Manchester University
NHS Foundation Trust

Saint Mary's Managed Clinical Service
Division of Gynaecology

PATIENT INFORMATION LEAFLET

SURGICAL MANAGEMENT OF AN ECTOPIC PREGNANCY

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- (keyhole surgery)) 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 / removal of the fallopian tube - 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/ opening the fallopian tube - 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 opening.

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.
- Persistent pregnancy tissue, when salpingotomy performed (4–8 in 100)
- Pain
- Infection following the operation.
- Minor bleeding and bruising around the site of the incision (cut).
- Hernia at the sites of the 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 the ward 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 our Emergency Gynaecology Services.

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 PLANS SHOULD I MAKE FOR GOING HOME?

The operation is usually performed as a day case, so you should make plans 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.

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.

If you require any further information or clarification of terminology, please do not hesitate to talk to one of the doctors or nurses, who will be happy to discuss your concerns with you.

CONTACT DETAILS

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 gynaecology services at Saint Mary's Hospital, Oxford Road

☎ **Gynaecology Assessment Unit (GAU/G2)**

(0161) 720 2010 GAU Reception / (0161) 604 5130 GAU Nurses

Monday to Friday - 07.30 - 20.30

Saturday & Sunday - 08:30 – 16:30

GAU is located at North Manchester Hospital (Ward G2, via Entrance 1 / main entrance). To be seen in GAU a referral from your GP, Midwife, A&E or other health care professional is required. GAU is not a self-referral unit.

☎ **Early Pregnancy Loss Specialist Nurse**

(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

 https://mft.nhs.uk/saint-marys/services/gynaecology/emergency-gynaecology/

USEFUL ADDRESSES

The Ectopic Pregnancy Trust: https://ectopic.org.uk/

The Miscarriage Association: www.miscarriageassociation.org.uk
Tel: (01924) 200799

Cradle Charity: https://cradlecharity.org/
Phone: 0333 443 4630
Email: info@cradlecharity.org