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Ectopic Pregnancy

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Ectopic Pregnancy

Patient Information

Gynaecology Department

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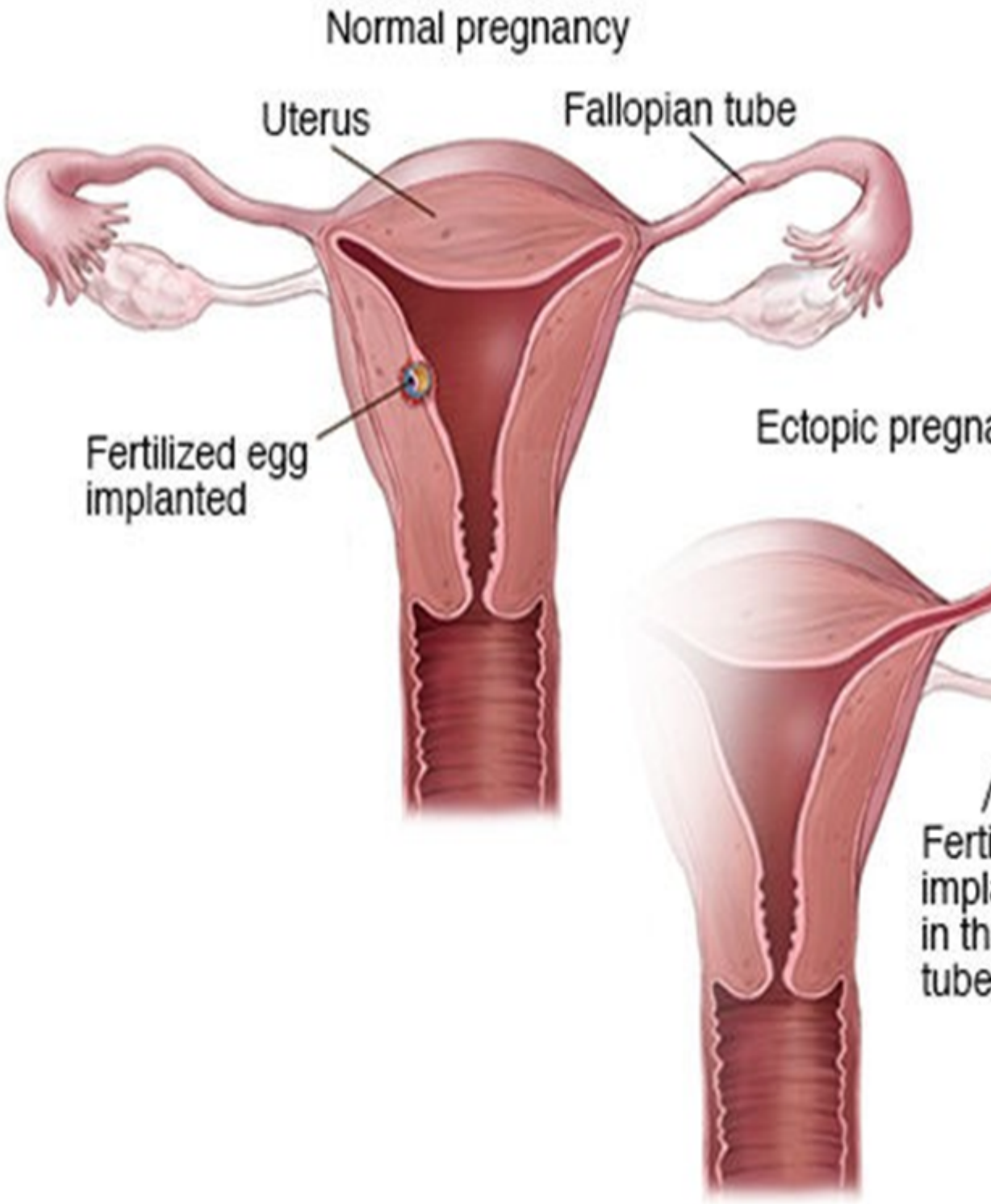
What is an ectopic pregnancy?

Ectopic comes from the Greek word **ektopas** which means ‘out of place’. Therefore, an ectopic pregnancy quite literally means ‘an out of place pregnancy’. In a normal pregnancy, the fertilised egg moves from the fallopian tube into the uterus, where the pregnancy grows and develops. The fallopian tubes are the tubes connecting the ovaries to the womb. If this does not happen, the fertilised egg may implant and start to develop outside the uterus (womb), leading to an ectopic pregnancy.

