

Obstetrics and Gynaecology: Early Pregnancy & Emergency Gynaecology Unit

What is an Ectopic Pregnancy?

An Ectopic Pregnancy is a pregnancy outside the womb (uterus) which occurs when a fertilised egg becomes implanted anywhere outside the cavity of the womb. It affects approximately 1 in 100 pregnancies.

Most ectopic pregnancies develop in the fallopian tubes but some cases occur in the ovary, cervix or abdominal cavity. In all cases of ectopic pregnancy the pregnancy test will be positive, as there is production of the pregnancy hormone from the ectopic pregnancy

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 internal haemorrhage which can be fatal.

Very occasionally an ectopic pregnancy can occur at the same time as a normally situated pregnancy (twins). This is known as a Heterotopic pregnancy.



Patient Information

Causes of an 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. 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 an 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 / Chlamydia) and tubal damage;
- With a history of infertility;
- With previous history of pelvic surgery including sterilisation;
- Using IUCD (coil);
- Undergoing assisted conception.

Symptoms of an ectopic pregnancy

The symptoms of an ectopic pregnancy can vary:

Pain

The most common symptom is abdominal pain due to stretching or rupture of the fallopian tube. It may develop sharply, or slowly get worse over several days. It can become severe. You may develop shoulder tip pain; this is due to blood leaking into the diaphragm.

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'

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,

Patient Information

diarrhoea and falling blood pressure may also be present. These are signs of collapse. **You should call 999 or attend the hospital immediately.**

Diagnosis of an ectopic pregnancy

- This is normally achieved by a trans-vaginal ultrasound scan.
- Blood tests to measure the pregnancy hormone (hCG),
- In certain cases diagnosis can only be confirmed by a surgical procedure called a laparoscopy (keyhole surgery).

Management of an ectopic pregnancy

Surgical treatment

- **Laparoscopy (keyhole surgery):** this normally involves removal of the affected fallopian tube together with the ectopic pregnancy.

It may be possible to cut open the tube and remove the pregnancy leaving the tube intact. This would be done if the other tube appears unhealthy or had been removed in the past.

Chances of a normal pregnancy after removal of one tube are not affected significantly.

- **Laparotomy:** in some occasions when tubal rupture has occurred or there are adhesions in the pelvis, keyhole surgery may not be appropriate. You will have a small cut made above the bikini line to deal with the ectopic pregnancy.

Medical treatment

Alternatively, the drug “Methotrexate” that dissolves an ectopic pregnancy could also be used. The drug is administered by intra-muscular injection that is then absorbed into the blood stream and reaches the ectopic pregnancy. This requires a prolonged follow up with blood tests. This method of treatment is not suitable in certain cases depending on your symptoms, the level of your hCG tests and / or the scan findings.

Patient Information

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.

If you need more information on any particular method of treatment please ask the clinic staff. You will be fully supported by them.

Can an ectopic pregnancy survive?

No, it is not possible to transplant an ectopic pregnancy from the fallopian tube back into the womb.

How long does it take to recover from an ectopic pregnancy?

This depends on the type of management that you have; however, it may take longer to recover emotionally. It is important to give yourself sufficient time to recover on a physical, psychological and emotional level.

More information on the surgical and medical treatments of an ectopic pregnancy can be found in the hospital's leaflets 'Surgical Treatment of Ectopic Pregnancy' and 'Medical Treatment of Ectopic Pregnancy'.

Contact information

Early Pregnancy & Emergency Gynae Unit: **024 7696 7000**

The Ectopic Pregnancy Trust

Helpline: **020 77332653**

www.ectopic.org

Miscarriage / Early Pregnancy Loss Support Group

Many families find the experience of pregnancy loss overwhelming and it is often difficult to know where to turn and who to talk to. We offer you the opportunity to attend our pregnancy loss support group where you will have the opportunity to speak to someone in an informal setting about your loss. Talking and having someone listen to your emotions can help lessen feelings of loneliness, isolation and distress.

Patient Information

There is no specific religious input at these sessions, but if it is helpful, there can be the opportunity to light a candle and to have a prayer of blessing.

If you would like to have a greater degree of privacy when coming to a session this can be offered.

The group meets on the **3rd Tuesday of each month at 10am until 12 midday in the Faith Centre at University Hospital Coventry.** This is located on the ground floor in the west wing.

If you require support outside of these times, please contact the chaplaincy team on 02476 967515.

The Miscarriage Association 01924 200799

E-mail: info@miscarriageassociation.org.uk

Website: www.miscarriageassociation.org.uk

If you feel you need further support in the form of counselling, please contact either your GP or the Emergency Gynae Unit for contact details. Some GP practices have a counsellor attached to their surgery. The hospital can provide you with contact details for the Acorn Centre based in Nuneaton. If you have internet access you can access their website:

www.acorncentrenuneaton.co.uk or you can contact them on: 024 76381878

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact 024 7696 7000 and we will do our best to meet your needs.

The Trust operates a smoke free policy

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