

Information for Patients

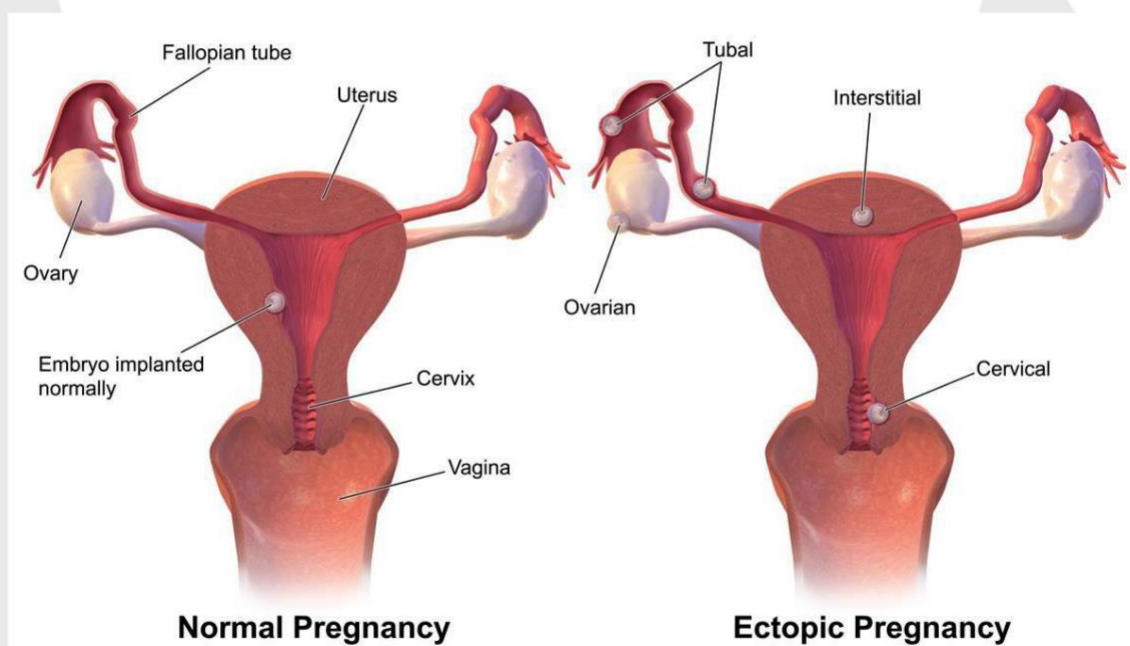
Ectopic pregnancy

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

This leaflet aims to give you some general information about ectopic pregnancy and help to answer some of the questions you may have. It is intended only 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 an ectopic pregnancy?

An ectopic pregnancy is any pregnancy that occurs anywhere outside the uterus (womb) the majority of which occur within one of the fallopian tubes. It affects 1 in 80 pregnancies in the UK (just over 1%).



Why has this happened?

For a pregnancy to occur, the sperm and egg meet in the fallopian tube (the tube that carries the egg from the ovary to the uterus). Usually, the fertilised egg moves into the uterus for the pregnancy to grow and develop. If this does not happen the pregnancy may start to grow outside the uterus.

The most common type of ectopic pregnancy is when the fertilised egg implants itself in the fallopian tube. Ectopic pregnancies can also develop in other places - including the ovary, the connection between the tube and uterus, the cervix and in the site of a caesarean section scar, although these are very rare.

This leaflet relates only to a 'tubal' ectopic pregnancy.

What are the possible outcomes?

A tubal ectopic pregnancy sadly never survives. Possible outcomes include the following:

1. About half of ectopic pregnancies will end within a few days by itself, this is called tubal miscarriage. You may have no symptoms and you may never have known that you were pregnant. Sometimes there is slight pain and some vaginal bleeding like a miscarriage. Nothing further needs to be done if this occurs.
2. The pregnancy can grow for a while in the narrow fallopian tube. This can stretch the tube and cause symptoms of pain. This is when an ectopic pregnancy is commonly diagnosed.

The narrow fallopian tube can only stretch a little. If the pregnancy continues to grow it will normally rupture (split) the tube. This can cause heavy internal bleeding and pain. This is a medical emergency.

What are the symptoms?

Ectopic pregnancies may have no symptoms and are only detected through investigations.

The most common features of ectopic pregnancy are irregular vaginal bleeding and lower abdominal pain. Later on, shoulder tip pain and rectal pain (pain in the bottom), may occur and these are usually suggestive of the condition worsening. Other symptoms include dizziness, collapse and diarrhoea. If you would like further explanation of these symptoms please ask your doctor or nurse.

Who is at risk of ectopic pregnancy?

