

Patient Information Leaflet

Ectopic Pregnancy





Introduction

Sadly your pregnancy has resulted in an ectopic pregnancy; this is a pregnancy that has developed outside of the womb (uterus). We are very sorry that this has happened, and hope that the information in this leaflet will be of some help to you and your partner.


The staff in the Early Pregnancy Unit hope to help you through this distressing time by:

- Explaining more about ectopic pregnancy
- Explaining the treatment advised for you by the medical staff
- Being available to give you advice over the telephone. When the unit is closed, ward 7A South, the main gynaecology ward, is available for you to contact. Contact telephone numbers are found on the last page.
- Providing written information for you, in the form of this leaflet, to help you understand what is happening to you.

What is an ectopic pregnancy?

An ectopic pregnancy is a pregnancy that develops outside the cavity of the womb. The vast majority of ectopic pregnancies occur in the fallopian tube (95%), however they can occur in places, such as the ovary, the cervix and inside the tummy. Since the fallopian tubes are not large enough to accommodate a growing embryo, the pregnancy can not continue normally.

If the problem is identified early, the ectopic pregnancy can be removed. In some cases, the embryo grows until the fallopian tube stretches and ruptures (bursts). Rupture of the fallopian tube is a medical emergency because of internal bleeding, causing abdominal pain and collapse and very occasionally can even result in death.



What are the causes of ectopic pregnancy?

Most ectopic pregnancies occur because the fertilized egg cannot pass through the

fallopian tubes, this occurs for many reasons:

- An infection or inflammation of the tube may have partially or entirely blocked it. Pelvic inflammatory disease (PID) is the most common of these infections
- Damage due to a previous ectopic pregnancy
- Endometriosis or scar tissue (adhesions) from previous abdominal surgery or
- previous operations on the tubes including reversal of sterilisation

However, in many patients, a cause cannot be found.

What are the symptoms of an ectopic pregnancy?

Symptoms of an ectopic pregnancy can often be vague, and so difficult to diagnose because they often mirror those of a normal early pregnancy.

These can include:

- Missed or late periods
- irregular vaginal bleeding
- Abdominal Pain
- Sharp pain in the abdomen or pelvis which may be intermittent or constant.
- Shoulder pain
- Dizziness or fainting
- Loose stools or diarrhoea

How is an ectopic pregnancy diagnosed?

If you present to the hospital with symptoms that suggest an ectopic pregnancy, the nurse / doctor will probably carry out a series of tests:-

- If pregnancy has not already been confirmed, a pregnancy test will be carried out.
- A pelvic examination by the doctor may be carried out to locate the areas causing pain, to check for an enlarged womb suggesting a normal pregnancy, or to find any swellings in your abdomen.




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- A pelvic examination by the nurse / doctor may be carried out to locate the areas causing pain, to check for an enlarged womb suggesting a normal pregnancy, or to find any swellings in your abdomen.
- An ultrasound scan will be done to find out if there is a pregnancy inside the womb. If this is not the case and the pregnancy test is positive, an ectopic pregnancy has to be considered. It may just be that the pregnancy is too early to see on a scan or that a miscarriage might have already occurred, but the diagnosis of ectopic pregnancy cannot be ruled out. Even with the best equipment, it is hard to see a pregnancy less than 6 weeks and just as difficult to see an ectopic pregnancy.
- Blood levels of a hormone produced by the pregnancy (beta HCG) will be assessed by a blood test. In normal pregnancy, the level of hormone nearly doubles about every two to three days during the first 10 weeks of pregnancy. In an ectopic pregnancy though the levels climb slowly or remain static. The nurse / doctor will carry out a series of blood tests over a period of days to check these levels. An abnormal pattern in the rise of this hormone can be due to the presence of an ectopic pregnancy or also on occasions a miscarriage.

What if ectopic pregnancy is diagnosed?

Treatment options for ectopic pregnancy include observation, medication, laparoscopy (looking inside your tummy with a telescope) or laparotomy (making an opening into your tummy). This depends on how well you are.





Conservative treatment – watching and waiting


An ectopic pregnancy can resolve by itself. Close monitoring is required. You will be required to attend for blood tests initially twice a week and then weekly until the level is normal. Even with falling levels the ectopic pregnancy occasionally ruptures and you might require an operation to remove the tube. This can be a medical emergency so you must stay with an adult (who is able to call an ambulance) at all times until your hormone levels are normal.

Medical treatment

Methotrexate is a drug normally used in cancer treatment. It works because it kills the rapidly growing cells of an ectopic pregnancy. It is not suitable treatment for every ectopic pregnancy but if hormone levels are still fairly low and the pregnancy is early it is successful in 90% of cases with the remaining 10% still requiring surgery despite the Methotrexate treatment. Women with ectopic pregnancies usually require only one injection and because of this side effects are rare. In 15% of cases two injections are required.

You will require close monitoring by having blood tests regularly until the hormone level becomes normal, the first hormone level after the injection may be higher than before treatment but following this, levels would be expected to fall. Again, even though the levels are falling you are still at risk of the ectopic rupturing (7%). There is therefore a small chance that you will still require an operation, which may involve removing the fallopian tube.

Three quarters of women treated with Methotrexate for ectopic pregnancy do experience moderate abdominal pain and may require painkillers. You should contact the ward if the pain is severe. Rarer side effects are sore eye, sore mouth, sickness and diarrhoea. During this treatment intercourse should be avoided. A further pregnancy should be avoided for three months following treatment cleared from your body.





Surgery

This can be either through the laparoscope (key hole) or through an open operation using a larger opening of the abdomen (tummy). The risks of laparoscopic (key hole) surgery are damage to the bowel, bladder, or major blood vessels. The risk of this happening is 4:1000 (i.e. if we performed 1000 laparoscopic procedures in four of them a complication would arise).


If you are very unwell, because there has been a lot of bleeding inside your abdomen, keyhole surgery may not be appropriate and it may be necessary to do an open operation to control the bleeding quickly. The risk of infection and thrombosis increases with the larger abdominal incision.

How does it affect future pregnancies?

This depends mainly on the extent of the damage and the surgery that was performed. If the ectopic pregnancy was treated without loss of a tube, you still have a good chance for future successful pregnancies (about 60%). The loss of a tube reduces success rate to about 40% but you can still become pregnant with one tube intact.

Once you have had an ectopic pregnancy your chances of having another ectopic pregnancy are slightly increased. There is nothing anyone can do to prevent this, but you can make sure it is detected early by consulting your doctor as soon as you suspect you might be pregnant again, so that you might be monitored more closely.

Ectopic pregnancy is a type of miscarriage and you may be experiencing feelings of loss. It is normal to feel low in mood and sometimes angry at what has happened but please talk to our team. We are here to support you through this difficult time.





**We hope this information leaflet has been of help to you.
If you have any further concerns, please contact the
Early Pregnancy Unit.**





Contact telephone numbers:

Woodlands Clinic (Early Pregnancy Unit)

01438 286190

(Mon - Fri 8am-8pm; Sat & Sun 9am-5pm)

Further help and information:

If you feel that you, or your partner, need more help coming to terms with losing your baby, here are some contact numbers, which may be of use:

Bereavement Midwife

07770 280868

The Miscarriage Association:

01924 200799 (Mon-Fri 9am-4pm)

www.miscarriageassociation.org.uk

The Ectopic Pregnancy Trust:

020 7733 2653 (24hrs)

www.ectopic.org.uk

www.enherts-tr.nhs.uk

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