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**Ashford Hospital**  
London Road  
Ashford, Middlesex  
TW15 3AA  
Tel: **01784 884488**

**St. Peter's Hospital**  
Guildford Road  
Chertsey, Surrey  
KT16 0PZ.  
Tel: **01932 872000**

Website: [www.ashfordstpeters.nhs.uk](http://www.ashfordstpeters.nhs.uk)

# ECTOPIC PREGNANCY

## Women's Health



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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 Experience Team on 01932 723553 or email [asp-tr.patient.advice@nhs.net](mailto:asp-tr.patient.advice@nhs.net). If you remain concerned, the team can also advise upon how to make a formal complaint.

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**Author:** Dr C Bass, Sister Anna Nicholas

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## Contact details

Early Pregnancy Unit: 01932 722662

Monday to Friday: 9.00am – 4.00pm.

## Useful contacts

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

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

Royal College of Obstetricians and Gynaecologists  
[www.rcog.org.uk](http://www.rcog.org.uk)

# Ectopic Pregnancy

We are sorry that you have been diagnosed with an ectopic pregnancy. We hope that this leaflet will help you understand what an ectopic pregnancy is and your options for treatment.

An ectopic pregnancy could be a life threatening condition that can present as an emergency.

## What is an ectopic pregnancy?

An ectopic pregnancy is a pregnancy that develops outside the lining (endometrium) of the womb (uterus). Most ectopic pregnancies occur in the fallopian tube.

## How does an ectopic pregnancy form?

In pregnancy the egg and the sperm meet up (fertilize) in one of the fallopian tubes and the fertilized egg then travels down into the womb where it implants (burrows) inside the lining of the womb. The thick muscle of the womb allows implantation to take place safely without any problems. When implantation takes place in the tube, as the pregnancy burrows inside (implantation) and gets bigger, it stretches the thin fallopian tube which may rupture (burst) causing internal bleeding. Internal bleeding happens inside the abdomen (tummy) and this is usually seen on scan only or during an operation to treat an ectopic pregnancy.

There are other rarer implantation sites for an ectopic pregnancy e.g. interstitial, Caesarean section scar or cervical ectopic pregnancies and the implications and management will be carefully explained to you.

Sadly, an ectopic pregnancy cannot progress to a normally developing pregnancy. We are also unable to move the pregnancy from the tube to inside your womb.

### **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 affect this natural process such as:

- Infection or inflammation of the tube
- Previous ectopic pregnancy
- Endometriosis if it involves the 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 these are designed to prevent a pregnancy in the womb, you are more likely to have an ectopic pregnancy
- In many cases the cause of the ectopic pregnancy is unknown or unexplained.

If you do not want to get pregnant, you may want to talk to your Doctor about what kind of contraception is best for you and what to avoid. After an ectopic pregnancy an IUCD (coil) is not recommended; and some types of progesterone-only contraception can increase the chance of having another ectopic pregnancy.

## Medical management

Please refer to separate leaflet.

## Follow up

We understand that for many patients and partners, the diagnosis of an ectopic pregnancy is traumatic and our team will support you through this. You will be offered a follow up appointment in the Early Pregnancy Unit (usually in 6-8 weeks, depending on availability) to discuss the findings if you have had surgical management, and the implications of the diagnosis for your future fertility and pregnancies.

If you have not been given an appointment and you wish to arrange this, please call the Early Pregnancy Unit.

## Future Pregnancies

In any future pregnancy, you should call us when you have a positive pregnancy test so that we can arrange a pregnancy scan at 5-6 weeks (or earlier if you have pain and/or vaginal bleeding).

We would recommend you to optimize your health e.g. lose weight if necessary, stop smoking, avoid alcohol, avoid caffeinated drinks and control any health conditions such as Diabetes. Take pre-conceptual Folic Acid 400 micrograms and continue this until you are 12 weeks pregnant. A higher dose of Folic Acid (5mg) will be required in certain women with additional risk factors e.g. raised body mass index (BMI).

## What are the treatment options?

Some ectopic pregnancies stop developing and are gradually absorbed back into the body. In other cases, the pregnancy is pushed out of from the end of the tube into the abdomen and it is reabsorbed. This is known as a tubal miscarriage and may be accompanied by vaginal bleeding with/without pain. Some bleeding may also be seen inside the lower abdomen (tummy) when a scan is performed.

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 any significant pain there are other alternative treatment 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

Depending on clinical assessment your Doctor may advise that surgery is the best treatment for you. 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 is usually done by laparoscopic (keyhole) surgery under general anesthetic, with 2-3 small incisions (cuts) into the abdomen where the camera and instruments are introduced to diagnose and remove the ectopic pregnancy. This involves being admitted into hospital, sometimes overnight.

Very occasionally it may be necessary to make a cut along the bikini line if the surgeon is unable to perform the surgery by keyhole. In either case the surgeon will look at the fallopian tubes and all the other internal female (pelvic) organs to see if a cause for the ectopic pregnancy can be identified and, if the other tube is present, they will also check if it 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 tube looks damaged, they will try to remove the pregnancy and conserve the tube (salpingotomy) if possible. If the tube is left behind, there is a small risk that some of the pregnancy tissue may remain in the tube. You will be advised to attend for weekly blood tests to monitor your hormone levels as they decrease until the pregnancy is fully resolved. Rarely, after this type of treatment, any residual pregnancy may not resolve fully and additional treatment may be required. There is also a higher risk of a future tubal pregnancy when the ectopic pregnancy alone is removed leaving the tube behind.

## **Post-Operative Recovery**

Following this surgery you may have abdominal discomfort for 1-2 weeks because of the gas introduced into your abdomen at the time of the surgery; this can be treated with pain relief. It is also common to have shoulder tip pain after keyhole surgery. This is due to the gas we use during the operation.

You should also expect vaginal bleeding for up to 2 weeks which maybe heavier than a period as the lining of the womb comes away.

If you have signs of infection you should seek early medical advice (usually via your GP).

## **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.

You will be advised to stay in the local area and avoid sexual intercourse or strenuous activity and to attend the Accident and Emergency department (with your report) immediately if you develop increasing pain or become acutely unwell.