Bòrd SSN Nan Eilean Siar
Western Isles NHS Board

Maternity Ward

NHS Eileanan Siar Western Isles

What is an Ectopic Pregnancy?

Introduction

Ectopic Pregnancy results when a fertilised egg becomes implanted anywhere outside the cavity of the womb (uterus). It is a life threatening condition affecting 1 in 100 pregnancies.

Most ectopic pregnancies develop in the fallopian tubes but some cases occur in the ovary, cervix or abdominal cavity.

The fertilised egg cannot survive away from the protective, nourishing environment of the uterus although it may continue to develop for several weeks. As the fallopian tube is not large enough to accommodate a growing embryo the thin wall of the fallopian tube will stretch causing pain in the lower abdomen and often vaginal bleeding. This bleeding occurs from the thickened lining of the womb.

If not diagnosed and treated the tube can rupture, causing severe abdominal bleeding which can be fatal.

Causes of Ectopic Pregnancy

The fertilised egg normally spends 4-5 days in the fallopian tube before travelling to the cavity of the womb where it implants 6-7 days after fertilisation. Several conditions can cause an ectopic pregnancy. Any damage to the fallopian tube can cause a blockage or narrowing.

There could also be a problem with the walls of the tube, which should normally contract and carry the fertilised egg into the womb. Hormonal imbalance, malfunction of the uterus and tube and infection can all impair the tubes normal function and result in ectopic pregnancy.

Those who are at risk of ectopic pregnancy are women:

- with a history of previous ectopic pregnancy
- with a previous history of salpingitis (pelvic infection) and tubal damage
- with a history of infertility
- with previous history of pelvic surgery including sterilisation
- using IUCD (coil)
- undergoing assisted conception
- using progesterone only pill (minipill).

Symptoms

The symptoms of an ectopic pregnancy can vary.

Pregnancy test

The pregnancy test will be positive as there is production of the pregnancy hormone from the ectopic pregnancy.

Abdominal pain

The most common symptom is sudden lower abdominal pain due to stretching or rupture of the fallopian tube.

Collapse
Some women have a sudden faintness caused by the loss of blood from the ruptured tube. Other signs such as paleness, increasing pulse rate, sickness, diarrhoea and falling blood pressure may also be present. These are signs of collapse. You should report to your doctor or hospital immediately.

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
There may be pain when moving the bowels.

Diagnosis
If an ultrasound scan shows an empty uterus but the pregnancy test is positive the possibilities are an ectopic pregnancy, a very early intrauterine pregnancy or a miscarriage.

The ectopic pregnancy may appear as a clear gestation sac outside the uterus or as a mass. However, it is not usually easy to see an ectopic pregnancy on scan.

In such cases serial blood tests are done to measure the hormone hCG produced by the placenta. In normal early pregnancy the levels double every two days. In ectopic pregnancy the levels are usually lower and rise more slowly.

Management
Tubal miscarriage
In many cases the ectopic pregnancy dies quickly and is absorbed after minimum symptoms of pain and bleeding. In such cases a diagnosis of ectopic pregnancy is not possible to make and a miscarriage is assumed to have occurred. Nothing needs to be done in these circumstances.

If the blood tests show that the normal pregnancy hormones are not rising as fast as they should be, an early diagnosis can be achieved before rupture of the tube and less invasive treatment can be undertaken.

Laparoscopy or keyhole surgery
It may be possible to cut open the tube and remove the pregnancy, leaving the tube behind. However, in the majority of cases of ectopic pregnancy the entire tube will be removed. If the other tube is healthy, the chances of a normal pregnancy after removal of one tube are not affected.

Laparotomy
When tubal rupture has occurred or there are adhesions in the pelvis, keyhole surgery may not be appropriate. A cut will be made above the bikini line.

Medical treatment
Alternatively, the drug Methotrexate which dissolves an ectopic pregnancy could also be used. The drug is administered by intra-muscular injection which is then absorbed into the blood stream and reaches the ectopic pregnancy. This requires a prolonged follow-up with blood tests. These modern treatments are dependant upon expert skills, good ultrasound scans and efficient laboratory testing.

Conservative treatment
Not all ectopic pregnancies pose a risk of rupture. The approach in certain carefully selected cases is to wait until the hCG levels are negative.

Medical treatment of Ectopic Pregnancy
This treatment has been introduced into the clinical practice to avoid surgery, but requires careful follow-up. The follow-up means attending for blood tests after the first week and thereafter once or twice weekly until the tests are negative. The schedule of blood tests will be explained to you by the doctor. The treatment has a 90% success rate. If it is not successful we may have to consider repeat medical treatment or surgery.

Methotrexate is the drug used to “dissolve” the pregnancy. It is given by injection in the leg or buttock. Methotrexate is also extensively used for a variety of clinical conditions such as psoriasis and some malignancies.

Side effects of the drug are minimal but may include nausea, vomiting and a sore mouth.

During treatment you should avoid:
- alcohol
- folic acid containing vitamins – as they may interfere with the treatment
- sexual intercourse – as it may cause rupture of the ectopic pregnancy

Before the injection is given to you, you will have some blood tests to ensure you are suitable for the treatment. Again at the end of the first week blood tests will be repeated. If the levels of the pregnancy hormone are not falling, you may need a further scan and treatment. Which is why we need to see you until the hormone levels are negative.

The main worry with ectopics is that they may rupture and bleed. This risk exists while the pregnancy hormone persists in the blood. When all of the placental tissue is dissolved the level of the hormone (hCG) will return to normal.

