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# ECTOPIC PREGNANCY

## Women's Health



## Contact details

Early Pregnancy Unit **01932 722662**  
Monday – Friday, 9.00am – 3.00pm.

## Useful contacts

Miscarriage Association  
[www.miscarriageassociation.org.uk](http://www.miscarriageassociation.org.uk)

The Ectopic Pregnancy Trust  
[www.ectopic.org.uk](http://www.ectopic.org.uk)

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## Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty. If they cannot resolve your concern, please contact our Patient Advice and Liaison Service (PALS) on 01932 723553 or email [pals@asph.nhs.uk](mailto:pals@asph.nhs.uk). If you remain concerned, PALS can also advise upon how to make a formal complaint.

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pregnancy can be identified and, if there has been no previous tubal surgery, to see if the other tube looks healthy.

Depending on the discussion prior to surgery and on the findings, the surgeon will either remove the tube with the ectopic pregnancy (salpingectomy) or, if there is only one tube or the other looks damaged, will try to remove the pregnancy and conserve the tube (salpingotomy) if possible.

## **Conservative management**

If you are well and do not have significant pain, you may be offered conservative management. In this case you will be monitored closely as an outpatient in the Early Pregnancy Unit with weekly blood tests until the hormone returns to non-pregnant level. This may take several weeks.

If you develop increased pain or become acutely unwell during this time you will be advised to return to A/E.

## **Medical management**

See separate leaflet.

## **Follow up**

You will be offered a six week follow up appointment in EPU to discuss the implications of the ectopic pregnancy and to answer any questions you may have.

If you have not been given an appointment please call The Early Pregnancy Unit.

# **Ectopic Pregnancy**

We are sorry that you have been diagnosed with an ectopic pregnancy, we hope that this leaflet will help you to understand what is happening.

An ectopic pregnancy is a potentially life threatening condition that can present as an emergency.

## **What is an ectopic pregnancy?**

An ectopic pregnancy is one that develops outside the lining (endometrium) of the womb (uterus). This usually occurs in the fallopian tube. It can grow over time, stretching the tube. If not diagnosed early in the pregnancy this stretching can cause the tube to burst with catastrophic internal bleeding that cannot be seen.

In pregnancy the egg and the sperm meet up in one of the fallopian tubes and the fertilized egg then travels down into the womb where it implants and attaches to the blood vessels in the lining.

However, in an ectopic pregnancy the implantation occurs outside the lining of the womb, usually in part of the fallopian tube, An ectopic pregnancy cannot progress to a normally developing pregnancy.

## What are the causes of ectopic pregnancy?

In a normal pregnancy the fertilised egg takes 4-5 days to travel down the fallopian tube and implantation in the womb is usually on day 6-7 post fertilization. With an ectopic pregnancy there are factors which may delay this, such as:

- Infection or inflammation of the tube
- Previous ectopic pregnancy
- Endometriosis if it involves your tubes
- Scar tissue from previous tubal surgery or severe appendicitis
- Hormonal treatment such as the progesterone only pill/ Smoking (both slow down the motion of the tiny hairs that waft the egg down the tube.
- If you are pregnant with a coil as your contraception. The coil is very good at preventing a pregnancy in the normal place.
- In many cases the cause of the ectopic pregnancy is unknown or unexplained.

## What are the treatment options open to me?

Some, if not most, ectopic pregnancies stop developing and are gradually absorbed back into the body (as in an early miscarriage). In other cases, the pregnancy is pushed out of the end of the tube into the abdomen and reabsorbed. This is known as a tubal miscarriage and may be accompanied by some bleeding in the pelvis with or without pain.

However, other ectopic pregnancies may continue to grow within the fallopian tube and, if left untreated, may rupture or burst resulting in serious internal bleeding which would require urgent surgical intervention.

If you are unwell or considered to be at high risk of rupture then the only safe option may be urgent surgery and this will be explained to you.

If you are well and not in severe pain there are different options, these will be discussed with you as appropriate to your case having considered your symptoms, the findings on your ultrasound scan and your blood hormone levels.

## Surgical management

This is considered to be the first line treatment for ectopic pregnancy. In most women it is a relatively quick and safe method of treatment. Studies show that it is effective and that success in future pregnancy is not adversely affected by choosing this treatment over other options.

This usually done by laparoscopic (keyhole) surgery under general anaesthetic, with 2-3 cuts to the abdomen where the camera and instruments are introduced to diagnose and remove the ectopic pregnancy. This involves being admitted into hospital, sometimes for an overnight stay.

Very occasionally it may be necessary to make a cut along the bikini line if the surgeon is unable to do the surgery by keyhole. In either case the surgeon will look at the fallopian tubes and all the other pelvic organs to see if a cause for the ectopic