

Saint Mary's Hospital
Emergency Gynaecology Unit

Information for Patients

Surgical management of an ectopic pregnancy

Welcome to the Gynaecology Services at Saint Mary's Hospital

If you have been diagnosed with an ectopic pregnancy we understand this may be a very distressing time and we are sorry for your loss.

Your doctor has suggested that it is appropriate to treat your ectopic pregnancy with surgery, or unfortunately you may be having surgery because your fallopian tube has ruptured. This leaflet aims to give you some general information about the surgery and help to answer some of the questions you may have. It is intended as a guide and there will be an opportunity for you to talk to your nurse and doctor about your care and treatment.

What is surgical management?

It is a surgical procedure (a laparoscopy) performed under a general anaesthetic to remove the ectopic pregnancy. If the tube has ruptured and there is a lot of internal bleeding, it may be necessary to open up the abdomen to perform the operation (a laparotomy).

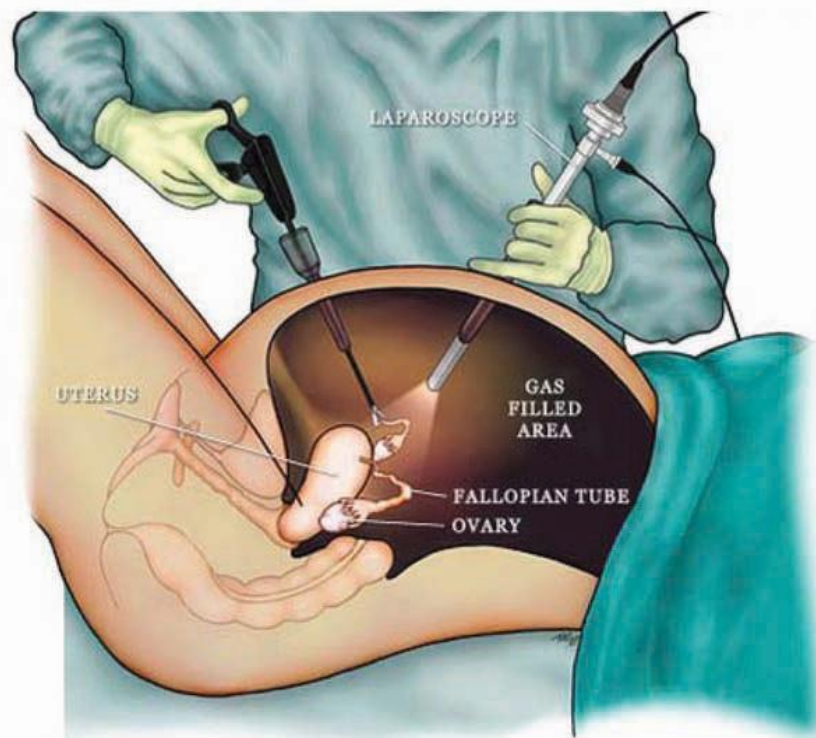
Why have I been offered this treatment?

The incidence of ectopic pregnancy is increasing, undoubtedly more cases are currently being diagnosed because of improved diagnostic facilities such as ultrasound and hormone blood tests. In the past many of these ectopic pregnancies may have resolved naturally.

Your doctors have considered carefully the best way to manage your care and believe that surgery is the safest way forward. Sometimes the pregnancy hormone level (hCG) is high and other treatment options would not be effective. An ultrasound scan may show that the ectopic pregnancy has become too large, or that bleeding has been seen in the abdomen. In these cases the safest way to treat an ectopic pregnancy is with surgery. Surgery may also be performed if 'expectant management' or 'medical management' treatment pathways have failed.

What does the surgery involve?

A laparoscope is a small flexible tube (telescope) which contains a fibreoptic light and camera. The camera relays images of the inside of the abdomen or pelvis to a television monitor. Small incisions (cuts) are made near the belly button (umbilicus), and possibly on either side of the lower part of the abdomen allowing the laparoscope to be inserted. Carbon dioxide gas is pumped into the abdomen which expands allowing the pelvic organs to be seen clearly. The surgeon will be able to examine the abdomen and decide on the best option for treatment.



What are the treatment options?

Whilst you are in theatre, the doctors performing the surgery will carefully examine both Fallopian tubes to decide on the most appropriate procedure:

- Salpingectomy - If there is a lot of damage or bleeding, the affected tube would have to be removed. This is also often the procedure of choice if your opposite Fallopian tube looks normal.
- Salpingotomy - If the damage is minimal, and there is concern about your other Fallopian tube, the ectopic can sometimes be removed from the tube by making a small cut, leaving the tube intact but with a small scar.

Are there any alternatives to surgery?

As discussed previously, surgery is the safest treatment option for you because your health may be at risk. If you have further questions about this please discuss them with your doctor or nurse.

What are the risks of surgery?

Minor complications occur in 1 to 2 cases in every 100. These include:

- Not being able to identify an ectopic pregnancy.
- Infection following the operation.
- Minor bleeding and bruising around the site of the incision (cut).
- Nausea and vomiting.

