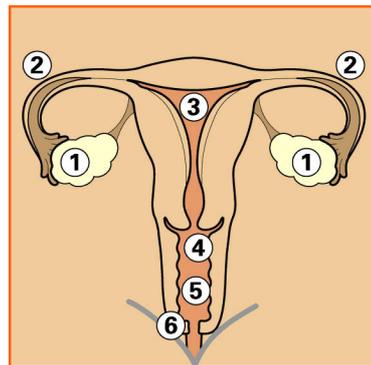
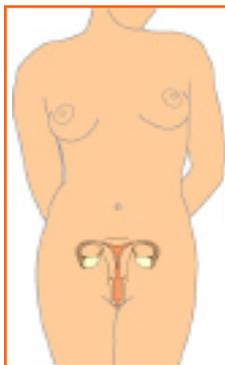


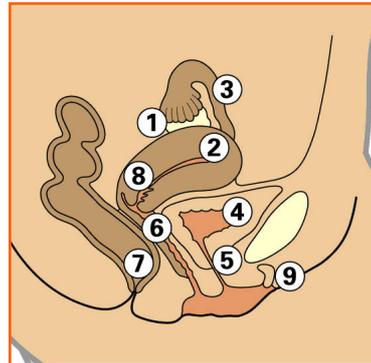
Pelvic inflammatory disease (PID)

Pelvic inflammatory disease (PID) is caused by infections which enter the body through the cervix and work their way up into the pelvic cavity. It can range from a mild infection to a serious disorder. The bacteria which cause the sexually transmitted infections, chlamydia and gonorrhoea, are thought to be chiefly responsible for PID, although other bacteria may play a part.



Women's sexual organs (front)

- ① Ovaries
- ② Fallopian tubes
- ③ Womb
- ④ Cervix
- ⑤ Vagina
- ⑥ Entrance to vagina



Women's sexual organs (side)

- ① Ovary
- ② Womb
- ③ Fallopian tubes
- ④ Bladder
- ⑤ Urethra
- ⑥ Vagina
- ⑦ Anus
- ⑧ Cervix
- ⑨ Clitoris

Signs and symptoms

The symptoms of PID can vary in different women and this makes it difficult for doctors to diagnose it. It can be an acute (sudden and severe) or a chronic (long-term) infection.

The most common symptom of **acute** PID is:

- severe abdominal pain.

Other symptoms may include:

- a high temperature
- nausea
- vaginal discharge

- fast pulse
- pain or discomfort during sex

The most common symptoms of **chronic** PID are:

- constant abdominal pain or discomfort
- weakness and tiredness
- very heavy, painful periods
- pain or discomfort during sex
- intermenstrual bleeding

Sometimes PID can be almost or entirely symptomless.

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How PID develops

The infections which cause PID may get into the pelvic cavity when:

- an infection is not treated or is not treated promptly
- the cervix is dilated (opened) during childbirth, miscarriage or an abortion
- an intrauterine contraceptive device (IUD) is inserted

If PID is not identified and treated it may scar the fallopian tubes – the tubes along which an egg passes to get to the womb. This can cause infertility.

It will also increase the risk of an ectopic pregnancy (when the fertilised egg begins to grow in the fallopian tube or outside it, rather than in the womb).

Once the tubes are scarred, reinfection will cause more damage, even after the original infection has been treated.

Where to go for help

If you have severe pain you should see your GP as soon as possible or go to the casualty department of your local hospital.

If you start to experience any persistent pelvic pain or discomfort (other than your usual period symptoms) you should either go to:

- your own GP
- a doctor at a well-woman clinic, or
- your local NHS sexual health (GUM) clinic.

You can find details of your nearest NHS sexual health clinic in the phone book under genito-urinary medicine (GUM), sexually transmitted diseases (STD) or venereal diseases (VD). Or phone your local hospital and ask for the 'special' or GUM clinic. Or check our Lovelife web site (www.lovelife.uk.com) for a directory of GUM clinics in the UK.

You will get free, confidential advice and treatment. You can go to any NHS clinic anywhere in the country – you don't have to go to a local one – and you don't have to be referred by your GP. (Non-NHS sexual health clinics may not always offer the full range of services which are available at NHS sexual health clinics.)

Diagnosis

- The doctor can sometimes identify PID by examining your pelvic area for swollen or painful areas. You may be referred to a gynaecologist for specialist examinations.
- If the doctor suspects that the infection has developed into an abscess you may be given an ultrasound scan.
- A gynaecologist may need to carry out a laparoscopy. This is a minor operation, using local or general anaesthetic. A small cut is made (usually just below the navel) to allow a gynaecologist to see your pelvic organs through a small telescopic camera.

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Treatment

PID is treated with antibiotics, bed rest and pain-killers. For most women a course of tablets taken for at least 2 weeks is sufficient. In severe cases a stay in hospital may be necessary so that antibiotics can be given intravenously.

If you are allergic to any antibiotics, or if there is any possibility that you may be pregnant, it is important that you tell your doctor.

It is important that you finish any course of treatment. If treatment is interrupted, it may be necessary to start again from the beginning.

Follow-up

You will be advised to avoid vigorous activities, including sex, until any inflammation has gone.

It is important that your partner has a check-up at a sexual health clinic before you start having sex again.

Remember, after treatment, using condoms during sex can reduce your risk of getting or passing on sexually transmitted infections.

This factsheet is one of a series which give information on the following range of infections and diseases: bacterial vaginosis, chlamydia, cystitis, genital herpes, genital warts, gonorrhoea, hepatitis A, hepatitis B, hepatitis C, non-specific urethritis, penile cancer, pelvic inflammatory disease (PID), prostate cancer, pubic lice, scabies, syphilis, testicular cancer, thrush and trichomonas vaginalis.

Alternatively, free copies of any of these factsheets are available from GP surgeries, NHS sexual health (GUM) clinics, or your local health promotion unit (in the phone book under your local Health Authority).



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www.hpe.org.uk

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