Tubal ectopic pregnancy

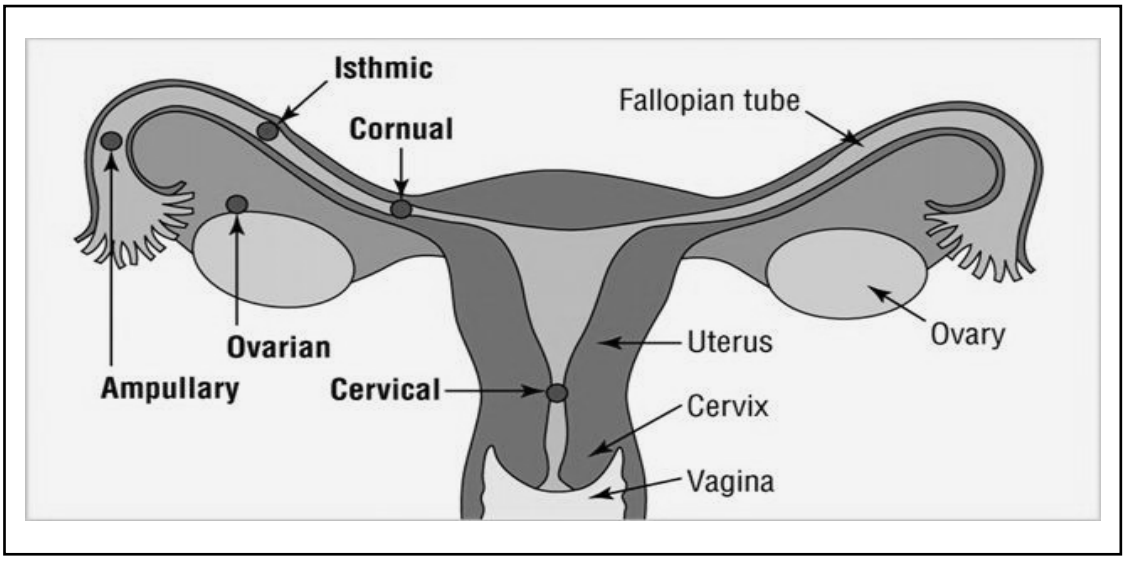
This leaflet aims to help women with a specific type of pregnancy called a tubal ectopic pregnancy. If there is anything you do not understand or if you have any questions, please telephone the Early Pregnancy Unit on 0118 322 7181 or ask the clinic nurse.

What is an ectopic pregnancy?

An ectopic pregnancy is a pregnancy that occurs when the embryo implants anywhere outside of the uterus (womb).

90-95% of ectopic pregnancies are tubal pregnancies, which means that they develop in the fallopian tubes (the tubes down which the egg travels from the ovaries). This leaflet is aimed at women who are affected by this type of ectopic pregnancy.

5-10% of ectopic pregnancies develop in other places such as the ovary, cervix (neck of the womb) or within the abdomen. The management of these types of ectopic pregnancies may differ from tubal ectopic pregnancies, and your doctor will discuss what this means with you and answer any questions you may have. You may still find the general information in this leaflet helpful.



Picture 1: dots show where ectopic pregnancies can occur.

What does an ectopic pregnancy mean for my pregnancy?

An ectopic pregnancy cannot go on to develop into a healthy baby due to implanting in the wrong place. This means that it is impossible to save the pregnancy. It is unfortunately not possible to move the embryo into the womb once it has implanted elsewhere.

If a tubal ectopic pregnancy continues to develop, the increasing size of the pregnancy can cause the tube to burst, which can cause life-threatening bleeding.

It is therefore very important that if you have an ectopic pregnancy, you are under the care of an Early Pregnancy Unit.

How common is ectopic pregnancy?

Ectopic pregnancy is a common condition that affects up to 1 in 80 pregnancies in the UK. It causes at least 11,000 emergency admissions in England each year, and on average, 2 women die every year from complications caused by ectopic pregnancy.

What causes ectopic pregnancy?

All women who are sexually active and of child-bearing age are at risk of an ectopic pregnancy, and in more than 50% of cases there is no obvious reason for an ectopic pregnancy to occur. However, an ectopic pregnancy is more likely if you have had:

- A previous ectopic pregnancy
- Pelvic Inflammatory Disease (PID) – or pelvic infection such as Chlamydia or Gonorrhoea
- Surgery on your fallopian tubes
- Abdominal surgery
- A history of infertility
- Fertility treatment (specifically IVF)
- Endometriosis

Or if you:

- Are over 35 years of age
- Fell pregnant while using certain types of contraception
  - The Progesterone-only pill (“Mini Pill”)
  - Intrauterine Device (“Coil”)
  - Emergency contraception
- Have ever smoked

Symptoms of ectopic pregnancy

Not all women will have symptoms, and some symptoms may be similar to other conditions such as infections or miscarriage. If they do develop, symptoms may start as early as 4 weeks of pregnancy, and rarely up to or beyond 12 weeks. If you do develop symptoms, you will not necessarily have all of the symptoms listed below.

