St Helens and Knowsley Teaching Hospitals NHS Trust

Pelvic Inflammatory Disease (PID)

This leaflet can be made available
in alternative languages / formats on request.

如有需要，本传单可提供其他语言/版式

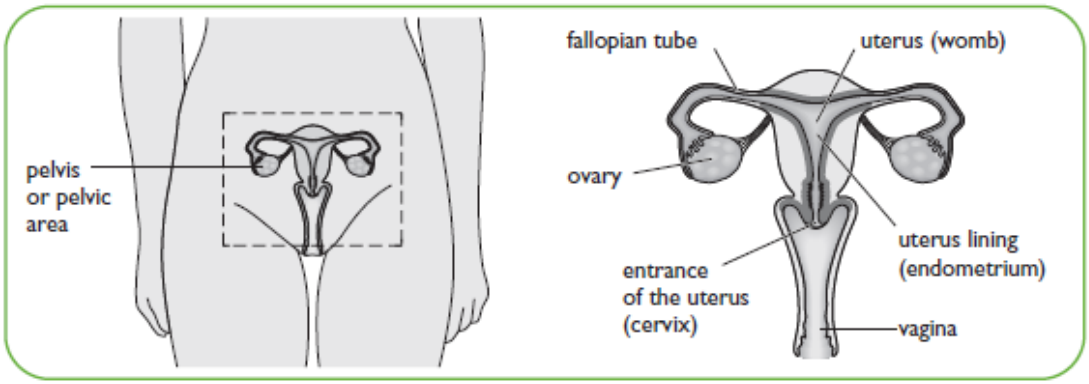
此單張的其他語言/格式版本可按要求提供

Na żądanie ta ulotka może zostać udostępniona
w innych językach/formatach.

Author: Registrar & Consultant
Department: 3E Gynaecology
Document Number: STHK1690
Version: 1
Review date: 01 / 07 / 2024

What is Pelvic Inflammatory Disease (PID)?

PID is an inflammation of the pelvic organs. It is an ascending infection that spreads above the vagina and cervix to infect the upper parts of the female reproductive tract – uterus (womb), fallopian tubes, ovaries and pelvic area. If the infection is severe, this can result in a collection of pus (abscess) within the pelvis.



What causes PID?

PID is most commonly due to untreated sexually transmitted infections (STIs) – such as chlamydia or gonorrhoea. PID may also be caused by a number of less common infections that may, or may not, be sexually transmitted. Acute PID is more common in young, sexually active women.

Occasionally, PID may develop after a miscarriage or termination of pregnancy, or after the insertion of an intra-uterine device or coil (the risk is usually limited to the first 3 weeks following the insertion of the device).

Risk factors: multiple sexual partners, unprotected sex, history of prior STIs, intra-uterine devices, imbalance of vaginal flora.

Symptoms:

Sometimes there may be no obvious symptoms. You may have one or more of the following symptoms, which can vary from mild to severe:

- Lower abdominal pain (usually on both sides), may feel like period pain
- Smelly or abnormal vaginal discharge
- Vaginal bleeding between periods, bleeding after intercourse, or heavy periods
- Pain deep inside during or after sexual intercourse
- Nausea and vomiting
- Fever (>38°C)
- Lower back pain

Many of the above symptoms are not specific to PID and can be caused by other medical conditions. It is important to seek medical advice if you suffer from any of the above symptoms.

Diagnosis and Investigations:

A diagnosis is made based on your symptoms, and your medical and sexual history. A vaginal (internal) examination will be performed with your consent. During this examination, you may experience some discomfort, especially if you have PID.

Swabs will be taken from your vagina and cervix to test for infection – results usually take a couple of days to come back. A **positive** test result confirms the diagnosis, while a **negative** test result does not mean you are definitely clear of infection.

Blood tests are performed to check for infection (full blood count, CRP, blood cultures).

Urine pregnancy test is done to rule out pregnancy because an ectopic pregnancy (pregnancy that develops outside of the womb) can cause similar symptoms to PID.

A transvaginal ultrasound scan (a probe is inserted gently into your vagina) is performed to allow for a closer look at the womb, fallopian tubes and ovaries. This can help to assess for any inflammation or abscesses in the pelvis.

