

Patient Information

Ectopic pregnancy

Introduction

This leaflet explains what an ectopic pregnancy is, how it is treated and answers some of the commonly asked questions.

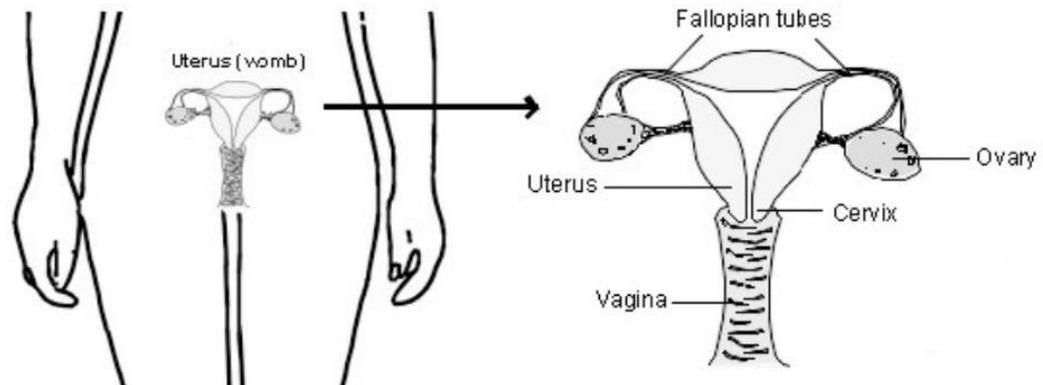


Figure 1 Female reproductive organs

What is an ectopic pregnancy?

An ectopic pregnancy is where the fertilised egg implants outside the uterus (womb), most commonly in the fallopian tube (the tube that connects the ovary to the uterus). Rarely, an ectopic pregnancy can happen in the ovary, cervix or abdominal cavity. If a pregnancy is going to become ectopic, it usually happens in the first 10 weeks of pregnancy.

About 2 in every 100 pregnancies in the United Kingdom are ectopic. This figure rises to 5 in every 100 after assisted conception therapies (fertility treatment) and to 20 to 30 in every 100 pregnancies if your fallopian tubes have been damaged due to surgery or infection.

Possible causes of an ectopic pregnancy

In most cases, the cause of the pregnancy developing outside the uterus is never known.

It is known that the chances of having an ectopic pregnancy can be increased by the following:

Reference No.

GHPI0770_11_19

Department

Gynaecology

Review due

November 2022

Patient Information

- Damage to the fallopian tube caused by pelvic infection, endometriosis or appendicitis
- Scar tissue or adhesions from abdominal surgery
- Becoming pregnant while using the coil or Intra Uterine Contraceptive Device (IUCD). However, pregnancy among women with IUCD fitted is very rare

What are the symptoms of an ectopic pregnancy?

Symptoms usually develop around the 6th week of pregnancy. This is about 2 weeks after a missed period if you have regular periods. However, symptoms may develop anytime between 4 and 10 weeks of pregnancy. Symptoms of ectopic pregnancy include 1 or more of the following:

- Pain on one side of the lower abdomen. The pain can develop sharply or may slowly get worse over several days and become severe
- Vaginal bleeding can happen. It is often different to the bleeding of a period, for example, the bleeding may be heavier or lighter than a normal period. The blood may look darker and you may think the bleeding is a late period
- Diarrhoea, feeling faint, or pain on passing faeces (stools) is common
- Shoulder-tip pain may develop. This is due to some blood leaking into the abdomen and irritating the diaphragm (the muscle used to breathe)
- If the fallopian tube ruptures (splits) and causes internal bleeding, you may develop severe abdominal pain

If an ultrasound scan shows an empty uterus (womb), but the pregnancy test is positive, an ectopic pregnancy is possible, although you may have had a miscarriage. It is not always possible to see an ectopic pregnancy on an ultrasound scan.

If you feel well, you will have a blood sample taken to measure the pregnancy hormone level. This will be repeated over the next 2 days to confirm the diagnosis.

**Patient
Information**

What are the treatment options for early ectopic pregnancy?