Symptoms requiring URGENT ATTENTION – via GP or EPU

If you have any of the following symptoms, you should seek urgent medical attention via your GP or the Emergency Pregnancy Unit:

- Abdominal pain (the most common symptom):
  - May be one-sided, but not always
  - May be accompanied with lower back pain
  - Not the same as mild period-like cramping lower tummy and back pain that is common in early pregnancy

- Vaginal bleeding:
  - May be heavier or lighter than a normal period
  - May come and go or be continuous
  - Often continues for longer than a normal period
  - May be red, or brown/black and watery
- Bloating:
  - Generalised abdominal discomfort
  - With bloating or a feeling of fullness
- Bowel / urinary / vaginal symptoms:
  - Diarrhoea/loose stool
  - Pain when opening your bowels
  - Pain when passing urine
  - Sharp or shooting vaginal pain

Symptoms requiring IMMEDIATE ATTENTION – via 999 / A&E

The following symptoms suggest that the ectopic pregnancy may have caused internal bleeding. If you have any of the following symptoms, you should seek **immediate** medical attention via **A&E**. Do not hesitate to call an **ambulance via 999** if you need to:

- Shoulder-tip pain:
  - Very distinct pain at the tip of the shoulder – this will feel different to aching shoulders or neck
- Collapse:
  - Feeling light-headed or faint – or actually fainting
- Other signs:
  - Paleness
  - Nausea / vomiting
  - Increasing or slowing pulse rate
  - Drop in blood pressure
  - Feeling generally unwell

What tests are used to diagnose an ectopic pregnancy?

If you have symptoms suggestive of an ectopic pregnancy, we will likely perform the following investigations to help us to confirm the diagnosis:

Urine pregnancy test

- To confirm whether or not you are pregnant

Ultrasound scan

- To have a look at the location of the pregnancy
- From around 6 weeks gestation (development)
- We may need to do both vaginal and abdominal ultrasound scans

Pregnancy hormone levels (Beta HCG)

- To measure the level of pregnancy hormone in the blood
- We will need to take Beta HCG levels from you every 48 hours if you have a pregnancy of unknown location (PUL), and sometimes, if you have a confirmed ectopic pregnancy.

What is the management for a tubal ectopic pregnancy?

Once you have a confirmed diagnosis of a tubal ectopic pregnancy, there are three possible options for treatment. Which ones will be available to you will be dependent on certain strict criteria for your safety. Your doctor will explain which options are suitable for you and why, and you should feel free to ask any questions you may have.

Conservative (or "expectant") management

- A significant proportion of tubal ectopic pregnancies may not require any further treatment as they are at low risk of rupture and will shrink away naturally. If this is the case, we would need to monitor you closely until the Beta HCG test falls below 20.
- This option may be suitable for you if you:
  - Are clinically well and pain-free
  - Are able and willing to have regular follow-up appointments and repeat blood tests
  - Have a low initial Beta HCG level; and
  - Meet certain ultrasound criteria
- You will likely need to have repeat Beta HCG levels on day 2, 4 and 7 after the original test, and then (depending on the levels) weekly until the test is negative.
- If you have worsening symptoms or the Beta HCG levels stop decreasing, we may need to discuss a different management option with you.
- If you experience worsening pain, faintness or shoulder tip pain, you must contact EPU directly or call an ambulance.

Medical management

- It may be possible to give you an injection of a drug called methotrexate into the muscle of your leg or buttock, which then prevents the pregnancy from growing.
- It acts by interfering with DNA synthesis and stops the pregnancy cells from dividing.
- This option may be suitable for you if you:
  - Are clinically well and pain-free
  - Are able and willing to have regular follow-up appointments and repeat blood tests – potentially for up to 7 weeks
  - Have a low initial Beta HCG level and other blood tests are normal; and
  - Meet certain ultrasound criteria
- In certain circumstances we cannot offer you medical management, including:
  - Live ectopic pregnancies (presence of a heartbeat in the ectopic pregnancy)
  - Presence of certain ultrasound criteria
  - Certain health conditions such as lung disease, infection, immunosuppression, liver disease, stomach ulcers or ulcerative colitis, anaemia, low platelet count

- Side effects are usually mild but may include nausea, vomiting and diarrhoea.
- If you have worsening symptoms or the Beta HCG levels stop decreasing, we may need to discuss surgical management with you – around 10% of women.
- If you experience worsening pain, faintness or shoulder tip pain, you must contact EPU directly or call an ambulance. This can indicate a ruptured tube.
- The specific criteria and guidelines for medical management are explained in detail in a separate leaflet 'Medical treatment for ectopic pregnancy'.

