

Department of Genitourinary Medicine

Patient Information

The Information Standard 

Information

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Pelvic inflammatory disease (PID)

Pelvic inflammatory disease (PID) means an infection of the womb (uterus), fallopian tubes, or pelvis. Infection spreads upwards from the vagina or cervix. It is a very common condition, affecting at least 1 in 50 sexually active women.

What causes PID?

Around half the cases are caused by a bacterium called Chlamydia, but in many cases a specific cause is not identified. This may be because:

- Tests for Chlamydia are not 100% accurate, and can give “false-negative” results. Sometimes we will only detect it in one partner of a couple, although it is likely that both are infected.
- Taking a swab from the vagina or cervix will not necessarily identify an infection which is present further up in the uterus or fallopian tubes.
- There are many different types of bacteria which normally live in the vagina, where they are regarded as “healthy”. If they travel up into the uterus they may cause problems, but it will not be possible to say which particular vaginal bacteria are responsible for the PID.

Who gets PID?

- PID is far more common in women who are sexually active.
- Women who have had many partners or a recent change of partner are at greater risk of developing a sexually transmitted infection (STI). *Most STIs do not cause any symptoms until complications have developed.*
- PID can occur after a procedure which involves opening the cervix, which usually acts as a protective barrier; for instance
 - termination of pregnancy (abortion)
 - operations to the uterus such as hysteroscopy
 - insertion of an intra-uterine contraceptive device (IUCD or coil)
- PID can also occur after a miscarriage or childbirth.

What are the symptoms of PID?

One or all of:

- Lower abdominal pain
- Pain during sex
- Abnormal vaginal bleeding, including
 - periods that are more heavy or painful than usual
 - bleeding between periods or after sex
- Abnormal vaginal discharge
- Fever

Symptoms can develop and become severe quite rapidly, or can be mild and develop slowly. Some women with PID have no symptoms, but are still at risk of complications.

How is PID diagnosed?

- PID is a clinical diagnosis, based on the symptoms and the finding of tenderness on a vaginal (internal) examination.
- Swabs will be taken from the vagina and cervix, but negative results do not exclude PID (see above).
- There are several other causes of pelvic pain, including endometriosis, appendicitis, urine infection, and irritable bowel syndrome.
- If the symptoms improve with antibiotic treatment, this helps to confirm the diagnosis.
- If there is any doubt about the diagnosis, a laparoscopy (looking into the abdomen through a telescope, under a general anaesthetic) may be advised.
- A laparoscopy will only detect infection that has progressed beyond the uterus and tubes into the pelvis.

How is PID treated?

- The infection will be treated with a combination of at least two antibiotics, which will be chosen to cover all the bacteria which could be involved.
- It is important that you tell the doctor if you are, or could be pregnant, as this will affect the choice of antibiotics.
- The antibiotics will normally be given for 2 or 3 weeks, but if the infection has been present for a long time, a longer course of treatment may be advised.
- You should not have sex until the pain has settled, and you and your partner have both been treated and given the all-clear.

Does my partner need to be treated?

Yes.

- Some infections, such as Chlamydia, are more easily detected in a man than in a woman. These infections can lie dormant, without causing symptoms, for many years.
- PID often occurs in long-standing relationships where both partners are faithful, but it is more likely to recur if both partners are not treated at the same time.
- Even if no specific cause is identified, it is important that your partner is also treated, to prevent any infection being passed back and forth between you.

What are the complications of PID?

In most cases, complications do not develop if PID is diagnosed and treated early. Possible complications include:

- Infertility (difficulty becoming pregnant), due to scarring or damage to the fallopian tubes. The risk increases with repeated episodes.
- Ectopic pregnancy (a pregnancy that develops in the fallopian tubes).
- Chronic pelvic pain, including pain during sex.
- Some complications during pregnancy, such as miscarriage and premature birth, are more common in women with untreated PID.

A long-term study (PEACH) has shown that women with uncomplicated PID had pregnancy rates after 3 years that were similar to the national rates in the USA.

If you have been successfully treated for PID, it is very unlikely that you will become infertile.

How can PID be prevented?

- Always use condoms with a new sexual partner until they have had a sexual health check. One in 10 young men in the UK have Chlamydia, and the majority will not have any symptoms.
- Don't have sex with an untreated partner.
- If you need an invasive gynaecological procedure, such as insertion of an IUCD or coil, or termination of pregnancy (abortion), make sure that you have a check up beforehand.