

Acute pelvic inflammatory disease (PID)

What the RCOG guideline means for you



Royal College of
Obstetricians and
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Contents

Page number

Key points	1
About this information	2
What is acute pelvic inflammatory disease (PID)?	2
How will I be tested?	4
What treatment can I get?	4
Are there any side effects?	5
Will my contraception be affected?	5
What might happen if I don't have treatment?	6
What about my partner?	6
Is there anything else I should know?	7
Other organisations	7
Sources and acknowledgements	8

Key points

- Pelvic inflammatory disease (PID) is not easy to diagnose. The symptoms can include:
 - abnormal vaginal discharge
 - pain in your lower abdomen
 - deep pain inside when you have sex
 - bleeding between your periods or after sex
 - a fever.
- If it is not treated straight away, PID can cause infertility, ectopic pregnancy, period problems and chronic pelvic pain.
- If you are diagnosed as having PID, you should be treated with antibiotics.
- If you have severe PID, you may have to go into hospital. If your PID is particularly bad, you may need an operation.

- Your current sexual partner (or partners) should be offered advice and be tested for sexually transmitted infections. He or she may need to take antibiotics.
- Avoid having sex until both you and your partner (or partners) have finished any course of treatment.

About this information

This information is aimed at you if you are being treated for or have been told you may have acute pelvic inflammatory disease. It is based on the Royal College of Obstetricians and Gynaecologists (RCOG) guideline **Management of acute pelvic inflammatory disease** (published by the RCOG in May 2003).

It tells you about:

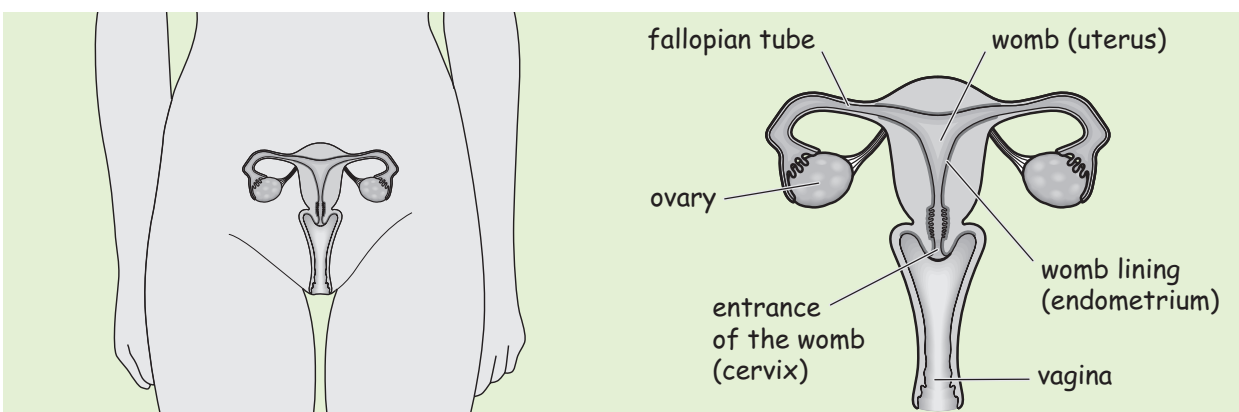
- the main causes of pelvic inflammatory disease;
- the recommendations the guideline makes about the most effective kinds of treatment for it.

It aims to help you and your health care team make the best decisions about your care. It is not meant to replace advice from a doctor or nurse about your own situation.

- Some of the recommendations here may not apply to you; this could be because of some other illness you have, your general health, your wishes, or some or all of these things. If you think the treatment or care you get does not match what we describe here, talk about it with your doctor or with someone else in your healthcare team.

What is acute pelvic inflammatory disease (PID)?

Acute pelvic inflammatory disease (PID) is the name given to sudden or severe inflammation of the womb, fallopian tubes, ovaries and surrounding areas in the lower abdomen. It is usually caused by an infection that travels up through the entrance of your womb (known as the cervix) and spreads into your reproductive organs (your womb, fallopian tubes and ovaries) or pelvic area.



The original infection may be a sexually transmitted infection (such as chlamydia or gonorrhoea) or a vaginal infection.

Chlamydia is a common cause of PID, but PID may not develop until some time after you catch chlamydia. You may not realise you have chlamydia, because it often does not produce noticeable symptoms.

Occasionally PID can develop after:

- a miscarriage
- an abortion
- giving birth
- a gynaecological operation.

PID shows up as:

- inflammation of the lining of the womb (known as endometritis)
- inflammation of the fallopian tubes (known as salpingitis) - the fallopian tubes carry the egg from the ovaries to the womb
- inflammation of the ovaries (known as oophoritis)
- inflammation of the internal lining of the abdomen (known as peritonitis).

If PID is not treated straight away, this inflammation can damage your reproductive organs and cause long-term problems such as infertility, persistent pain in the lower abdomen and ectopic pregnancy (where the embryo develops outside the womb, usually in the fallopian tube). PID is not the only cause of these conditions, though.

Acute PID is not easy to diagnose. The symptoms can include:

- abnormal vaginal discharge
- pain in your lower abdomen
- pain deep inside when you have sex
- bleeding between your periods or after sex
- a high fever
- general feeling of being unwell.

These symptoms can be caused by other conditions, too, so your doctor will need to examine you and do a number of tests to decide whether you have PID.

How will I be tested?

