



Gonorrhoea - the basics

It is a curable sexually transmitted infection (STI) caused by the bacterium *Neisseria gonorrhoeae*.

Gonorrhoea can infect the cervix (neck of womb), urethra (water passage) the uterus (womb), fallopian tubes, ovaries, testicles, rectum (anus), throat and sometimes the eyes.

Men commonly notice a discharge from the tip of the penis but most women will not notice anything wrong.

Prompt treatment is recommended to prevent more serious problems:

In women the spread of infection to the reproductive organs possibly leading to infertility

In men the spread of infection to the testicles leading to pain and swelling

Testing is available at any specialised sexual health or Genitourinary Medicine (GUM) clinic, and in some GP surgeries and contraceptive services.

Gonorrhoea is resistant to many commonly used antibiotics. You need to be tested in a specialised sexual health service to ensure you receive the correct treatment.

If you have gonorrhoea we recommend that you should have routine tests for other sexually transmitted infections including chlamydia, trichomonas, syphilis and HIV.

How common is gonorrhoea?

It is the second most common bacterial STI in the UK.

It is found most frequently in young people under the age of 25 years, in men who have sex with men and in people living in large cities.

How do you catch gonorrhoea?

Gonorrhoea is passed on through:

unprotected vaginal, anal or oral sex (or sharing sex toys) with someone that has gonorrhoea

from an infected mother to her baby at birth

sometimes from genitals to fingers to eyes where it may cause an eye infection (conjunctivitis)

Gonorrhoea cannot be caught by kissing, or from swimming pools, saunas or toilet seats.

What would I notice if I had gonorrhoea?

Women may not notice anything wrong but they can still pass the infection onto their partner.

Gonorrhoea



Infection usually starts in the cervix (neck of the womb) and can then spread internally to the uterus (womb), fallopian tubes and ovaries. Some women may notice one or more of the following:

- *bleeding between periods or after sex*
- *lower abdominal pain particularly during sex*
- *'cystitis' or burning pain when passing urine*
- *increased vaginal discharge*

Men will usually notice:

- *a discharge from the tip of the penis*
- *a burning pain when passing urine*

Symptoms in men usually appear within 2-5 days of catching the infection. Infections in the throat or rectum usually go unnoticed.

How do I get tested for gonorrhoea?

In women:

If you have symptoms it is best if a swab is taken from the cervix (neck of the womb) by a doctor or nurse during an internal examination. If you do not have symptoms a self-taken swab can be taken from the entrance to the vagina.

In men:

If you have a discharge a doctor or nurse will take a swab from the tip of the penis.

If you do not have any symptoms a urine sample will be collected – you should not have passed urine for an hour.

Occasionally swabs may also be taken from the throat, rectum and eye.

Some results for gonorrhoea may be available during your first visit (by looking at the samples under a microscope).

You will be informed about how you will receive your final results before leaving the clinic.

How is gonorrhoea treated?

Gonorrhoea can be easily treated with a single dose combination of antibiotics – one is usually given by injection.

Occasionally a second course of antibiotics is needed if your symptoms don't go away or you are found to have a resistant strain of gonorrhoea.

All treatments from sexual health clinics are free and are given to you in the clinic.



Important information about your treatment

The antibiotics are highly effective if taken correctly.

The antibiotics don't interfere with your contraception.

What about my partner?

As gonorrhoea is a sexually transmitted infection it is important that your current partner(s) are tested for gonorrhoea and other STIs too.

The clinic can contact your partners anonymously for you if you wish.

Some of your previous partners may also need testing – you will be advised about this.

When can I have sex again?

You must not have sex again both you and your partner have taken your treatment (this includes oral sex and sex with condoms).

Sometimes you may be advised to have another test to check the gonorrhoea has gone away completely – in this case it is important not to have sex until you receive your final all clear.

What happens if my gonorrhoea is left untreated?

In women:

Gonorrhoea may spread internally from the cervix (neck of the womb) to the uterus (womb), and then up into the fallopian tubes and ovaries leading to pelvic infection and pain – a condition called Pelvic Inflammatory Disease (PID).

PID can lead to scarring of the fallopian tubes and ectopic pregnancy and/or infertility.

In men:

Gonorrhoea can spread from the urethra (water passage) to the testicles and cause pain (a condition called epididymo-orchitis –see leaflet on 'Epididymo-orchitis'). Very rarely this may affect fertility.

In both men and women gonorrhoea can spread to the blood (septicaemia) or joints and lead to serious infection.

All these problems can be prevented by early treatment.

Can you catch gonorrhoea again?

Yes you can.



Gonorrhoea

To prevent this ensure your partners have been treated before having sex with them again.

Protect yourself with new partners by ensuring a condom is used for all vaginal/ anal/ oral contact.

Protect yourself with new partners by ensuring a condom is used for all vaginal/ anal/ oral contact.

Or

Ensure that both you and a new partner have a sexual health screen before any unprotected sex.

Gonorrhoea in pregnancy

Gonorrhoea can occur in pregnant women and it is important that it is treated properly to prevent infection in the baby.

The tests and treatment are similar to that outlined above – your doctor will discuss things in more detail with you.

More information: <http://www.bashh.org/guidelines>

This leaflet was produced by the Clinical Effectiveness Group of the British Association for Sexual Health and HIV (BASHH)
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