In certain cases, an operation under general anaesthesia may need to be performed.

This is called a **laparoscopy** or keyhole surgery – a small telescope (laparoscope) is inserted through tiny incisions on your abdomen. Laparoscopy can be used for the diagnosis of PID and to drain pelvic abscesses if present.

If required, open laparotomy surgery will be done to treat severe PID if laparoscopy is not manageable.

What if I have an IUD/coil?

If you have an IUD/coil, a decision may be made to remove it, especially if your symptoms are not improving. Removal of the device may be associated with better short term clinical outcomes. If you have had unprotected sex in the 7 days before the IUD is removed, you will be at risk of pregnancy. In this case, emergency hormonal contraception may be offered.

Treatment:

Treatment will start as soon as possible, even before all of the test results are available. This is because a delay in treatment could increase the risk of long-term health problems. Depending on the severity of your symptoms – treatment can be completed at home or you may have to stay in hospital for a few days until your symptoms have improved. Treatment involves a combination of antibiotics:

- **Outpatient:** Single dose of intra muscular (IM – this is an injection) ceftriaxone (1000 mg) followed by 14 days of oral metronidazole (400 mg twice a day (BD)) and doxycycline (100 mg BD)
- **Inpatient:** Intravenous (IV – directly into the bloodstream through a drip) ceftriaxone (2 grams daily) – to be continued until 24 hours after clinical improvement and IV metronidazole (500 mg 8 hourly) and oral doxycycline (100 mg BD)

*****In case of severe penicillin allergy - treatment involves IV clindamycin (900 mg 8 hourly) and gentamycin.

*In pregnancy or during breast feeding, doxycycline is substituted for erythromycin (500 mg every 6 hours).

When will I need to be admitted to hospital for treatment of PID?

Treatment in hospital will be recommended if:

- Your diagnosis is unclear
- You do not respond to oral antibiotics or are unable to take oral antibiotics
- You have severe illness, with high fever, nausea and vomiting
- Suspected or confirmed tubo-ovarian abscess
- You are pregnant

An operation will only be necessary if you have severe infection or an abscess in the fallopian tube and/or ovary.

Should my partner be treated?

In the case that you have developed PID secondary to an STI, anyone you have had sex with in the last 6 months should be tested for an STI, regardless of symptoms.

You can advise them yourself; or your doctor, local genitourinary clinic (GUM) or sexual health clinic may help you with this.

When can I have sex again?

Sexual contact should be avoided for 1 week after both you and your partner have completed the course of antibiotic therapy in order to minimise the risk of reinfection.

Complications of PID:

Treatment of PID is usually successful with antibiotics, especially if treatment is initiated as soon as possible. However, long term problems can arise if PID is left untreated, if there is a delay in commencing treatment, or if there is a severe infection.

Short-term Complications:

- Pelvic peritonitis
- Fitz-Hugh Curtis Syndrome – inflammation of the liver capsule; presents with right upper quadrant (RUQ) abdominal pain; treatment involves antibiotics, pain management and in severe cases surgery

Long-term Complications:

- Scarring of the fallopian tubes, which can increase the risk of ectopic pregnancy or increase the risk of infertility
- Development of an abscess in the fallopian tube or ovary
- Persistent pain in the lower abdomen

Follow up

You will be given a follow up appointment to attend outpatient clinic or to return to the ward in 2- 4 weeks' time, if you have a moderate to severe infection. It is important to attend the appointment so that we can check that your symptoms are responding to the antibiotics. If your symptoms are not improving, please contact us for further investigations and treatment.

Who can I contact?

For further advice
Please contact Ward 3E on
0151 430 1522 (24 hours)

This leaflet is based on the Royal College of Obstetricians & Gynaecologists (RCOG) Patient Information Leaflet “Acute pelvic inflammatory disease” (Nov 2016)

https://www.rcog.org.uk/globalassets/documents/patients/patient-information-leaflets/gynaecology/pi-acute-pid.pdf

Whiston Hospital
Warrington Road,
Prescot, Merseyside, L35 5DR
Telephone: 0151 426 1600

/sthknhs @sthk.nhs

www.sthk.nhs.uk