If your doctor thinks you might have PID he or she may:

- give you an internal vaginal examination
- check for infections by taking samples from your vagina and the entrance of your womb (the cervix) with a swab (similar to a cotton bud).

Your doctor may give you other tests to help confirm that you have PID. You may have:

- an ultrasound scan (which uses sound waves to produce a picture of your internal organs on a screen) through your vagina or abdomen
- blood tests.

You may need to go to hospital for some of these tests.

You may be offered a laparoscopy. This is a 'keyhole' operation, done under general anaesthetic. The doctor makes two small cuts (one below your navel and one just above your bikini line) and then inserts a small telescope (called a laparoscope). This enables him or her to examine your fallopian tubes and pelvic area more closely. It can help to show how severe the PID is or exclude other causes of pain.

Your doctor may advise you to have a pregnancy test.

What treatment can I get?

Because PID is so difficult to diagnose, and because it can cause serious problems if it is not treated, your doctor may offer you treatment even if he or she is not completely sure you have PID. The benefits of this are greater than the risks. If you are diagnosed as having PID you should be treated as soon as possible.

You should usually be given a combination of two antibiotics to take by mouth to begin with. If your symptoms have not improved after three days, you may need further tests or treatment. The antibiotics your doctor prescribes should be effective for treating sexually transmitted infections, as appropriate and in line with RCOG recommendations (see [Sources and acknowledgements](#) for more information about RCOG guidelines).

If your PID is severe or if you do not respond to or cannot take antibiotic tablets, you may have to go into hospital. You will have injections of antibiotics at first. After you start to improve, you will switch to antibiotic tablets. You will be allowed home once you are feeling better. You must finish the full course of antibiotics, which will usually last for 14 days, even if you are feeling much better. The antibiotics will not work effectively if you do not take the full course. If you stop taking them early the infection and inflammation will return.

You may be asked to go back to see a doctor or nurse after four weeks, to check that your symptoms have not reappeared and that you have completed the full course of antibiotics.

If your PID is very severe you will feel very ill and will need to go into hospital. If you have a pelvic abscess (a collection of infected fluid, or pus, in your lower abdomen), you may need an operation to drain the abscess and clear the affected area. Your doctor or nurse will explain the exact procedure to you.

Are there any side effects?

All antibiotics have some side effects. Some people are allergic to certain antibiotics. If you have had a reaction to antibiotics before, or if you know you have an allergy to any of them, you should tell your doctor or nurse.

Your doctor or nurse should tell you more about the risks and side effects of any treatment they recommend for you. The benefits of having treatment for PID are much greater than any of the risks in taking antibiotics.

Will my contraception be affected?

You should avoid having sex or, if this is not possible, use condoms until you and your partner have finished the course of treatment.

Short courses of antibiotics can make oral contraceptives (often known as the Pill) less effective, so if you are on the combined Pill you should use additional contraception, such as condoms, while you are taking antibiotics and for seven days after you have finished the treatment.

If you use an IUD (known in the past as a coil) for contraception it may need to be taken out if you have severe PID. If your IUD needs to be removed and you have had sexual intercourse within the last seven days, you should ask your doctor whether you need to use emergency contraception.

If you have vaginal bleeding between your periods for no obvious reason when you are taking the contraceptive pill, you should be tested for infections, especially chlamydia.

What might happen if I don't have treatment?

If you delay or do not get treatment your PID could get worse and cause more damage to your fallopian tubes and ovaries. You may infect or re-infect your partner (or partners).

If it is not treated immediately or completely, PID can make you very ill or lead to further problems for which you may need hospital treatment, such as:

- ectopic pregnancy
- infertility
- persistent pain
- a change in your periods.

What about my partner?

Your current sexual partner (or partners) should be offered advice and be tested for sexually transmitted infections. Your doctor may do this by referring you both to a sexual health clinic. If your partner has an infection, he or she may need to take antibiotics.

If you or your partner have had other sexual partners within the last six months the clinic will recommend that those people are contacted and offered tests.

Is there anything else I should know?

- If you are HIV positive you should be given the same antibiotic treatment as women who are HIV negative. Your doctor should take into account any other medication you are receiving.
- No treatment can be guaranteed to work all the time for everyone.
- You have the right to be fully informed about your health care and to share in making decisions about it. Your health care team should answer any questions you have. They should respect and take your wishes into account.

Other organisations

These organisations offer support.

fpa (Family Planning Association)
2-12 Pentonville Road
LONDON N1 9FP
Tel: 0845 310 1334
www.fpa.org.uk

Women's Health
52 Featherstone Street
LONDON EC1Y 8RT
Tel: 0845 125 5254
www.womenshealthlondon.org.uk

Sources and acknowledgements

This information is based on the Royal College of Obstetricians and Gynaecologists (RCOG) guideline **Management of acute pelvic inflammatory disease** (published by the RCOG in May 2003). The guideline contains a full list of the sources of evidence we have used. You can find it online at:

www.rcog.org.uk/mainpages.asp?PageID=106&GuidelineID=49

Clinical guidelines are written for health practitioners. They are drawn up by teams of medical professionals and consumers' representatives, who look at the best research evidence there is about care for a particular condition or treatment. The guidelines make recommendations based on this evidence.

This information has been developed by the Patient Information Subgroup of the RCOG Guidelines and Audit Committee, with input from the Consumers' Forum and the authors of the clinical guideline. It was reviewed before we published it by women attending clinics in London. The final version is the responsibility of the Guidelines and Audit Committee of the RCOG.

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