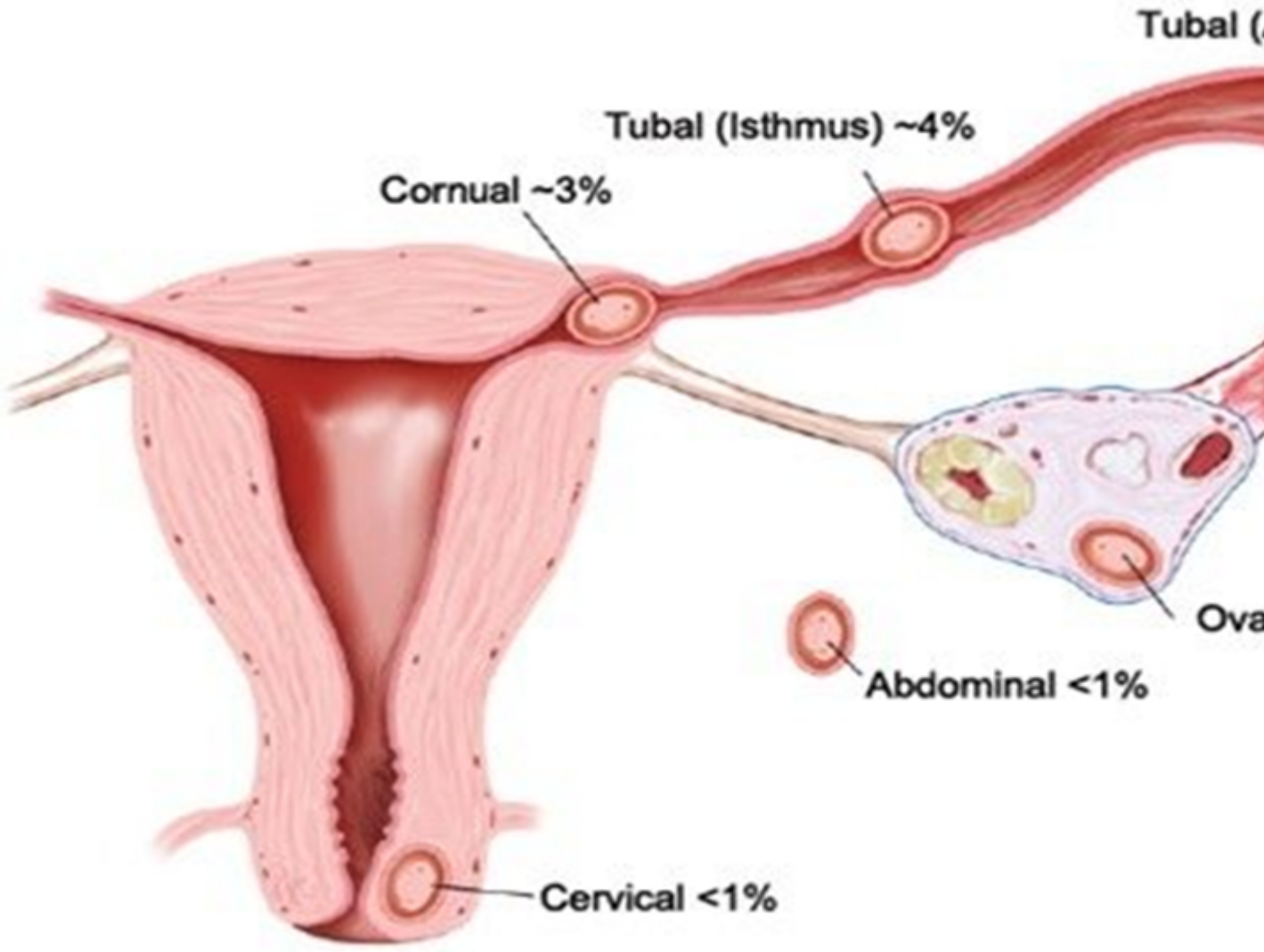
Most ectopic pregnancies develop in the fallopian tubes (tubal ectopic), but in rare cases (3–5 out of 100 ectopic pregnancies), they can develop in other places such as the ovary, cervix (neck of the womb) or inside the tummy (non-tubal ectopic).