Major complications following a laparoscopy are rare. They occur in an estimated 1 to 2 cases in every 1,000. They include:

- Not being able to perform a laparoscopy and needing to perform a laparotomy.
- Damage to an organ, such as your bowel or bladder.
- Damage to a major artery (blood vessel).
- Damage to the nerves in your pelvis.
- Complications arising from the use of carbon dioxide during the procedure, such as the gas bubbles entering your veins or arteries.
- A serious allergic reaction to the anaesthetic. Further surgery is usually required to treat any major complications.

Consent

We must, by law, obtain your consent to any operation. Staff will explain the risks, benefits and the alternative procedures that may need to be carried out, depending upon what is found at the time of laparoscopy. You will then be asked to sign a consent form. If you are unsure about any aspect of the treatment proposed, please do not hesitate to speak to a member of staff.

How can I prepare myself for the operation?

Ensure you fully understand the procedure by highlighting any questions or worries. There is a section in this booklet that you may wish to use to write down your questions and take with you on your admission to hospital so that you can discuss any of your concerns.

If possible (which may not be, due the urgency of the pending surgery), organise your home circumstances so that you do not have to worry about your responsibilities, such as housework, shopping, childcare etc.

It is advisable to bring an overnight bag with toiletries and sanitary towels with you, just in case you need to stay in hospital. Again, if possible you should have a bath or shower prior to the operation. Please remove any body piercings and nail varnish from fingers and toes. Valuables and jewellery should be left at home.

It is very important that you do not have anything to eat or drink for at least 6 hours before your operation. This includes sweets and chewing gum. You may be allowed water up to two hours before surgery - your nurse will confirm this with you.

How long does the procedure take?

It will normally take between 30 – 60 minutes, however if a laparotomy needs to be performed it may take longer.

You should return to Ward 62 in 1 – 2 hours following a short time in recovery.

What can I expect after my operation?

- **Discomfort/Pain**

It is normal to expect some mild abdominal, leg or shoulder-tip pain after your operation. You may have been prescribed some pain relief to take home. Your nurse will explain what they are and how often to take them. If you were not given any pain relief on discharge please use over the counter pain killers, such as paracetamol or ibuprofen based products, but always read the label/instructions before taking them.

Wind pain is a common problem experienced by women following a laparoscopy, due to the gas put into the abdomen. Use of a heat pack or drinking peppermint tea can help, together with keeping mobile.

- **Vaginal bleeding**

It is common to have some mild vaginal bleeding for up to two weeks after your operation. Do not use tampons during this period, only sanitary towels. Tampons may increase your risk of developing an infection. If you feel your bleeding is very heavy, prolonged or has an offensive smell, please seek advice from your GP or contact the Emergency Gynaecology Unit (EGU).

- **Wounds**

Your wounds will either be closed with a very small suture (stitch) or with surgical glue. Sutures will usually dissolve within 10-14 days. If they do not and are causing discomfort please seek advice from your GP or Practice Nurse who may be able to remove them for you. Glued sites may be left to heal and no intervention is required.

Some oozing from the wounds may be noted for the first 24 hours after your operation and a dry dressing may be applied. After this time they should be left exposed and kept clean and dry. If the oozing continues and/or the areas become red, inflamed or smelly, please seek advice from your GP, as you may have developed a mild infection. Always make sure you wash your hands before and after caring for your wounds.

You may bathe and/or shower as normal - it does not matter if you get the sutures or glue wet. However, please ensure that you dry your wounds thoroughly with a clean towel afterwards.

Will I have a scar?

If you have a laparoscopy the incisions made are very small and the scars will barely be visible after a few months. Laparotomy scars take longer to fade and may not do so completely.

What arrangements should I make for going home?

The operation is usually performed as a day case, so you should make arrangements for someone to pick you up from hospital and stay with you overnight. Your nurse should be able to give you an approximate time for your discharge home. If you have had a laparotomy you will need to stay in hospital longer.

When can I return to my normal activities?

This advice can only be used as a guide as your recovery from the operation will be specific to you as an individual. If you have had a laparotomy your recovery may take longer than the suggested guide below.

It is normal to feel tired for a few days after your operation, and you may need to rest.

- **Work**

You can normally return to work within 7-10 days (2-4 weeks for laparotomy). Most work places allow you to self-certify for up to 7 days, but please let hospital staff know if this is a problem and you require a sick note.

- **Exercise and Lifting**

Avoid heavy lifting, housework, and strenuous exercise for 7-10 days (4-6 weeks for laparotomy). After this time you should be able to ease yourself gently back into your exercise programme.

You must not go swimming until your wounds have healed and any vaginal discharge has stopped.

- **Driving**

You must not drive for at least 24 hours and only then when you feel comfortable wearing a seatbelt and can perform an emergency stop without any abdominal discomfort. (6 weeks for laparotomy). Please contact your insurance company for confirmation.

- **Sex**

Do not resume having sexual intercourse until any vaginal bleeding has stopped and you feel ready and comfortable to do so. It may take a while before you and your partner feel ready – this is completely normal.

