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AUCKLAND
DISTRICT HEALTH BOARD
Te Toka Tumai

Ectopic Pregnancy

Tena koutou katoa, Kia orana, Talofa lava, Malo e lelei, Fakaalofa lahi atu, Taloha Ni, Ni Sa Bula Vinaka,

Greetings and Welcome to National Women's

Auckland District Health Board
National Women's Health

Introduction

This booklet provides information about ectopic pregnancy, the investigations needed to confirm whether there is an ectopic pregnancy and the treatments that are usually recommended.

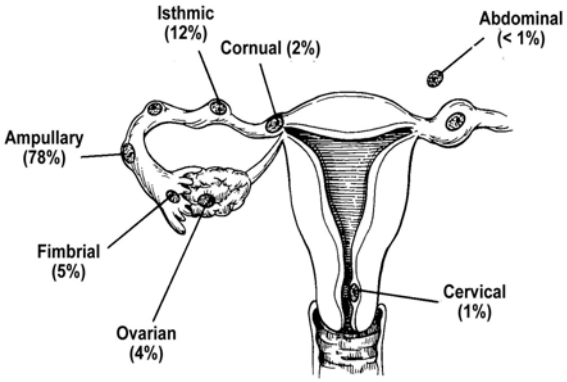
What is an ectopic pregnancy?

An ectopic pregnancy is a condition where the fertilised egg implants itself in an area outside of the uterus (womb) - usually in the fallopian tube instead of continuing its journey to implant in the uterus.

Fertilisation normally occurs in the fallopian tubes. The fertilised egg then moves through the tubes towards the uterus which will be ready to receive it. The fertilised egg then implants into the lower part of the uterus and grows into a baby.

Sometimes this normal process is interrupted. In the majority of women who have an ectopic pregnancy the cause is interference with the passage of the fertilised egg.

Most commonly (99%) an ectopic pregnancy is located in the fallopian tubes (tubal pregnancy). Other sites are in the abdomen, ovaries, cervix and higher up in the uterus.



ECTOPIC PREGNANCY SITES AND FREQUENCY

Why does it happen and who is at risk of an ectopic pregnancy?

There are various reasons why ectopic pregnancies happen.

1. Sometimes the fertilised egg takes more time than usual to travel along the tube. If this happens the fertilised egg has more time to grow and becomes too big to move along the tube. As it can't move any further, it implants itself in the tube and continues to grow.

2. Some women have slightly narrowed or blocked tubes which can be due to the following:

- Surgery to the fallopian tubes or pelvic organs which may cause scar tissue formation in or on the fallopian tubes e.g. a tubal ligation or surgery for a previous ectopic pregnancy
- Infection of the reproductive system such as PID (pelvic inflammatory disease) causing scar tissue formation
- Scar tissue or damage to the tubes from sexually transmitted diseases, infection following surgery and in some instances the prolonged use of IUCDs (intrauterine contraceptive devices).

3. Abnormalities of the fertilised egg and artificial reproductive techniques (ART) or fertility treatment have also been associated with ectopic pregnancies**.**

What are the symptoms of an ectopic pregnancy?

Abdominal pain is the most common symptom of an ectopic pregnancy. There may also be shoulder tip pain; vaginal bleeding and some women feel faint and dizzy. It is important to seek medical advice straight away if you have these symptoms.

Women with severe abdominal pain are usually admitted to hospital.

How is an ectopic pregnancy diagnosed?

A blood test is taken so a pregnancy test can be carried out and the pregnancy hormone level measured. An ultrasound of the pelvic area is generally recommended. Usually a vaginal scan is needed to enable an ectopic pregnancy to be seen as it is more accurate at detecting problems or abnormalities in this area. An internal examination is usually carried out as well.

Ectopic pregnancies need to be treated

An ectopic pregnancy will not grow into a normal foetus due to the abnormal site of implantation. These sites are not suitable for the normal growth of a pregnancy. Implantation in areas such as a fallopian tube may result in the developing pregnancy invading large blood vessels that can cause severe bleeding. A tubal pregnancy is not able to develop in to a full pregnancy, as the tube will rupture (burst apart). If this happens to a woman she will haemorrhage and lose a lot of blood. An ectopic pregnancy is considered a medical emergency because of the risk of serious bleeding so urgent treatment is required.

What is the treatment?

