



# Pelvic inflammatory disease (PID)

Pelvic inflammatory disease (PID) is an infection that goes up through the vagina and cervix to the uterus to the fallopian tubes and ovaries. Both females and males carry the organisms that cause PID. These can be passed on to someone else. This occurs even when no symptoms are noticed.



## SIGNS & SYMPTOMS

When symptoms are present, they can vary from woman to woman. PID can be acute or chronic.

### Symptoms of Acute PID

- Pain in the abdomen or back. The pain can be severe.
- Vaginal discharge with a foul odor.
- Pain during sex.
- The abdomen is tender and/or bloated.
- Menstrual cramps are very painful.
- High fever.

### Symptoms of Chronic PID

- Pain in the abdomen or back is less severe, and it often occurs halfway through the menstrual cycle or during a pelvic exam.
- Skin on the abdomen is sensitive.
- Vaginal discharge, change in menstrual flow.
- Nausea.
- Low grade fever.



## CAUSES

- Sexually transmitted infections (STIs), such as gonorrhea and chlamydia. The organisms that cause these STIs spread into the internal reproductive organs. Many times, PID is caused by more than one of these organisms.
- Bacteria normally found in the intestines can get into the pelvic cavity. Times this can happen:
  - After sex, especially having vaginal intercourse right after having anal intercourse.
  - With high-risk sexual practices, such as having multiple sex partners or having sex with a person who has many partners.
  - After an intrauterine device (IUD) is put in or adjusted. This is a low risk, though.
- Having had PID or vaginitis in the past.

## DIAGNOSIS

The symptoms of PID are a lot like those of other conditions, such as endometriosis and urinary tract infections. This can make it hard to diagnose PID from symptoms alone. Most of the time your doctor can diagnose PID with an exam and simple laboratory tests. Rarely, your doctor may need to do a laparoscopy. This is a minor surgical procedure which allows your doctor to see all the structures inside your abdomen. An ultrasound may also be done. Also, the presence of infectious agents that could develop into PID can be detected during screenings for STIs.



## TREATMENT

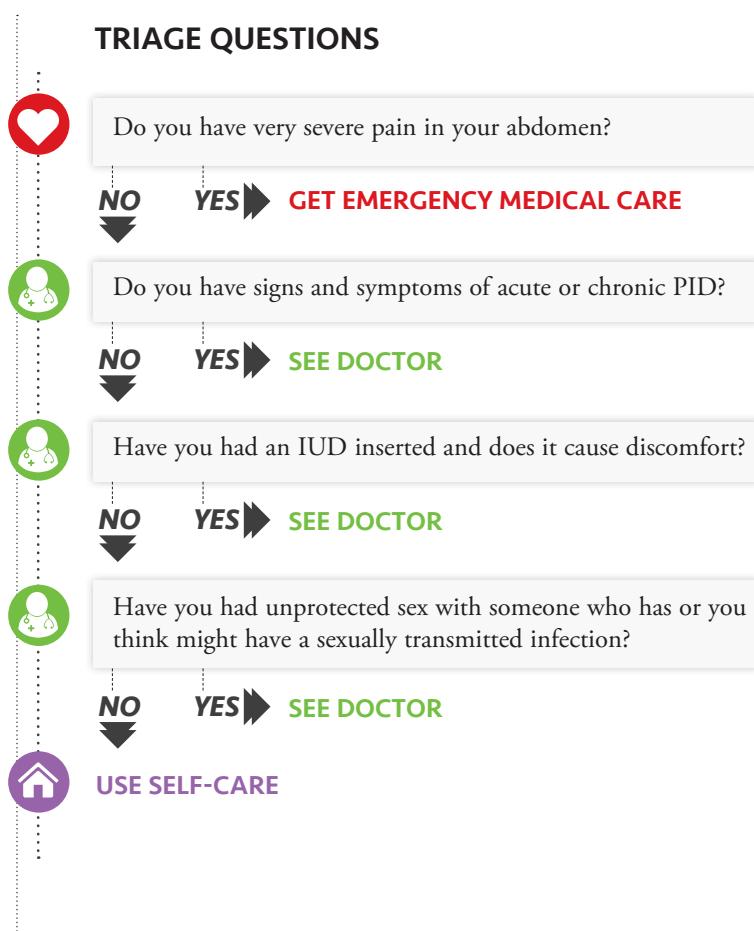
Antibiotics treat diagnosed PID. If the infection is severe, bed rest and antibiotics given through an IV may be needed. Treatment for an infected sex partner is also needed. This prevents getting the infection again.

When PID is not treated, the infection can spread to other parts of the body. If it spreads to the blood, it may threaten life.

Scarring from the infection can cause damage to a woman's reproductive organs. It can cause infertility. Also, a woman who has had PID is at increased risk for:

- A tubal pregnancy.
- Premature labor and birth.

## TRIAGE QUESTIONS



## SELF-CARE / PREVENTION

- Wipe from front to back after a bowel movement to keep bacteria from getting into the vagina.
- When you menstruate, change tampons and/or pads often.
- Don't have vaginal sex right after anal sex.
- Don't have sex with anyone who has not been treated for a current case of PID or an STI or with anyone who has partners that haven't been treated.
- Use barrier birth control methods with spermicides. These reduce the risk of getting PID from an infected partner. These include the male or female condom, cervical cap, or diaphragm. Use these even if you use other forms of birth control, like the pill.
- Don't use an IUD if you are at risk for STIs. If you use an IUD, have your doctor remove it if you become pregnant and then miscarry. If it is left in, your risk for PID goes up.
- Don't use douches. These can spread bacteria further up the vagina.
- After childbirth, wait until you stop bleeding to have sex. After a D & C, abortion or miscarriage, wait 1 week to have sex. Use a latex or polyurethane condom for 2 weeks after getting an IUD.
- If you are at risk for PID, get tested for chlamydia and gonorrhea every 6 months.
- Get regular gynecologic checkups and screenings.