



University Hospitals Bristol
NHS Foundation Trust

Patient information service
Central health clinic

Pelvic inflammatory disease

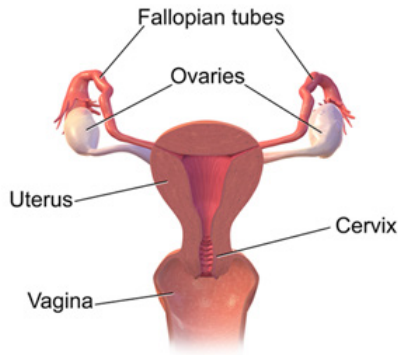


Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.

**Above
& Beyond**
Fundraising for Bristol city centre hospitals

Pelvic inflammatory disease (PID)

PID is an inflammatory condition affecting the uterus (womb), fallopian tubes and occasionally the ovaries (see diagram below).



The female reproductive tract

Adapted from 'Hysterectomy' by Bruce Blaus. Available from: <https://commons.wikimedia.org/wiki/File:Hysterectomy.png>

Causes of PID

Many types of bacteria, some of which are sexually acquired (such as chlamydia and gonorrhoea), can cause PID.

PID can occasionally occur after childbirth, a miscarriage, a termination of pregnancy or after an intrauterine contraceptive device (IUCD) has been inserted. It can take weeks or even months before symptoms develop.

Diagnosis of PID

There is no specific test for PID. The diagnosis is made by an internal examination by the doctor or nurse. Depending on the severity of symptoms, PID can either be diagnosed as having low or high risk of salpingitis (inflammation of the fallopian tubes).

As PID is sometimes caused by chlamydia or gonorrhoea, (both

sexually transmitted bacteria), it is important to test for these. Swabs will be taken during the examination.

PID must be taken seriously

The majority of women with PID recover completely, especially if treated early (within a few days from when symptoms began).

But, if left untreated, PID can lead to serious complications including:

- recurrent pain
- infertility due to scarring of the fallopian tubes (the tube that the egg travels along to get to the uterus.) The risk of infertility is around 2.5 to 4% if someone is diagnosed with a high risk of salpingitis, and 0.5 to 2% if the PID has a low risk of salpingitis. For women who are unwell and needing hospital treatment, this risk is higher
- ectopic pregnancy. An ectopic pregnancy is one in which the fertilised egg begins to develop in the fallopian tube or elsewhere in the pelvis, instead of in the uterus. The risk of an ectopic is 1 to 1.5% if someone is diagnosed with a high risk of salpingitis (normally this is about 1%).

Symptoms

Symptoms of PID include:

- lower abdominal pain
- painful sex.

PID may be associated with:

- lower back ache
- unusual vaginal discharge
- unusual vaginal bleeding, for example between periods.

Treatment

PID is usually treated with a two-week course of antibiotics. It is important to complete the whole course.

Your partner should also receive antibiotics to prevent any infection being passed from one to another. You should have no sexual contact, even with a condom, until you have both completed your treatment.

If your symptoms do not improve in three days, then return to the GUM clinic.

Follow-up

After you have finished treatment, the doctor will want to check with you ensure that it has been successful. You may need to be re-examined.

If symptoms persist despite treatment, you may be referred to a gynaecologist for further tests. This is to exclude other conditions that mimic PID.

If you get PID again, your risk of serious complications doubles.

Practise safer sex – use a condom every time you have sex.

Notes / queries

Please note that if for any reason you would value a second opinion concerning your diagnosis or treatment, you are entirely within your rights to request this.

The first step would usually be to discuss this with the doctor or other lead clinician who is responsible for your care.

Smoking is the primary cause of preventable illness and premature death. For support in stopping smoking contact **Smokefree Bristol** on **0117 922 2255**.

As well as providing clinical care, our Trust has an important role in research. This allows us to discover new and improved ways of treating patients.

While under our care, you may be invited to take part in research. To find out more please visit:
www.uhbristol.nhs.uk/research-innovation
or call the research and innovation team on
0117 342 0233.

For access to other patient leaflets and information please go to the following address:

www.uhbristol.nhs.uk/patients-and-visitors/information-for-patients/.

Hospital switchboard: 0117 923 0000



Minicom: 0117 934 9869



www.uhbristol.nhs.uk



For an interpreter or signer please contact the telephone number on your appointment letter.



For this leaflet in large print, audio or PDF format, please email patientleaflets@uhbristol.nhs.uk.

