course to avoid the complications of PID (see below). You should also take regular ibuprofen and paracetamol (if not allergic) to control pain and reduce inflammation. You should avoid alcohol and sexual intercourse for the two weeks while you are taking the antibiotics.

What about my partner?

As PID can be caused by STIs, it is important that current partners are tested at the GUM clinic (even if your swab tests are negative). If an infection exists and your partner has not been treated, it is likely that you will become re-infected. This is also the reason why you should not have sexual intercourse until your partner has been assessed by the GUM clinic and you have completed your treatment.

Complications of PID

If PID treatment is delayed or incomplete, it may get worse and result in scarring of the fallopian tubes. This can result in infertility, ectopic pregnancy (pregnancy outside the womb) or persistent abdominal pain.

Getting your results and follow-up treatment

You can usually get the results of your swabs from your GP's surgery or from the clinic when you return for review of your symptoms. This may be between 2-6 weeks depending on the severity of symptoms. You may also be advised to attend the Florey Unit with your partner.

Where can I get more information?

If you have any further questions the best people to advise you would be the health advisors at the Florey Clinic walk-in clinic. The Florey Clinic address is;
21A Craven Road, Reading RG1 5LE
Tel: 0118 322 7202

Other useful information

NHS Website www.nhs.uk/conditions/Pelvic-inflammatory-disease
British Association for Sexual Health & HIV (BASHH), PID leaflet: www.bashh.org/pils

Contact us

Florey Clinic: **0118 322 72002** Sonning Ward: **0118 322 7181**

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

Mr W Kuteesa (Consultant Gynaecologist), March 2017
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