Unfortunately, it's not possible to save the pregnancy. It usually has to be removed using medicine or an operation.

In the UK, around 1 in every 80-90 pregnancies is ectopic. This is around 12,000 pregnancies a year.



The image below shows different sites of ectopic pregnancy:



An ectopic pregnancy can be life-threatening, because as the pregnancy develops, it can burst (rupture), causing severe pain, internal bleeding, collapse and very occasionally can even result in death.

What are the causes of ectopic pregnancy?

Any sexually active woman of childbearing age could have an ectopic pregnancy. An ectopic pregnancy is often caused by damage to the fallopian tubes. A fertilized egg may have trouble passing through a damaged tube, causing the egg to implant and grow in the tube.

Things that make you more likely to have fallopian tube damage and an ectopic pregnancy include:

- You have had a previous ectopic pregnancy.
- You have a damaged fallopian tube; the main causes of damage are:
    - Previous surgery on your fallopian tubes, including sterilisation.
    - Previous infection in your fallopian tubes.
- You become pregnant when you have an intrauterine device (IUD/coil) or if you are on the progesterone-only contraceptive pill (mini pill).
- Your pregnancy is a result of assisted conception, i.e. in vitro fertilisation (IVF) or intracytoplasmic sperm injection (ICSI).
- You smoke.
- You have been diagnosed with Endometriosis, which can cause scar tissue in or around the fallopian tubes.
- The risk is highest for pregnant women who are aged 35 to 40.

Often, none of the risk factors mentioned above will be present and there will be no obvious reason for an ectopic pregnancy to occur.

What are the symptoms of an ectopic pregnancy?

Each woman is affected differently by an ectopic pregnancy. Some women have no symptoms; some have a few symptoms, while others have many symptoms. Most women

get physical symptoms in the 6th week of pregnancy (about 2 weeks after a missed period). You may or may not be aware that you are pregnant if your periods are irregular, or if the contraception you are using has failed.

Because symptoms vary so much, it is not always straightforward to reach a diagnosis of an ectopic pregnancy. The symptoms of an ectopic pregnancy may include:

- **Pain in your lower abdomen**. This may develop suddenly for no apparent reason or may come on gradually over several days. It may be on one side only.
- **Vaginal bleeding**. You may have some spotting or bleeding that is different from your normal period. The bleeding may be lighter or heavier or darker than normal.
- **Pain in the tip of your shoulder**. This pain is caused by blood leaking into the abdomen and is a sign that the condition is getting worse. This pain is there all the time and may be worse when you are lying down. It is not helped by movement and may not be relieved by painkillers. You should seek urgent medical advice if you experience this.
- **Upset tummy**. You may have diarrhoea or feel pain on opening your bowels.
- **Severe abdominal pain/collapse**. If the fallopian tube bursts (ruptures) and causes internal bleeding, you may develop intense abdominal pain or you may collapse. In rare instances, collapse may be the very first sign of an ectopic pregnancy. This is an emergency situation, and you should seek urgent medical attention.

How is an ectopic pregnancy diagnosed?

Most ectopic pregnancies are suspected between 6 and 10 weeks of pregnancy. Sometimes the diagnosis is made quickly. However, if you are in the early stages of pregnancy, it can take longer (a week or more) to make a diagnosis of an ectopic

pregnancy. If you come to the hospital with symptoms that suggest an ectopic pregnancy, the 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.

- **A transvaginal scan** (where a probe is gently inserted in your vagina), this is known to be more accurate in diagnosing an ectopic pregnancy than a scan through the tummy (transabdominal scan). Therefore, you will be offered a transvaginal scan to help identify the exact location of your pregnancy. However, if you are in the early stages of pregnancy, it may be difficult to locate the pregnancy by scanning and you may be offered another scan after a few days. 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.

- A test for the level of the pregnancy hormone ?hCG (beta human chorionic gonadotrophin), or a test every few days to look for changes in the level of this hormone, may help to give a diagnosis. This is usually checked every 48 hours because, with a pregnancy in the uterus, the hormone level rises by 63% every 48 hours (known as the ‘doubling time’) whereas, with ectopic pregnancies, the levels are usually lower and rise more slowly or stay the same. An abnormal pattern in the rise of this hormone can be due to a miscarriage as well.