If you do not want to become pregnant, seek further advice from your nurse, doctor or family planning clinic as some forms of contraception may be more suitable after an ectopic pregnancy.

When can I expect a period?

Every woman is different regarding how soon after the operation to expect a period, however sometime in the next 6 weeks is considered usual.

Often this first period may be heavier or lighter than normal, but should return to normal within 2-3 cycles.

Do I need to inform anyone of my ectopic pregnancy?

No, if you have booked to have your care at Saint Mary's Hospital, staff will have written to your GP and community midwife and any antenatal scans or appointments will have been cancelled so you do not need to worry about doing this.

Unfortunately, we are unable to cancel appointments booked at other hospitals, although we still inform your GP.

Will I need a follow-up appointment?

This will depend on the type of surgery performed and the outcome. If you had a salpingotomy (where the ectopic was removed from the tube) you may need to attend the hospital for further blood tests to ensure all of the pregnancy tissue has been removed. This will be arranged with you before discharge from the ward.

Your doctor may wish to arrange a follow-up appointment to discuss future plans or treatments regarding your fertility.

How does it affect future pregnancies?

For most women an ectopic pregnancy occurs as a 'one off' event and does not occur again. The chance of having a successful pregnancy in the future is good. Studies show that even if you only have one fallopian tube, your chance of conceiving is only slightly reduced. The overall chance of having an ectopic pregnancy next time is between 7 and 10 in 100 (7–10%). However, this depends on the type of surgery you had and any underlying damage to the remaining tube(s). If you have any signs or symptoms similar to those experienced on this occasion, please contact the Emergency Gynaecology Unit at Saint Mary's Hospital.

If you are otherwise well, your GP will arrange for you to have an early ultrasound scan at approximately 6 weeks to ensure the pregnancy is in the womb.

It is perfectly safe to start trying for another pregnancy once you and your partner feel ready to (providing you feel well and have stopped bleeding). For the purpose of estimating your due date, there may be some advantage in waiting until your next normal period.

Any preconception care you have been following should continue, such as:

- Taking folic acid.
- Reducing your alcohol and caffeine intake.
- Stopping smoking.

If you are unsure whether you wish to try for a future pregnancy, it is advisable to consider your contraceptive needs during this time. Further advice can be sought from your doctor or family planning clinic as some forms of contraception may be more suitable after an ectopic pregnancy.

Emotions

Reaction to a pregnancy loss is very variable and in addition to the grief you may feel, your body will be undergoing lots of hormonal changes. It is completely normal to feel a variety of emotions during this time, and it may take time for you to get back on your feet again. It is important to remember that the pregnancy could not have continued without causing a serious risk to your health.

We are all different and we all react and recover in different ways - there is no right or wrong way. All of these feelings are normal and a part of processing your experiences. The feelings of low mood usually ease with time, talking about your feelings with friends and relatives can help considerably. If after 6 weeks you feel you cannot return to your normal daily activities we would recommend you seek further support through your G.P., the Early Pregnancy Loss Specialist Nurse or support charities such as The Ectopic Pregnancy Trust. Although it is important to know you can access support sooner if you feel you need it.

Before trying for another baby, it is important to wait until you feel ready emotionally and physically. However traumatic your experience of an ectopic pregnancy has been, it may help to know that the possibility of a normal pregnancy next time is much greater than the possibility of having another ectopic pregnancy.

Your Partner

An ectopic pregnancy can put strain on a relationship but it can also bring you closer together. Partners may find it difficult to understand your emotions and be focused on the relief of you being safe. On the other hand they may feel that no one is considerate of their feelings, as most of the care is focused toward you despite them losing a pregnancy also. Either way your partner is most likely to be suffering too. It can be helpful to try and communicate with each other rather than holding back thoughts and emotions to protect each other.

Certificates

As there is no official national recognition at this time of pregnancy's lost less than 24 weeks gestation, Saint Mary's offers certificates of remembrance. If you would like to know more please ask your nurse.

Saint Mary's Hospital contact numbers:

Should you require any additional information or help please contact:

Emergency Gynaecology Unit (EGU)

(0161) 276 6204

(7 Days 8.00 am – 9.30 pm)

Gynaecology Ward 62

(0161) 276 6518 or (0161) 276 6410 (24 hours)

Early Pregnancy Loss Specialist Nurse

Maxine: (0161) 276 6571

(Monday – Thursday variable hours – answerphone available)

Counselling Service (confidential)

(0161) 276 4319

(Monday - Friday 8.30 am – 4.30 pm – answerphone available)

Useful addresses

The Ectopic Pregnancy Trust

www.ectopic.org.uk

The Miscarriage Association

Tel: (01924) 2000799

www.miscarriageassociation.org.uk

www.earlypregnancy.org.uk

Women's Health Concern

Tel: (01628) 478473

www.womens-health-concern.org.uk

NHS Choices

www.nhs.uk

Saint Mary's Hospital Website

www.mft.nhs.uk/saint-marys