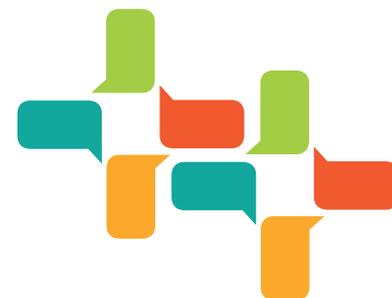


Fact Sheet

Pelvic Inflammatory Disease (PID)



What is PID?

Pelvic Inflammatory Disease (PID) is an infection of the uterus (womb), fallopian tubes, and/or ovaries in women.

What caused PID?

PID can be caused by sexually transmissible infections (STIs), most commonly chlamydia and gonorrhoea. It can also be caused by other infections, such as *Mycoplasma genitalium*, and overgrowth of normal vaginal bacteria. It occurs when bacteria move from the cervix (the neck of the womb) into the uterus and the fallopian tubes. The cause is not identified in up to 70% of cases.¹

How do people get infected?

PID that is caused by an STI is spread by having unprotected sex with an infected person. These STIs can be silent and infected partners can have no symptoms. Normal vaginal bacteria can also cause PID especially in young sexually active women. PID can also more rarely occur after having a procedure performed, such as an IUD (intrauterine device) insertion or an abortion, as the procedure can introduce bacteria from the vagina and cervix into the uterus.

What are the symptoms?

PID can cause:

- lower abdominal and pelvic pain
- pain during sex
- abnormal vaginal discharge
- fevers
- bleeding after sex or between periods.

New onset of pelvic pain among women aged 15 to 25 years is highly predictive of PID. PID may cause no symptoms at all.

What are the complications of PID?

If left untreated, PID can result in:

- persistent pelvic pain
- ectopic pregnancy (where pregnancy occurs outside the uterus)
- infertility (due to scarring of the fallopian tubes) – there is an increased risk of tubal damage and infertility associated with repeated episodes of PID

How can I test for PID?

PID is diagnosed clinically, after a doctor or nurse has taken a history about your symptoms and performed a vaginal examination. Swabs will be taken during this examination to look for possible infections. Treatment should be commenced immediately, without waiting for test results, as PID is a clinical diagnosis and prompt treatment is required to prevent possible serious complications.

How is PID treated?

PID is treated with a combination of different antibiotics for at least 14 days. A rapid improvement in symptoms after starting antibiotic treatment supports the diagnosis of PID. It is important not to have sex for at least a week after commencing treatment or until your symptoms have resolved. Follow up is important, and even if the tests for infection are negative, you can still have PID and it is essential to complete the full course of medication. Current sexual partners should also be treated and screened for STIs.

What if I have an IUD (intrauterine device) in place?

Leaving an IUD in place is not thought to increase the chance of long-term complications from PID, although this cannot be guaranteed. In general the IUD can be left in place if the symptoms respond to antibiotic treatment within 48-72 hours.

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Do my sexual partners need treatment?

All current sexual partners need to be tested and treated. Partners are usually asymptomatic. It is recommended that current sexual partners should be treated for chlamydia initially. If gonorrhoea is diagnosed additional antibiotics will be needed.¹ Contacts should be treated for chlamydia even if STI test results are negative. You must not have sex with your partner(s) again until they have had treatment, or you may become reinfected. If you or your partner is diagnosed with an STI, your doctor will refer to the relevant STI guidelines for treatment¹ and contact tracing recommendations.² Your doctor or nurse can assist you with how to contact trace your sexual partners.

How can PID be prevented?

PID can be prevented by using condoms when you have sex and having an STI check before any gynaecological procedure, such as IUD insertion or abortion. Regular STI checks, particularly if you change sexual partners, will also help to identify any silent infections. Prompt treatment of STIs may help to prevent PID.

For further information

- Contact the Family Planning NSW Talkline on 1300 658 886 or go to www.fpnsw.org.au/talkline
- National Relay Service 133 677
- Visit your nearest Family Planning NSW clinic (www.fpnsw.org.au/clinics) or your local GP
- NSW Sexual Health Info link 1800 451 624
- Australian STI Management Guidelines for use in Primary Care <http://www.sti.guidelines.org.au>

References

1. Australian STI Management Guidelines for use in primary care. PID – Pelvic Inflammatory Disease. [Online, updated Feb 2015.] Available at: <http://www.sti.guidelines.org.au/syndromes/pid-pelvic-inflammatory-disease>. Accessed on 8 December 2015.
2. Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM). Australasian Contact Tracing Manual. [Online, updated 2010.] Available at: <http://ctm.ashm.org.au/Default.asp?PublicationID=6&ParentSectionID=684&SectionID=686>. Accessed on 15 December 2015.

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