- If the diagnosis is still unclear, an operation under a general anaesthetic called a **laparoscopy** may be necessary. The doctor uses a small telescope to look at your pelvis by making a tiny cut, usually into the umbilicus (tummy button). This is also called keyhole surgery. If an ectopic pregnancy is confirmed, treatment may be undertaken as part of the same operation. This would be discussed with you before surgery unless surgery is necessary due to an acute emergency situation.

What if ectopic pregnancy is diagnosed?

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

Conservative treatment / expectant management – watchful waiting and monitoring to ensure the ectopic pregnancy resolves without the need for any intervention

Ectopic pregnancies sometimes end on their own – similar to a miscarriage. Depending on your situation, it may be possible to monitor the ?hCG levels with blood tests every few days until these are back to normal. Although you do not have to stay in hospital, you should go back to hospital if you have any further symptoms (see the section above on “What are the symptoms of an ectopic pregnancy?”).

Expectant management is not an option for all women. It is usually only possible when the pregnancy is still in the early stages, when you have only a few or no symptoms and you are able to return for follow-up. Success rates with expectant management are highly variable. Your HCG levels will be repeated on days 2, 4 and 7 after the original test and if the levels drop by 15% or more from the previous value on days 2, 4 and 7, the HCG levels will be repeated weekly until a negative result (<20 IU/L) is obtained.

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 another adult (who is able to call an ambulance) at all times until your hormone levels are normal.

If HCG levels do not fall by 15%, stay the same or rise from the previous value, then you will be reviewed by a clinician to plan further management.

The current limited evidence suggests that there seems to be no difference following expectant or medical management in:

- The rate of ectopic pregnancies ending naturally
- The risk of tubal rupture
- The need for additional treatment, but you might need to be admitted urgently if your condition deteriorates.
- There is no difference in health status, depression, or anxiety scores.

Medical treatment

In certain circumstances, an ectopic pregnancy may be treated by medication (drugs). The fallopian tube is not removed. A drug (methotrexate) is given as an injection – this prevents the ectopic pregnancy from growing and the ectopic pregnancy gradually disappears. 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. The remaining 10% still require surgery, despite the Methotrexate treatment. Most women only need one injection of methotrexate for treatment. However, 15 in 100 women (15%) need to have a second injection of methotrexate. Again, even though the levels are falling, you are still at risk of the ectopic rupturing. Seven in 100 women (7%) will need surgery, even after medical treatment, which may involve removing the fallopian tube. If your pregnancy is beyond the very early stages or the ?hCG level is high, methotrexate is less likely to succeed.

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.

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. Although it is known that long-term treatment with methotrexate for other illnesses can cause significant side effects, this is rarely the case with one or two injections as used to treat ectopic pregnancy. Rarer side effects are sore eye, sore mouth, sickness and diarrhoea.

Treatment of ectopic pregnancy with methotrexate is not known to affect the capacity of your ovaries to produce eggs. You may need to stay in hospital overnight and then return to the clinic or ward a few days later. You will be asked to return sooner if you have any symptoms. It is very important that you attend your follow-up appointments until your pregnancy hormone levels are back to normal. You are also advised to wait for 3 months after the injection before you try for another pregnancy.

Surgery

This can be either through the laparoscope (keyhole) or through an open operation using a larger opening of the abdomen (tummy). Your stay in hospital is shorter (24–36 hours) when it's a laparoscopic surgery and physical recovery is quicker than after open surgery. The risks of laparoscopic (keyhole) 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 may 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. You will need to stay in hospital for 2–4 days. It usually takes about 4–6 weeks to recover.

The aim of surgery is to remove the ectopic pregnancy. The type of operation you have will depend on your wishes or plans for a future pregnancy and what your surgeon finds during the operation (laparoscopy). To have the best chance of a future pregnancy inside your uterus, and to reduce the risk of having another ectopic pregnancy, you will usually be advised to have your affected fallopian tube removed (this is known as a salpingectomy).

Please take a urine pregnancy test after three weeks and return for further assessment if the test is positive.

