



Education

Pelvic Inflammatory Disease

What is pelvic inflammatory disease?

Pelvic inflammatory disease (PID) is an infection of the female reproductive organs. This includes the uterus, fallopian tubes, ovaries, and surrounding tissues. The infection starts at the cervix, which is the opening of the uterus. It then moves upward through the whole reproductive system. It may even spread to the abdomen. PID is most common among young women who have sex, especially with multiple partners. It rarely occurs after menopause.

How does it occur?

Many types of bacteria can cause PID. The bacteria found in two common sexually transmitted diseases (gonorrhea and chlamydia) are the most frequent causes. PID may also occur:

- after a miscarriage, abortion, or childbirth
- during use of an IUD, especially within the first 20 days after its insertion
- after pelvic surgery.

It is possible for a woman to develop PID without having an STD. Normal bacteria found in the vagina and on the cervix can cause PID, but this is rare.

What are the symptoms?

In some cases there are no symptoms. When symptoms occur, they include:

- pain in the lower abdomen (both sides)
- abnormally heavy vaginal discharge
- irregular or heavy menstrual periods
- pain in the pelvic or abdominal area during sex
- pain or burning when you urinate or have a bowel movement
- flulike symptoms such as fever, general discomfort, fatigue, back pain, or vomiting.

How is it diagnosed?

Your health care provider will ask about symptoms and give you a pelvic exam. You may have the following tests:

- tests of samples of blood, vaginal discharge, and urine
- ultrasound scan
- pregnancy test.

A pregnancy test may be done because abdominal pain and vaginal bleeding can be symptoms of an ectopic pregnancy. An ectopic, or tubal, pregnancy is a pregnancy that takes place outside the uterus.

A laparoscopy may be necessary to confirm the diagnosis of PID. A laparoscopy is a surgical procedure performed while you are under anesthesia. Your health care provider makes a small cut near your bellybutton and inserts a thin tube with a light and tiny camera through the cut. Your provider can then look at the organs in your abdomen and pelvis. If you have PID, your tubes and ovaries will be swollen and inflamed. Your provider may see pus or sores on or around the female organs. Your provider may remove a sample of tissue (biopsy) for lab tests.

What is the treatment?

PID is usually treated with antibiotic medicine. Mild PID, without fever or severe pain, is usually treated with a combination of antibiotic shots and oral antibiotics (pills).

A more serious infection may be treated with several days of intravenous (IV) antibiotics given once or twice a day. This may be done at your health care provider's office, the emergency room or clinic, or sometimes at home with visits from a nurse. After several days of IV antibiotics, you will need to take oral antibiotics.

If you have severe PID, you may need to stay in a hospital for continuous IV antibiotic treatment. You will take oral antibiotics for some time after you go home.

If you have pus in your pelvis (an abscess), you may need surgery to remove or drain it. If you have an IUD, your health care provider will probably remove it.

Your provider may prescribe pain medicine.

Tell everyone with whom you have had sex in the last 3 months about your infection. They must also be treated, even if they have no symptoms. Do not have sex until both you and your partner have finished all the medicine.

Your health care provider will probably want to see you again 2 to 3 days after you start your medicine. Your provider will check you to make sure the medicine has the infection under control. You also need to be checked 1 week after you finish all the medicine to make sure that the infection is gone.

How long will the effects last?

You will start to feel better 2 to 3 days after starting the treatment. Make sure you finish all the medicine as prescribed. If the infection is not treated, it could spread to other parts of your body or create an abscess in the fallopian tubes or ovaries. It might cause chronic (long lasting) pelvic pain.

PID can cause scarring of the fallopian tubes. This scarring could make it hard for you to get pregnant. Prompt and complete treatment is very important to try to preserve your ability to have children. Scarring of the fallopian tubes also increases your risk of having a tubal pregnancy in the future.

How can I take care of myself?

- Take the full course of treatment that your provider recommends. Carefully follow the instructions for taking your medicine.
- Do not have sex until your provider tells you it is OK.
- Rest and take acetaminophen, ibuprofen, or aspirin for pain relief and fever.
- If your provider thinks your infection may be caused by a sexually transmitted disease, your sexual partner must be examined and treated as well.
- Call your health care provider right away if:
 - You have new symptoms.
 - Your pain gets worse.
 - Your condition does not improve in 3 days.
 - You vomit and cannot hold the medicine down.
 - You develop a fever over 101°F (38.4°C).
 - You feel you are getting sicker.

How can I help prevent pelvic inflammatory disease?

The following practices may help prevent PID:

- Have just 1 sexual partner who is not sexually active with anyone else.
 - Avoid having sex when you have an infection.
 - Use a latex or polyurethane condom to reduce the risk of infection every time you have sex.
 - Have yearly pelvic exams, including tests for infection.
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