Ectopic pregnancy

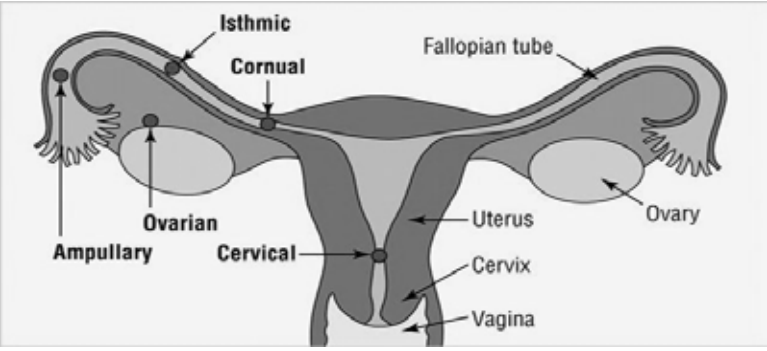
Introduction

This leaflet aims to help women with an ectopic pregnancy. If there is anything you do not understand or if you have any questions, please ask the clinic nurse or telephone us on: 0118 322 7181.

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'. This happens when a fertilised egg becomes implanted anywhere outside the uterus (womb).

Most ectopic pregnancies develop in the fallopian tubes (the tubes down which the egg travels from the ovaries), but in rare cases, they can develop in other places such as the ovary, cervix (neck of the womb) or in the abdominal cavity.



Picture 1: dots show where ectopic pregnancies can occur.

An ectopic pregnancy may be a dangerous condition, because, as the pregnancy grows, it may rupture and cause life-threatening bleeding. For this reason, if there is any possibility that you may have an ectopic pregnancy it is very important that we confirm diagnosis and discuss treatment options.

How common is ectopic pregnancy?

In the UK, ectopic pregnancies occur in up to 1 in every 100 of all pregnancies.

What causes ectopic pregnancy?

Things that damage the structure or function of the fallopian tubes will make an ectopic pregnancy more likely. These include:

- History of previous ectopic pregnancy.
- Pelvic infection (PID).
- Surgery to the fallopian tubes.
- History of infertility.
- Undergoing assisted conception (IVF).
- Falling pregnant whilst on the “mini-pill” (progesterone only pill) or using an IUCD (coil).
- Women over the age of 35 years.

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

Symptoms of ectopic pregnancy

The symptoms of an ectopic pregnancy can vary considerably but may include:

- Abdominal pain – This is the most common symptom. This generally tends to be one-sided tummy pain but is not always. It is usually persistent and severe.
- Shoulder-tip pain – This is typically a sign of a worsening ectopic pregnancy. It tends to develop after having symptoms of pain and/or vaginal bleeding and a general feeling of being ‘unwell’. If these symptoms develop you should seek immediate medical attention.
- Vaginal bleeding – There may or may not be vaginal bleeding. The bleeding may be heavier or lighter than usual and prolonged, unlike a period. This bleeding is often dark and watery, sometimes described as looking like ‘prune juice’.
- Bowel symptoms – Sometimes an ectopic pregnancy can cause pain when you have a bowel movement.
- Collapse – Feeling light-headed or faint.
- Other signs such as paleness, increasing pulse rate, sickness, diarrhoea may also be present. Again, if these symptoms develop you should seek immediate medical attention.

What tests are used to diagnose ectopic pregnancy?

- Urine pregnancy test – You would expect a positive pregnancy test result.
- Ultrasound scan – A vaginal ultrasound scan can reliably demonstrate a pregnancy in the womb from about 5 weeks gestation (development).
- An ectopic pregnancy may appear as a clear sac outside the uterus or as a mass. However, it is not always possible to see an ectopic pregnancy clearly on scan.

- If an ultrasound scan shows an empty uterus but with a positive pregnancy test then the possibilities are: an ectopic pregnancy or a very early pregnancy (which is too small to see on scan) or a miscarriage. In such cases, blood tests are done to measure the pregnancy hormone levels (hCG).
- Pregnancy hormone levels (hCG) – In the first 12 weeks of a normal pregnancy these hormone levels should double every 48 hours. In ectopic pregnancies the levels are usually lower and rise more slowly or stay level.

What is the management for ectopic pregnancy?

- Conservative management – Not all ectopic pregnancies pose a risk of rupture and a proportion will shrink away naturally. It may be appropriate to 'wait and see' if the levels of pregnancy hormone (hCG) are falling and the patient is clinically well. In this situation the patient will have regular follow-up appointments and repeat blood tests to check the hormone levels (hCG) until the levels are negative.
- Medical management – A drug called Methotrexate is used. This drug is administered by an injection into the leg/buttock which is then absorbed into the bloodstream and makes the ectopic pregnancy 'dissolve' by stopping the cells from dividing. Not all patients are suitable for this form of treatment. The specific criteria and guidelines for medical management are explained in detail in a separate leaflet 'Medical treatment for ectopic pregnancy'.
- Surgical management:
  - Laparascopic (keyhole) surgery – This involves inserting a telescope into the abdomen to look at the fallopian tubes and confirm an ectopic pregnancy. It may be possible to remove the ectopic pregnancy either by opening the tube and removing the pregnancy only, or by removing the fallopian tube altogether.
  - Laparotomy (open surgery) – This involves making a cut at the top of the pubic hairline to remove the ectopic pregnancy.

  The decision regarding which of these options is appropriate will be discussed with you.

How am I going to feel emotionally?

It is easy for people to forget during all of the investigations and surgery that you have lost, what is for most people, a much wanted pregnancy. It may take some time for you to get on your feet again and this is quite normal.

Your partner may find it difficult to express their feelings. They may feel that they need to be strong and protect you from any more distress. Encourage your partner to talk about their feelings with you.

If this was a wanted pregnancy, allow yourselves time to recover both physically and emotionally before trying for another baby.

If you need any further information or advice please do not hesitate to ask the staff. A list of telephone numbers 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?

You should avoid pregnancy for at least two months (three months after medical treatment with Methotrexate) after the completion of treatment and follow-up appointments/treatment – use a reliable barrier or hormonal contraception. The risk of ectopic pregnancy generally, as mentioned earlier, is 1:100. The risk of a repeat ectopic pregnancy is 1:10.

However, remember that you still have a much greater chance of having a normal healthy pregnancy.

Once you decide to try again it is very important to get a pregnancy test done 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.

Other sources of information:

- NHS Website www.nhs.uk/conditions/Ectopic-pregnancy
- Ectopic Pregnancy Trust www.ectopic.org.uk/index.php/patients/treatment/medical-treatment-methotrexate/
- Visit the Trust website at www.royalberkshire.nhs.uk

Contact us

If, after you have gone home, you have any questions or concerns. Please call the Emergency Gynaecology Clinic where the staff will be happy to help you.

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

This document can be made available in other languages and large print upon request.

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Department of Gynaecology, March 2019
Review due: March 2021