If you already have only one fallopian tube, or your other tube does not look healthy, your chances of getting pregnant are already affected. In this circumstance, you may be advised to have a different operation (known as a salpingotomy), that aims to remove the pregnancy without removing the tube. It carries a higher risk of a future ectopic pregnancy but means that you are still able to have a pregnancy in the uterus in the future. You will be advised to have blood tests for checking your pregnancy hormone levels after salpingotomy as part of follow-up. Some women may need further medical treatment or another operation to remove the tube later, if the pregnancy has not been completely removed during salpingotomy. The decision to perform salpingectomy or salpingotomy may sometimes only be made during laparoscopy under anaesthetic.

What happens to your pregnancy (foetal) remains?

To confirm that you have had an ectopic pregnancy, tissue removed at the time of surgery is sent for testing in the laboratory. Afterwards, the hospital arranges for all foetal remains to be transferred to Wigan Crematorium for cremation, unless the mother indicates an alternative choice.

- The hospital is responsible for the funding of and making arrangements for the

cremation service.

- Private arrangements normally incur a cost.

What are the options for treatment of non-tubal ectopic pregnancy?

The treatment of a non-tubal ectopic pregnancy depends on where the pregnancy is growing (refer to the various sites of non-tubal ectopic pregnancy in the leaflet). Your doctor will discuss the available treatment options with you based on a number of factors. These include the location of the ectopic pregnancy, the levels of the pregnancy hormone ?hCG in your blood and the ultrasound scan report. Treatment options may include expectant management, medical treatment with methotrexate or surgical operation.

In an emergency situation

Call 999 for an ambulance or go to accident and emergency (A&E) department immediately if you experience a combination of:

- a sharp, sudden, and intense pain in your tummy
- feeling very dizzy or fainting
- feeling sick
- looking very pale

These symptoms could mean that your fallopian tube has split (ruptured). This is very serious, and surgery to repair the fallopian tube needs to be carried out as soon as possible. In this situation, you may need a blood transfusion.

A rupture can be life-threatening, but fortunately they're uncommon and treatable, if dealt with quickly. Deaths from ruptures are extremely rare in the UK.

Follow-up appointments

It is important that you attend your follow-up appointments. The check-ups and tests that you need will depend on the treatment that you had. If you had treatment with methotrexate, you should avoid getting pregnant for at least 3 months after the injection.

How will I feel afterwards?

Ectopic pregnancy is a type of miscarriage and you may be experiencing feelings of loss. Each woman copes in her own way. An ectopic pregnancy is a very personal experience. This experience may affect your partner and others in your family, as well as close friends. If you feel you are not coping or not getting back to normal, please feel free to express your feelings and concerns to the nursing or medical staff. If you would like to talk to a qualified counsellor, this can be arranged; please ask a member of staff.

It is important to remember that the pregnancy could not have continued without causing a serious risk to your health. 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 likelihood of a normal pregnancy next time is much greater than that of having another ectopic pregnancy.

How does it affect future pregnancies?

The chances of having a successful pregnancy in the future are good. Even if you have only one fallopian tube, your chances of conceiving are only slightly reduced.

For most women an ectopic pregnancy is a ‘one-off’ event. However, your overall chance of having another ectopic pregnancy is increased and is around 7–10 in 100 (7–10%) compared with 1 in 90 (just over 1%) in the general UK population. There is nothing anyone can do to prevent this, but you can make sure it is detected. You should seek early advice from a healthcare professional when you know you are pregnant. You may be offered an ultrasound scan at between 6 and 8 weeks to confirm that the pregnancy is developing in the uterus.

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.

We hope this leaflet is useful, as it is intended to help you ask questions and feel more informed about what is happening; but please do not hesitate to discuss concerns/ questions with the nursing staff prior to your discharge.

Other sources of information

NHS Choices: https://www.nhs.uk/conditions/Ectopic-pregnancy/

The Ectopic Pregnancy Trust: www.ectopic.org.uk

Tommy's: www.tommys.org/pregnancy-information/pregnancy-complications/ectopic-pregnancy

Association of Early Pregnancy Units: www.earlypregnancy.org.uk

NICE patient information on ectopic pregnancy and miscarriage:
https://www.nice.org.uk/guidance/CG154/ifp/%20chapter/About-this-information

Useful contact number

Swinley Ward (open 24 hours)	01942 822868
Early Pregnancy Assessment	01942 264857

Monday to Friday 08:30 am to 12:00 midday

Ectopic Pregnancy Trust Helpline	01895 238025
Miscarriage Association	01942 200799

Counselling Services	01942 264308

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