If the tests show you have an ectopic pregnancy you may need an operation to remove the pregnancy before it can cause the tube to rupture, or medical management may be recommended.

Surgical treatment

The surgery to remove the ectopic pregnancy is carried out under general anaesthesia. While you are anaesthetised (asleep) the gynaecologist will look inside your abdomen at your pelvic organs with an instrument called a laparoscope.

The gynaecologist will be able to see an ectopic pregnancy with this. Once the ectopic pregnancy is identified it will be removed. In most cases the tube will be removed as this reduces future risk of ectopic in the tube and improves fertility outcomes.

It is usually possible to remove the ectopic pregnancy using a laparoscopic procedure (small puncture wounds) although in some situations a `mini laparotomy' may be required. (Small incision in abdomen). The recovery time from laparoscopic surgery is quicker. If the 'mini laparotomy' method is chosen, you will be given additional information

Medical treatment

A drug called Methotrexate can sometimes be used to stop the growth of the pregnancy instead of surgical removal. This can only be used in particular situations according to strict guidelines. Your specialist will only offer it to you, and provide you with an information leaflet if you meet the criteria in the guidelines for use.

What effect does the treatment have on fertility?

If your fallopian tube was removed the remaining tube has the ability to pick up an egg from both ovaries, which means your fertility may be only slightly reduced. The gynaecologist will discuss the possibility of this and answer any questions you may have. A woman who has had both tubes removed will need artificial assistance to conceive.

Emotional recovery and support

Reaction to miscarriage and ectopic pregnancy is variable; there is no right way to feel. A range of feelings is possible. In addition to the grief you may be experiencing, your body will be undergoing hormonal adjustments which may make you very emotional.

Common feelings at this time include;

- A sense of unreality
- Anxiety
- Shock and numbness
- Anger

You may find it helpful to talk to the Pregnancy Loss Counsellor during your admission to hospital or in the weeks that follow. Staff are able to contact the Counsellor on your behalf while you are in hospital or you can phone her yourself when you get home.

Phone 307 4949 and ask for Pregnancy Loss Counsellor.

What to do in future if you think you are pregnant

A woman who has had one ectopic pregnancy has a much greater risk of having another one. It is therefore very important to see your doctor or midwife as soon as you think you are pregnant. An early diagnosis of pregnancy is important so a check can be made that the pregnancy is situated in the uterus. An ectopic pregnancy can be life threatening if not treated before the tube ruptures. Therefore, any sign of pain, with or without bleeding in pregnancy, should be reported to your doctor or midwife.

Discharge Advice

This will be completed by the nurse caring for you while you are in hospital. Please use this time to discuss any questions or concerns you have.

Pain relief:

You may get some discomfort for the next 2 weeks.

Please take the pain relief prescribed regularly. If this does not control the pain contact your GP.

Preventing and detecting infection:

We recommend that you:

- Complete taking any antibiotics that have been prescribed for you.
- Use sanitary pads rather than tampons until the bleeding has stopped.
- Avoid sources of possible infection such as spa pools and swimming pools until the bleeding stops and the wound has healed. Have a shower instead of a bath.
- Contact your GP straight away if you develop flu like symptoms; get a temperature over 38°C; have pain or difficulty passing urine; bleeding becomes heavy and you pass clots or have a smelly vaginal discharge.

Constipation:

This can be a problem. A diet high in fruit, vegetables, fibre and water will help you maintain a regular bowel routine. If you don't pass a bowel motion for 2 days after discharge from hospital get a laxative from your local pharmacy.

Sexual Activity:

If you have had a laparoscopy, we advise you not to have sexual intercourse for 2 weeks, or until the bleeding has stopped.

Physical activity

It is important to your recovery to have some gentle exercise each day. More strenuous exercise and daily activities should be restricted for 2 weeks or until you are able to manage.

Driving and returning to work:

We advise that you do not drive for at least a week after a laparoscopy.

We recommend you do not return to work for one week or when you are able to. Please let us know if you need a medical certificate for time off work.

Future contraception:

A nurse or doctor will discuss contraception options with you before you leave the hospital. The mini pill slightly increases your risk of a repeat ectopic pregnancy as it slows the movement of the egg in the fallopian tubes. Other forms of contraception are safe to use.

Discharge letter:

A discharge letter is usually sent to your GP. Please tell the nurse caring for you if you do not want this to happen. If you have any problems that are not related to your surgery, please contact your GP

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Women's Health
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