

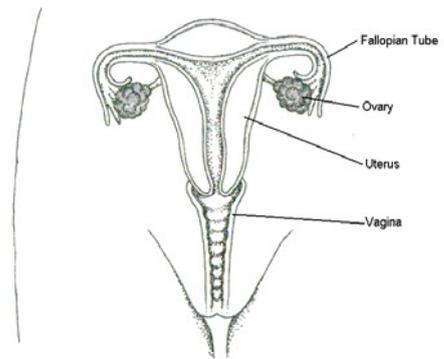
Pelvic inflammatory disease

Introduction

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 at 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 below). 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.

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 and 6 weeks depending on the severity of symptoms. You may also be advised to attend the Florey Unit along 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 Unit walk-in clinic. The Florey Unit address is;

21A Craven Road

Reading

RG1 5LE

Tel: 0118 322 7202.

Other sources of information:

- NHS Choices www.nhs.uk/conditions/Pelvic-inflammatory-disease
- BASHH British Association for Sexual Health and HIV (BASHH), patient information on PID: www.bashh.org/pils
- Visit the Trust website at www.royalberkshire.nhs.uk

Contact us

Florey Unit: 0118 322 72002

Sonning Ward: 0118 322 7181

This document can be made available in other languages
and large print upon request.

Department of Gynaecology, March 2017

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