Gonorrhoea is a common sexually transmitted infection (STI). Recent trends show that more and more people are becoming infected. If left untreated it can be painful and can cause serious health problems such as infertility in both men and women.

This leaflet gives you information about gonorrhoea, advice on how to protect yourself, and how to get tested and treated if you think you might have the infection.

Contents

pg Inside this leaflet
3 What causes gonorrhoea?
3 How is gonorrhoea passed on?
4 How can I protect myself from gonorrhoea?
4 What are the signs and symptoms?
5 If I don’t get symptoms how will I know if I have the infection?
6 How soon after sex can I have a test?
6 What does the test involve?
7 What is the treatment for gonorrhoea?
7 How effective is the treatment?
8 What happens if gonorrhoea isn’t treated?
8 Can gonorrhoea go away without treatment?
8 How will I know if the gonorrhoea has affected my fertility?
9 What happens if I get gonorrhoea when I’m pregnant?
9 Does gonorrhoea cause cervical cancer?
9 How will I know how long I've had the infection?
9 Should I tell my partner?
10 Do I need a follow-up appointment?
10 Where can I get more information and advice?
11 A final word ...

What causes gonorrhoea?
Gonorrhoea is caused by bacteria which are easily passed from one person to another through sexual contact. Anyone who is sexually active can get it. Both men and women often have mild symptoms, or no symptoms, and pass gonorrhoea on without knowing they have the infection.

How is gonorrhoea passed on?
Gonorrhoea can be passed from one person to another during sex. The bacteria usually live inside the cells of the cervix (entrance to the womb), the urethra (tube where urine comes out), the rectum (back passage), the throat and occasionally the eyes.

The infection can spread if you have vaginal, anal or oral sex, or share sex toys. Using a condom correctly will reduce your chance of getting or passing on gonorrhoea.

It is also possible to transfer the infection from the genital area to the eyes by fingers, and for a pregnant woman to pass the infection to her baby's eyes at birth.

You cannot get gonorrhoea from kissing, hugging, sharing baths or towels, from swimming pools, toilet seats or from sharing cups, plates or cutlery.
How can I protect myself from gonorrhoea?

• Use condoms (male or female) every time you have anal or vaginal sex.
• If you are not sure how to use condoms correctly, call GYA (see page 10) for a free leaflet.
• If you’re not happy with the condoms you have tried already, why not try a different brand or type? They come in a variety of shapes and sizes.
• Avoid sharing sex toys – if they are shared, wash them or cover them with a new condom before anyone else uses them.
• For oral sex, cover the penis with a condom or the female genitals with a latex square (dental dam).

These measures can also help to protect you from some other STIs such as HIV and chlamydia. If you have gonorrhoea without knowing it they will also help prevent you from passing it on.

What are the signs and symptoms?

About 10% of infected men, and 50% of infected women, will not have any symptoms at all. If you think you could have gonorrhoea then go for a check-up and encourage your partner to be checked for infection. Sexual health clinics don’t mind doing check-ups.

Symptoms can show up 1-14 days after coming into contact with gonorrhoea, many months later or not until the infection spreads to other parts of your body. If you do get symptoms you might notice:

Women
• an unusual vaginal discharge which may be thin
or watery, or yellow or green
- pain when passing urine
- lower abdominal pain or tenderness.

**Men**
- a white, yellow or green discharge from the tip of the penis
- pain when passing urine
- pain or tenderness in the testicles.

Infection in the rectum may not have any symptoms, but may cause irritation, itching and discharge in both men and women. Infection in the throat usually has no symptoms.

**If I don’t get symptoms how will I know if I have the infection?**
You won’t know unless you have a gonorrhoea test. If you or your partner think you might have an infection, you should both have a test. Even if you don’t have symptoms you may wish to be tested particularly if:
- you have had unprotected sex with a new partner recently
- you or your partner has had unprotected sex with other partners
- during a vaginal examination your doctor or nurse says that the cells of the cervix are inflamed or there is an unusual discharge
- a sexual partner tells you they have an STI
- you are found to have another STI.

Don’t delay seeking advice – clinics don’t mind doing sexual health check-ups.
How soon after sex can I have a test?
You can have a test as soon as you think you might have been in contact with gonorrhoea. You may get the results straightaway or may have to wait up to a week.

You can go to a genitourinary medicine (GUM) clinic, a sexual health clinic or to your GP. If your GP doesn’t offer testing, they will refer you to a clinic that does. Tests may also be available at some family planning clinics and young people's clinics; call first to check. A leaflet Sexually transmitted infections – where to go for help and advice is available free from fpa (see page 10).

You can have more than one infection at any one time, so ask about being tested for others. If gonorrhoea is diagnosed, you will probably be tested and treated for chlamydia too.

What does the test involve?
A doctor or nurse will use a swab to collect a sample of cells. They may also ask you to give a urine sample. There are many myths about how swabs are done. A swab looks a bit like a cotton bud, but is smaller, soft and rounded. The swab is wiped over the parts of the body that could be infected and easily picks up samples of discharge and cells. It only takes a few seconds and is not usually painful, though it may be uncomfortable for a moment. Swabs may be used to pick up cells from:
• the cervix, during an internal examination in women
• the urethra (tube where the urine comes out)
• the rectum (back passage)
• the throat,
No tests are 100% accurate, but gonorrhoea tests should pick up almost all infections.

Cervical smear tests and routine blood tests do not detect infections such as gonorrhoea. If you are not sure whether you have been tested for gonorrhoea, just ask.

What is the treatment for gonorrhoea?
Early treatment of gonorrhoea is simple and usually involves having a single dose of antibiotics. There are several different antibiotics that can be used. If complications have occurred other treatment may also be needed. If there is a high chance of you having the infection, treatment may be started before the results of the test are back. At the moment there are no treatments that you can buy without a prescription and currently there is no evidence that complementary therapies can cure gonorrhoea.

Some of the antibiotics that are used to treat gonorrhoea interact with the combined oral contraceptive pill. If you are taking the pill tell the doctor or nurse and they can advise you what to do. You should also tell the doctor or nurse if you are, or think you might be, pregnant or if you are breastfeeding. This will influence the type of antibiotic used.

How effective is the treatment?
Treatment is usually very effective, however some infections are resistant, particularly those caught abroad. If you or your partner could have got gonorrhoea while abroad, tell the doctor. Avoid vaginal, anal or oral sex until you and your partner have both finished treatment, otherwise you could