Surgical management:

- Surgery may be an appropriate (and sometimes the only) option for you if you:
  - Have significant pain or are unwell with an ectopic pregnancy
  - Have a live ectopic pregnancy (where the heart is still beating)
  - Have high levels of Beta HCG
  - Meet certain ultrasound criteria
  - Have had unsuccessful conservative or medical management
- Surgery to treat a tubal ectopic pregnancy may be performed by laparoscopy (by "keyhole" surgery) or by laparotomy ("open" surgery) under a general anaesthetic.
- Keyhole surgery involves inserting a camera and instruments through three small cuts in the abdomen, whereas open surgery involves making one larger cut at the top of the pubic hairline.
- Most women are able to have keyhole surgery, but which surgical method is appropriate for you will depend on the circumstances. Keyhole surgery is preferred as the recovery time is faster and the length of time that you will need to stay in hospital afterwards is slightly less (1 – 2 days for keyhole vs 2 – 3 days for open surgery).
- The fallopian tube is usually removed (called a "salpingectomy") as well as the ectopic pregnancy.
- If the other tube appears less healthy it may be possible to cut the tube with the ectopic and remove the pregnancy (called a "salpingotomy"). There is also a small possibility of requiring methotrexate or a repeat operation if the Beta HCG levels do not decrease appropriately with follow up tests.
- The decision will depend on your individual circumstances and should be discussed with you prior to surgery by your doctor.

What should I expect after an ectopic pregnancy?

There is no right or wrong way to feel after experiencing an ectopic pregnancy, and you may go through a whole range of emotions before you feel fully recovered, or you may feel fine immediately. Both of these, and the endless options in between, are normal and ok. Try to be kind to yourself and give yourself whatever time you need to heal.

Physically

Depending on what treatment you have had you may have ongoing symptoms or pain for several weeks. Usually, this is the body trying to heal itself, but if you notice any of the following

you should seek further medical attention:

- Fever/rigours/chills or feeling unwell
- Offensive smelling vaginal discharge
- Heavy vaginal bleeding (saturating through pads every 30-60 minutes or passing fist-sized clots)
- Surgical or injection-site wounds that are warm to touch, re-opening, or discharging fluid or pus

Emotionally

Irrespective of your feelings about the pregnancy, you have been through a difficult experience, and may be left with questions about the future.

You may also find that the experience has affected your partner and relationship, and you may have to go through the experience of telling friends, family and colleagues about your loss.

It is therefore not surprising if you are experiencing a range of emotions, which could include shock, disbelief, grief, relief, anger, guilt, anxiety, jealousy and many, many others.

It is important that you find someone you trust to talk to about your feelings, particularly if they feel as though they are becoming too much, or you are struggling.

Where can I go for help?

There are many informative and helpful online services, and you may find support groups or counselling helpful.

If you are worried about physical symptoms or your mental health, your GP can discuss any concerns with you.

If you need any further information or advice, please do not hesitate to ask the staff. A list of telephone numbers and websites which you may find helpful is given at the end of the leaflet.

When can we try again and what is the risk to future pregnancies?

How long you wait before trying to conceive again (should you want to) depends on you and how you feel. Nonetheless, you should avoid pregnancy for at least two normal periods (three normal periods after medical treatment with methotrexate) after the completion of treatment and any required follow-up. Ensure that you use reliable barrier or hormonal contraception prior to trying again (particularly if you have been treated with methotrexate). Note that the bleed you have in the week or so following treatment is not a normal period – it is your body's response to the fall in pregnancy hormone and the lost pregnancy.

Your chance of conceiving again will depend on numerous factors, including the health of your fallopian tubes. As mentioned earlier, the risk of an ectopic pregnancy is around 1 in 80 in the general population, however that risk increases to around 1 in 10 (10%) if you have had a previous ectopic pregnancy. Encouragingly, 65% of women go on to have a normal, healthy pregnancy within 18 months of an ectopic pregnancy.

If you decide to try again it is very important to do a pregnancy test as soon as you have missed your period. If this is positive you should let your GP know as soon as possible and they will arrange for you to have an early ultrasound scan when you are approximately 6 weeks

pregnant. The Early Pregnancy Unit will also accept self-referrals if you have had a previous ectopic pregnancy – just call the clinic on **0118 322 7181.**

If you experience any of the symptoms of ectopic pregnancy before your 6-week ultrasound scan, it is **very important** that you speak to your GP or contact EPU immediately – **do not wait for your 6-week scan.**

Sources of information

- NHS Website www.nhs.uk/conditions/Ectopic-pregnancy
- Ectopic Pregnancy Trust https://ectopic.org.uk/

Contact us

If, after you have gone home, you have any questions or concerns, please call the EPU where the staff will be happy to help you.

EPU Telephone Number: **0118 322 7181** (this number is available 24/7).

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

C Prentice, Consultant O&G, May 2019
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