

Patient leaflets from the BMJ Group

Pelvic inflammatory disease

If you have pelvic inflammatory disease, you need to get treated quickly. Otherwise, it may damage your reproductive organs and make it hard for you to have a baby in the future.

What is pelvic inflammatory disease?

Pelvic inflammatory disease (PID for short) means you have an infection in your reproductive organs that has caused inflammation (swelling). These organs include your womb, your ovaries, and your fallopian tubes.

PID is almost always caused by an infection from having sex. The infection starts in your vagina and spreads to the rest of your reproductive organs.

The fallopian tubes carry eggs from your ovaries to your womb. If these tubes get inflamed, scar tissue may form and block them. This makes it hard to get pregnant. And if you do get pregnant, the baby may start growing part way along your fallopian tube, instead of in your womb. This is called an ectopic pregnancy. It can be dangerous.

PID is often due to the bacteria which cause the diseases gonorrhoea or chlamydia. But sometimes other bacteria are to blame.

Any sexually active woman can get PID. You're most likely to get it when you're younger than 25. The following things also increase your risk of getting PID: having had a sexually transmitted infection before, having more than one sexual partner, or having an intrauterine contraceptive device (also called IUD or coil) put in.

What are the symptoms?

It's not easy to tell if you have PID. The symptoms are sometimes very mild. But if you do get symptoms, it's important to see a doctor.

Symptoms include: pain in the lower part of your abdomen; pain during sex; bleeding between your periods or after sex; and a discharge from your vagina, which may smell bad.

Some women also get chills or pain in the lower back, feel sick, need to pass urine often, and find passing urine painful. Or you may have increased pain during your period or in the middle of your menstrual cycle. Your periods might also stop altogether.

Your doctor will check you for a high temperature and examine your abdomen and the inside of your vagina. Your doctor may also take a blood sample and a swab from your cervix, to check for infection. But delaying treatment could damage your fertility. So if it seems that you have PID, your doctor will probably start treatment straight away, before getting the test results.

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What treatments work?

Antibiotics work well to treat pelvic inflammatory disease (PID). You probably won't need any other treatment. But you may still have long-term problems if your fallopian tubes were damaged before you started the treatment.

Medicines

PID may be caused by more than one type of bacteria. So you'll be given a **combination of antibiotics** that work against different bacteria. All of them work well. Research shows about 9 in 10 women taking antibiotics for PID are cured.

Common side effects of antibiotics are feeling sick and diarrhoea. But this is usually mild.

In the UK, doctors are advised to treat women with PID who don't need to go to hospital with one of the following combinations of antibiotics:

- An injection of ceftriaxone straight away. Then tablets of doxycycline (brand name Vibramycin) and metronidazole (Flagyl)
- Tablets of ofloxacin (Tarivid) and metronidazole.

Women who need to be in hospital may be treated first by a drip of antibiotics, then with tablets. Doctors are advised to prescribe either:

- A drip of cefoxitin and doxycycline, then tablets of doxycycline and metronidazole
- A drip of clindamycin and gentamicin, then either capsules of clindamycin (Dalacin), or tablets of doxycycline plus metronidazole.

You'll probably need to take antibiotics for 14 days. You may feel better before then. But it's very important to finish the course of tablets. Otherwise the infection may come back.

It's important that your sexual partner gets checked for infection. Even if your partner has no symptoms, they may still have gonorrhoea or chlamydia. This means your partner will need to be treated to avoid passing the infection back to you. You need to avoid having sex until you and your partner have both finished taking the antibiotics.

Things you can do for yourself

The best way to protect yourself against pelvic inflammatory disease (PID) is to **avoid the sexually transmitted infections** that cause it. You can reduce the risk if you:

- Always use condoms correctly
- Keep sex partners to a minimum, or you may decide not to have sex at all
- Get tested regularly for chlamydia, one of the infections which can lead to PID.

Some couples choose to be tested for chlamydia when starting a relationship.

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Other treatments

You probably won't need treatments apart from antibiotics. But if you have complications, such as an abscess (a swelling full of pus) in your fallopian tubes, you might need to have an operation. This is called a **laparoscopy**. Your surgeon operates through a small cut just below your belly button. They can drain fluid from the abscess and separate your organs, if they are stuck together with scar tissue.

What will happen to me?

Most women are cured of pelvic inflammatory disease (PID) by taking antibiotics, either at home or in hospital.

About 1 in 4 women with PID stay in hospital for treatment. You'll probably go to hospital if you are pregnant, if you are very sick (vomiting and with a high temperature), if tablets haven't worked, or if your doctor thinks you might need a laparoscopy.

If you use a contraceptive coil (IUD), you might need to have it removed.

Unfortunately, treatment won't undo any damage that the infection has already done to your reproductive organs. Research shows that:

- About 20 in 100 women with PID have problems getting pregnant because of damaged fallopian tubes
- 30 in 100 women get lasting pain
- 1 in 100 women who get pregnant has an ectopic pregnancy.

About one-third of women who have PID will get it again. Each new infection is more likely to damage your reproductive organs. So it makes sense to try to avoid infections.

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