

What is an Ectopic Pregnancy?

Ectopic pregnancy occurs when a fertilised egg becomes implanted anywhere outside the cavity of the womb. It is a potentially life threatening condition affecting 1 in 100 pregnancies. Most ectopic pregnancies develop in the fallopian tubes but can occur in the ovary, cervix or abdominal cavity.

The fertilised egg cannot survive away from the protective and nourishing environment of the womb although it may continue to develop for some weeks. As the pregnancy grows it can cause pain and bleeding, and if not treated quickly enough, it can rupture the tube causing severe abdominal bleeding which can be fatal.

Possible causes

The most common reason for an ectopic pregnancy is damage to the fallopian tube causing a blockage or narrowing. In most cases, however, the cause of ectopic pregnancies is unknown.

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 a history of pelvic surgery including sterilisation
- Using an IUCD (coil)
- Undergoing assisted conception
- Using the progesterone only pill (mini pill)

Symptoms of Ectopic Pregnancy

- These may vary but the usual symptoms are pain and bleeding.
- Some women may not have any symptoms and the ectopic pregnancy is picked up on scan or when it ruptures.
- Bowel symptoms. There may be pain when opening bowels.
- The pregnancy test will be positive due to the production of the pregnancy hormone from the ectopic pregnancy.
- Abdominal pain due to stretching or rupture of the fallopian tube
- Collapse. Some women have sudden faintness brought on by 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 and you should report to the hospital immediately.

Outcomes

Not all ectopic pregnancies pose a risk of rupture. This is because in many cases the ectopic pregnancy dies quickly and is absorbed before a period is missed (tubal miscarriage) or after minor symptoms or signs of pain and bleeding. Therefore nothing needs to be done in these circumstances and the approach in certain selected cases is to wait until the HCG levels are negative. This is called conservative management.

Surgical management

If the blood tests show that the normal pregnancy hormones are not rising as fast as they should be, or a definite ectopic pregnancy has been seen on the ultrasound scan, an early diagnosis can be achieved before rupture of the tube and less invasive treatment can be undertaken.

This is usually in the form of laparoscopy or keyhole surgery where the ectopic pregnancy will be removed by salpingectomy (removal of the tube). In certain select cases the pregnancy may be removed from the tube if it is small or depending in the condition of the other tube.

When tubal rupture has occurred, or there are adhesions in the pelvis, a laparoscopy may not be appropriate and a laparotomy will be performed. This means you will have a small cut made in the tummy above the bikini line to deal with the ectopic pregnancy in the method described above.

Medical treatment

Alternatively, in carefully selected patients, a drug called methotrexate may be used. This is given using an intramuscular injection and is used in an out patient setting. The method will require prolonged follow up and close monitoring with a series of blood tests and scans until the pregnancy hormone levels are back to normal.

Future outcome

If the other tube is healthy at the time of the laparoscopy the chances of a normal pregnancy (after the removal of the damaged tube) is not affected. There is an increased chance of an ectopic pregnancy in the future (1:13) so it is important that you attend for an early scan next pregnancy to ensure the pregnancy is in the right place.

It is advisable to wait at least three months to allow your body to heal after surgical treatment of an ectopic pregnancy. If you have had medical treatment it may be three to six months depending on your specific treatment and we advise you accordingly.

Support

This can be very distressing and devastating experience for you and your family. It is entirely normal to feel helpless, isolated and angry. Depression, guilt and self-blame are common emotions after the loss of a baby. As time passes you may be able to deal with your loss more positively. Your partner may find it difficult to express his feelings. He may well feel that he should be strong and protect you from any more distress. Sharing each others feelings can be helpful. If your emotional symptoms continue it is worth remembering that counselling is available for you and at any time in the future.

Further support can be obtained through miscarriage support at Bedford hospital:

Gynaecology Outpatients/ Early Pregnancy Unit	01234 792007	
Orchard Gynaecology Ward	01234 792219	
Local miscarriage support call Janet	01763 249243	janet.sspl@ntlworld.com
Ectopic Pregnancy Trust	www.ectopic.org.uk	