When an ectopic pregnancy is diagnosed before rupture of the surrounding tissue, it is called early ectopic pregnancy. Your doctor will advise you about the treatment options, which may include the following:

Surgery

A planned operation is the usual treatment to remove the tube and the ectopic pregnancy. Keyhole surgery is most commonly used. The terminology is explained below:

- Laparoscopy (keyhole surgery) - insertion of scope (camera) into the abdomen through your navel (belly button)
- Laparotomy - incision (open cut) into the abdominal cavity
- Salpingectomy - removal of the fallopian tube
- Salpingotomy - cutting open the tube and removing the ectopic pregnancy, saving the tube

Medical treatment

A medicine called methotrexate may be an option. It works by destroying the cells of the pregnancy growing in the fallopian tube. This is normally only advised if the pregnancy is very early. The advantage of this treatment is that you do not need an operation. The disadvantage is that you will need close observation for several weeks with repeated blood tests to check that it has worked. Also, some women experience side-effects, please see patient information leaflet GHPI0975 'Treatment of ectopic pregnancy with Methotrexate' for more details.

If this treatment is not successful, further surgery to remove the fallopian tube may be necessary. You may have some bleeding for a few days after surgery or medical treatment. This is because you have been pregnant and the lining of the womb associated with pregnancy comes away once the pregnancy is removed.

Conservative or expectant management (wait and see)

This is sometimes used for small (early) ectopic pregnancies.

Patient Information

Some ectopic pregnancies resolve themselves often ending in a way similar to a miscarriage. A possible option is to see how things go if you have mild or no symptoms. You would need close observation and repeated scans and blood tests.

Treatment will be given if your symptoms get worse.

A 'wait and see' approach is not always advised as there is the risk of a sudden rupture of the fallopian tube.

This is a serious condition which would need emergency surgery. Your gynaecologist will discuss the options available to you.

What is the treatment for a ruptured fallopian tube?

Emergency surgery is needed if a fallopian tube ruptures causing heavy bleeding. The main aim of the operation is to stop the bleeding. The ruptured fallopian tube and remains of the ectopic pregnancy are then removed. The operation is often life saving for the woman.

What about future pregnancy?

Before trying again for a baby, it is best to wait until you and your partner are ready, both physically and emotionally. If you have had surgery, it is advisable to wait at least 4 to 6 weeks before having sexual intercourse. You will continue to ovulate as before but if one tube was removed your chances of conceiving may be reduced, although this varies with each woman.

Even if a fallopian tube is removed, you will have about a 7 in 10 chance of having a normal pregnancy. The other fallopian tube will still usually work. There is also a 1 in 10 chance of a further ectopic pregnancy.

The chances of having a future normal pregnancy may be different if you have had medical treatment. Your doctor will discuss this with you.

Patient Information

After having an ectopic pregnancy, as soon as you think you may be pregnant again, you must contact your GP so that you are monitored closely.

Once an ectopic pregnancy has been ruled out, the pregnancy would be expected to continue normally and no further close monitoring would be needed.

What about returning to normal activities?

It is best to build up your strength slowly. Having an ectopic pregnancy can be traumatic because you are dealing with the loss of a pregnancy as well as trying to recover from emergency surgery. It is common to feel anxious or depressed for a while after treatment. Worries about possible future ectopic pregnancy, the effect on fertility and sadness over the loss of pregnancy are normal. Please talk to your GP about these and any other concerns following treatment. You will possibly need 2 to 4 weeks to recover after keyhole surgery and 4 to 6 weeks if you have had an open (cut to the abdomen) procedure.

Contact information

After discharge if you have any questions or concerns please contact your GP but if you are still having treatment please contact:

Ward 9a (24 hour helpline)

Gloucestershire Royal Hospital

Tel: 0300 422 6668

**Patient
Information**

Further information

If you would like any further information, or would like to talk to someone who has been through the experience of an ectopic pregnancy please contact the following organisations:

The Miscarriage Association

17 Wentworth Terrace

Wakefield

Yorkshire

WF1 3QW

Tel: 01924 200 799

Website: www.miscarriageassociation.org.uk

The Ectopic Pregnancy Trust

483 Green Lanes

Palmers Green

London

N13 4BS

Tel: 020 7733 2653

Website: www.ectopic.org.uk

Other written information about ectopic pregnancy is available from the hospital.

GHPI0975 'Treatment of ectopic pregnancy with Methotrexate' - this leaflet will be provided by a member of the medical team.

Content reviewed: November 2019