It is very important, therefore, that you come for regular blood tests. If you develop any sharp pains or an increasing discomfort in your abdomen you should immediately phone the ward.

However, please remember that it is likely that the pain may get a little worse in the first week after the injection as the pregnancy dissolves and the hormone levels fall you will get some vaginal bleeding like a period.

Aftercare
You should avoid pregnancy for two months after the completion of the treatment and follow up – use a reliable barrier or hormonal contraception.

The risk of ectopic pregnancy is generally 1 in 100 and the risk of a repeat ectopic pregnancy is 1 in 10. However remember that you still have a much greater chance (9 in 10) of having a normal healthy pregnancy. It is the same as after surgical treatment.

Future pregnancy
Your GP will be able to refer you for an early pregnancy scan after confirmation of pregnancy or when you suspect you might be pregnant again. You will be monitored closely because of the previous ectopic pregnancy.

Your feelings
It is entirely normal to feel helpless, isolated and angry with your own self. Depression, guilt and self-blame are very common emotions after the loss of a baby. As time passes, you will be able to deal with your loss more positively. You may find that you are ready to get on with your life quite quickly. If your symptoms continue, you should get in touch with our counsellors who will be able to help you. Your wellbeing is the most important thing.

Your partner may find it difficult to express their feelings. They may well feel that they should be strong and protect you from any more distress. Sharing each other's feelings can be very helpful. Allow yourselves time to recover physically and emotionally before trying for another baby.

It is worth remembering that counselling is available for you if you wish or need to talk at any time in the future. If you need any further information or advice please do not hesitate to ask the staff. A list of telephone numbers is given on the back of this booklet which should be useful.

Surgical treatment of Ectopic Pregnancy

The following information will explain the various operative procedures that are possible to treat an ectopic pregnancy. We will discuss your preferences with you before your operation including your desire for future pregnancies or sterilisation if you have completed your family.

Laparoscopy (keyhole surgery)

The operation is performed under general anaesthetic. The anaesthetist will see you before your operation.

This involves the surgeon making two or three small incisions in your abdomen. One at the umbilicus (navel) and one or two lower down near the bikini line. A small amount of gas is introduced into your abdominal cavity to inflate it, so as to allow the surgeon to see the structures inside your abdomen and the ectopic pregnancy through the laparoscope. (A laparoscope is a small telescope-like instrument).

If an ectopic pregnancy is confirmed the surgical procedure undertaken depends on the condition of your fallopian tube. Before rupture of your tube it may be possible to make a cut on the tube and remove the pregnancy leaving the tube behind. This is called salpingotomy.

On the other hand if the tube is ruptured or distorted it may be necessary to remove part or all of the tube according to the degree of damage. This is called a salpingectomy (partial or complete). However your other tube will remain along with your ovaries. Your surgeon will decide whether he/she will perform your operation under laparoscopy or proceed to a laparotomy (see below).

There is only a small risk of injury to the bowel, bladder and blood vessels with the laparoscope (1/1000).

Laparotomy

A cut about 8-10cm long is made usually along the bikini line to allow access inside the abdomen. This procedure is chosen if the laparoscopic procedure is unsuccessful or impossible.

Your Hospital stay

This will vary depending on the operation you need. It is normally 1-2 days after laparoscopy and 3-5 days after laparotomy.

After discharge

The ward staff will give you all the necessary advice on aftercare, exercise and diet. The stitch/stitches are usually taken out before you are discharged. When discharged earlier you will be advised to go to your practice nurse to have them removed.

You may experience period like bleeding for a week or two, and should avoid using tampons during this time. You should also avoid sexual intercourse until the bleeding has stopped.

Follow up

If the tube is saved at surgery there is some risk (10%) that part of the pregnancy will remain in the tube (10%). You will be advised to have weekly blood tests to monitor hCG (pregnancy hormone) levels as they decrease. You will be sent an out-patient appointment for six weeks time.

Returning to work

It may be anytime from 6 –12 weeks depending on the type of operation you have had and the type of work you do. Your doctor will advise you.

Future pregnancy

The recurrent ectopic rate is about 10–20% irrespective of type of treatment. After one ectopic the subsequent intrauterine pregnancy rate is about 80-90%.

When you suspect you might be pregnant again your GP will be able to refer you to the Early Pregnancy clinic after confirmation of the pregnancy. You will be monitored closely because of the previous ectopic pregnancy.

If you need more information on any particular method of treatment please do not hesitate to ask the clinic staff. You will be fully supported by them.

Useful links

W.I. Pregnancy Crisis Support:	07901 966101
The Ectopic Pregnancy Trust	01895 238025

Baby loss support

For further information please ask your Midwife or local Maternity Team.

Further information

For further information please contact your Midwife or local Maternity Team:

Lewis and Harris:	01851 704704
Uists:	01870 603633
Barra:	07580 384601
Text Service:	0776 9932 189
Counsellor:	.....
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Note. In the event that the Barra Midwife is unavailable, those living in Barra are asked to contact Barra Medical Practice: (01871) 810282, Maternity Ward in Stornoway: (01851) 708301, or NHS24: freephone 111.

We are listening - how did we do?

We welcome your feedback, as it helps us evaluate the services we provide. If you would like to tell us about your experience:

- speak to a member of staff
- visit our website www.wihb.scot.nhs.uk/feedback or share your story at www.careopinion.org.uk or tel. 0800 122 31 35
- tel. 01851 708069 Monday-Friday between 9am-5.30pm.

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