Any woman of child bearing age who is sexually active can have an ectopic pregnancy. Some women are at greater risk including, women who have had the following conditions:

- Previous abdominal surgery, such as caesarean section, ectopic pregnancy, tubal surgery or removal of appendix.
- History of Pelvic Inflammatory Disease (PID), or pelvic infections, such as Chlamydia.
- Previous sterilisation or reversal of sterilisation.
- Intra Uterine Contraceptive Device (coil) use.
- IVF treatment.
- Women who conceive following the use of Emergency Contraception (morning after pill or IUCD).
- Women who smoke

How is an ectopic pregnancy confirmed?

Most ectopic pregnancies are suspected between 6-10 weeks of pregnancy.

The diagnosis can be made quickly, but if initial investigations do not give a clear answer, it can take longer (a week or more) to make a diagnosis of an ectopic pregnancy. It is important that you remain easily contactable and attend all appointments at the EGU during this period of investigation.

Your diagnosis will be confirmed by the following:

• Consultation and examination

You will be asked about your medical history and symptoms, and may have an abdominal and vaginal examination performed.

• Ultrasound Scan

Many women are offered a transvaginal scan (where a small probe is inserted gently into the vagina) as this gives a clearer view of the uterus, ovaries and fallopian tubes. If this scan does not give clear results you may be offered another scan later as planned by EGU staff depending on symptoms and blood results.

• Blood Tests

A test for the level of the pregnancy hormone Human Chorionic Gonadotropin (hCG) or a change in this level every few days may help to give a diagnosis.

• Laparoscopy

If the diagnosis is still unclear, an operation called a laparoscopy may be necessary. This operation takes place under a general anaesthetic. The doctor uses a small telescope to look inside your pelvis by making a tiny cut, usually into the umbilicus (belly button). This is also called keyhole surgery. If an ectopic pregnancy is detected, treatment may take place during the same operation.

How is ectopic pregnancy treated?

Sadly an ectopic pregnancy cannot lead to the birth of a baby, therefore all options must end the pregnancy in order to reduce the risks to your own health. Your options depend on:

- How many weeks pregnant you are.
- Your symptoms.
- If there has been a lot of bleeding inside your abdomen.
- The level of hCG (pregnancy hormone levels).
- Your scan result.
- Your general health.
- Your personal views and preferences – this should involve a discussion about your future pregnancy plans.
- The options available at your local hospital.

The options for treatment are listed below; however, not all will be suitable for you. You will have a chance to discuss this in more detail with your doctor before a decision is made:

- **Surgical treatment**

This involves an operation under general anaesthetic to remove the pregnancy and/or fallopian tube. This is usually done using keyhole surgery, however, every case is different and your doctor will be able to explain more. You will usually spend one night in hospital, but might be able to go home on the same day.

- **Medical treatment**

This is managed as an out-patient and involves an injection of a drug called methotrexate which stops the pregnancy tissue from developing. You will be followed up each week until your blood pregnancy hormone returns to normal. It may take several weeks before you are discharged from our care. Very occasionally you might require admission to hospital during this treatment.

- **Conservative, expectant or 'wait and see' treatment**

This is managed as an out-patient and involves no active medical or surgical intervention. You are simply kept under observation by the hospital and will need to attend hospital weekly until your blood pregnancy hormone returns to normal. It may take several weeks before you are discharged from hospital. It is also known as a 'tubal miscarriage'.

You will be given a more detailed information leaflet regarding your chosen method for your information and reference.

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. Even if you have only 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).

In a future pregnancy, you can have an ultrasound scan at approximately 6 weeks to confirm that the pregnancy is developing in the womb. Please contact the EGU by telephone to arrange this.

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

Your emotions

The experience of having an ectopic pregnancy and the many hospital attendances it can require can be a difficult period in your life. For some this pregnancy is much wanted and processing the grief of a pregnancy loss can make the experience more traumatic, especially if you are concerned about any possible effect on your future fertility.

We expect your feelings to vary hugely in the weeks following diagnosis and treatment. At times you may feel a sense of relief that your health is no longer in danger, although these feelings can be closely followed by intense sadness for your loss. The sudden ending of a pregnancy in any circumstances can cause hormonal changes that can leave you feeling depressed. All of these feelings are normal and a part of processing your experiences. They usually ease with time, and 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 GP, 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.

Please remember that the pregnancy could not have continued and without treatment you may have suffered a serious risk to your health. Before trying for another baby, it is important to wait until you feel ready emotionally and physically.

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.

Saint Mary's Hospital contact numbers:

Should you require any additional information or help please contact:

Emergency Gynaecology Unit (EGU)

(0161) 291 2561 (24 hours)

The EGU is located at Wythenshawe Hospital (enter via entrance 15)

The department operates a telephone triage service you must call and speak with a specially trained nurse before attending to plan your care

There are no emergency gynae or early pregnancy services at Saint Mary's Hospital, Oxford Road

Gynaecology Ward F16 at Wythenshawe

(0161) 291 5060 (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

NHS Choices
www.nhs.uk