



GYNAECOLOGY AND FERTILITY CENTRE

PATIENT INFORMATION

Ectopic pregnancy

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Ectopic Pregnancy

What is an Ectopic Pregnancy?

In a normal pregnancy, after the egg has been released from the ovary and fertilised, it travels down the fallopian tube and into the womb, where it attaches to the lining and continues to develop.

In an ectopic pregnancy, the fertilised egg implants outside the womb (usually in the fallopian tube) and continues to grow and enlarge. The fallopian tube is not designed to support a pregnancy, so as the foetus grows, the tube is stretched and will eventually rupture. On rare occasions the egg may implant elsewhere, for example in the ovaries, the cervix, or abdomen. Ectopic pregnancy occurs in about 1 in 100 pregnancies

What are the causes of Ectopic Pregnancy?

The fertilised egg normally spends 4-5 days travelling down the fallopian tube to the womb, where it implants and begins to develop. The most common reasons for an ectopic pregnancy include:

- A pelvic infection, such as pelvic inflammatory disease (PID)
- Previous damage to the fallopian tube which causes it to become narrow or blocked, delaying the passage of the fertilised egg and enabling it to implant in the tube. This may be due to surgery including female sterilisation or for a previous ectopic pregnancy
- Having IVF treatment can increase your chances of having an ectopic pregnancy (around one in every 22 cases). This is something that staff at the Agora Clinic will have discussed with you before your treatment
- Although they are highly effective, some types of contraception, including the intrauterine device (IUD) and intrauterine system (IUS) can increase the risk of an ectopic pregnancy if you do become pregnant
- Emergency contraception which fails to work can result in an ectopic pregnancy
- In many cases, the causes of an ectopic pregnancy are unknown

What are the symptoms?

Common symptoms include:

- Abdominal pain, usually on one side, which can be severe
- Vaginal bleeding, which often stops and starts. Some women may not realise they are pregnant, and confuse this with a period

Less common symptoms include:

- Shoulder tip pain, usually when lying down
- Pain passing urine or when opening the bowels
- Diarrhoea and vomiting
- In severe cases, women can 'collapse'. This is when the fallopian tube has been torn (ruptured) and is causing internal bleeding. You may also feel dizzy and faint, have intense and sudden abdominal pain, appear pale, and have diarrhoea

How is it diagnosed?

Ectopic pregnancies are sometimes difficult to diagnose. If you have a positive pregnancy test, but have symptoms of an ectopic pregnancy, we will offer you a vaginal ultrasound and, if we cannot confirm a pregnancy in the womb or see it on the scan, we will take blood samples that measure your hormone levels. Low levels of a hormone called human chorionic gonadotrophin (hCG) can indicate that the pregnancy is ectopic, or that you may have a miscarriage.

Diagnosis of an ectopic pregnancy is usually confirmed by a laparoscopy. This is a minor 'keyhole' surgical procedure, carried out under a general anaesthetic, where a tiny tube with a microscope is passed through a small cut in your tummy button. This allows the doctor to see the womb and fallopian tubes.

How is it treated?

It is not possible to save a baby in an ectopic pregnancy and in most cases you will need to have urgent surgery to remove the egg at your nearest ectopic pregnancy clinic. In most cases, you will need to have a laparoscopic procedure (keyhole surgery) under a general anaesthetic, usually as a day case.

Occasionally, if the surgery is difficult or complicated, open surgery, known as a laparotomy, may need to be performed. This is where a cut is made along the bikini line and it may mean a slightly longer stay in hospital. While in some cases, it is possible to remove the egg and/or damaged section of tube, in others the whole fallopian tube needs to be removed.

How soon can I return to normal activities?

We would recommend that you take up to two weeks off work and gradually resume your normal activities. Before you leave the hospital, your specialist will be able to advise you about vaginal bleeding, wound care, infection and resuming sexual intercourse. If you have a laparotomy, then your recovery time will be longer.

How will this affect any future pregnancies?

We would normally advise waiting at least three months before starting another assisted reproduction cycle.

- If you have had an ectopic pregnancy, you have a 10% greater risk of having further ectopic pregnancies
- If your fallopian tube has been removed and the other tube is normal, there is still a good chance of conception taking place although it may take a little longer. The most recent research suggests that fertility is reduced by 20-25%. This is why the damaged tube is removed, because leaving it behind does not improve your fertility significantly, but does increase your risk of further ectopic pregnancies.
- If you have had a previous ectopic pregnancy, you should consult your doctor as soon as you suspect you are pregnant. This is because early monitoring of the pregnancy is important so that another ectopic pregnancy can be diagnosed quickly
- If you have had a previous ectopic pregnancy, we are happy to see you for an early scan at the Agora Clinic, ideally from 6 weeks onwards

How will it affect me emotionally?

Having an ectopic pregnancy can be a very traumatic and painful experience. It is likely you may have been rushed to the operating theatre with very little time to take in what has happened. You may feel that much of what has happened to you has been out of your control, leaving you in a state of shock and you will also be recovering from surgery. You and your partner will need to cope with the loss of your baby and often the loss of part of your fertility. Your feelings can vary enormously in the weeks and months following your loss. If you have any concerns, please do not hesitate to contact the Agora Clinic on 01273 229410. We will try to answer your questions, and arrange for one of our nurse specialists or Consultants to contact you.

If you have any problems outside of clinic hours, please contact your own family doctor and he or she will discuss your case with one of the gynaecology teams at your local hospital. If you experience very heavy bleeding, you should seek urgent medical attention at your local hospital's Accident & Emergency department.

The following contacts may be helpful:

The Ectopic Pregnancy Trust
P.O. Box 70187
London
WC1A 9JD

Helpline: 020 7733 2653
Email: ept@ectopic.org.uk
Website: www.ectopic.org.uk

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