

PELVIC INFLAMMATORY DISEASE

(PID; Salpingitis)

NOLENSVILLE FAMILY MEDICINE

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BASIC INFORMATION

DESCRIPTION

Pelvic inflammatory disease (PID) is an infection of the upper genital area (fallopian tubes, ovaries, and uterus). Any sexually active female may be affected. It mostly occurs in the late teens and early 20's. PID is one of the most common and serious complications of sexually transmitted diseases (STDs) in women. Up to 40% of untreated genital infections progress to PID. Salpingitis (fallopian tube inflammation) is another term for PID.

FREQUENT SIGNS AND SYMPTOMS

- Some women have no symptoms.
- Pain or cramps in the lower abdomen.
- Vaginal discharge (may have a foul odor).
- Painful intercourse or pain when urinating.
- Irregular menstrual bleeding.
- Fever, nausea, and vomiting.

CAUSES

Bacterial infection (usually chlamydial or gonorrheal). The bacteria infection starts in the vagina and cervix and then spreads to the upper genital area. PID usually develops from 2 days to 3 weeks after exposure to the bacteria, but can take months to develop. The infection may be transmitted by an infected sexual partner.

RISK INCREASES WITH

- Women who have a sexually transmitted disease.
- Teenagers (more at risk than older women).
- Multiple sexual partners, or exposure to a single partner who is infected.
- Use of an intrauterine contraceptive device (IUD).
- Prior episode of PID.
- Abortion.
- Pelvic surgery.
- Women who douche once or twice a month. This may push bacteria into the upper genital area.

PREVENTIVE MEASURES

- Use latex (rubber) condoms to help prevent sexually transmitted infections.
- Oral contraceptives may help to decrease the risk.
- Get routine medical check-ups for sexually transmitted diseases if you have multiple sexual partners.
- Get medical care for abnormal vaginal discharge, unusual odor, fever, and bleeding between periods.
- Have your sexual partner tested and treated if needed. Don't resume sexual activity with your partner until tests show no infection, or it has been treated.

EXPECTED OUTCOME

With early diagnosis and treatment, most women recover with no complications. Late treatment or incomplete treatment can lead to serious complications.

POSSIBLE COMPLICATIONS

- Chronic pelvic pain.
- Infertility or ectopic pregnancy.
- Recurrent PID.
- Abscess (pus-filled area). It can be life threatening.



DIAGNOSIS & TREATMENT

GENERAL MEASURES

- Your health care provider will do a physical and a pelvic exam. Medical tests may include blood studies, culture of the vaginal discharge, and a pregnancy test. Other tests may be done to confirm the diagnosis, and rule out other disorders.
- Treatment is with drugs and hospital care (if needed).
- Treatment may be done on an outpatient basis if infection is mild. It is important to follow your treatment schedule. Close medical follow-up care is needed.
- If you have a sexually transmitted disease (STD), your partner needs treatment (even if he has no symptoms).
- Use sanitary pads to absorb the discharge or menstrual flow. Don't douche during treatment.
- Hospital care may be needed for severe illness, more diagnostic tests, an abscess, pregnancy, HIV infection, or if drugs are to be given in a vein (IV).
- Surgery to drain a pelvic abscess may be needed.
- Surgery may help chronic PID or pelvic pain.
- Counseling can be helpful if infertility occurs.
- To learn more: National STD Hotline (800) 227-8922; website: www.ashastd.org/NSTD/index.html.

MEDICATION

Antibiotics (by injection or taken by mouth) for bacterial infection will be prescribed. Finish taking all the entire drug prescribed for a complete cure.

ACTIVITY

Avoid sexual intercourse until treatment is completed for you and your sexual partner.

DIET

No special diet.



NOTIFY OUR OFFICE IF

You or a family member has symptoms of pelvic inflammatory disease or symptoms recur after treatment.

Special notes:

More notes on the back of this page