

What is an Ectopic Pregnancy?

An ectopic pregnancy is where the fertilised egg implants outside the uterus (womb), most commonly in the fallopian tube (the tube that connects the ovary to the uterus).

Rarely an ectopic pregnancy can occur in the ovary, cervix or abdominal cavity. It usually occurs in the first ten weeks of pregnancy.

About 1 in 100 pregnancies is ectopic. This figure rises to 5 in 100 after assisted conception therapies and to 20-30 in 100 after tubal damage due to infection or tubal surgery.

What are the possible causes of an ectopic pregnancy?

The chances of having an ectopic pregnancy can be increased by the following:

- Tubal damage from pelvic infection, endometriosis or appendicitis
- Women who have had previous abdominal surgery (scar tissue and adhesions develop)
- Women using the IUCD (coil) as a contraceptive and become pregnant are at risk, though a pregnancy is very rare
- In most cases the cause of the pregnancy developing outside the uterus is never discovered

What are the symptoms of an ectopic pregnancy?

Symptoms typically develop around the 6th week of pregnancy. This is about 2 weeks after a missed period if you have regular periods. However, symptoms may develop anytime between 4 and 10 weeks of pregnancy. You may not be aware that you are pregnant. For example, your periods may not be regular, or you may be using contraception and not realise it has failed. Symptoms may start about the time a period is due. At first you may think the symptoms are just a late period.

Symptoms include one or more of the following;

- Pain on one side of the lower abdomen. It may develop sharply, or may slowly get worse over several days. It can become severe.
- Vaginal bleeding often occurs, but not always. It is often different to the bleeding of a period. For example, the bleeding may be heavier or lighter than a normal period. The blood may look darker. However, you may think the bleeding is a late period.
- Other symptoms may occur such as diarrhoea, feeling faint, or pain on passing faeces (stools).
- Shoulder-tip pain may develop. This is due to some blood leaking into the abdomen and irritating the diaphragm (the muscle used to breathe).
- If the fallopian tube ruptures and causes internal bleeding, you may develop severe pain or 'collapse'. This is an emergency as the bleeding is heavy.
- Sometimes there are no warning symptoms (such as pain) before the tube ruptures. Therefore 'collapse' due to sudden heavy internal bleeding is sometimes the first sign of an ectopic pregnancy.

How is an ectopic pregnancy confirmed?

If you have symptoms that may indicate an ectopic pregnancy you will be sent to hospital immediately.

- A urine test can confirm that you are pregnant.
- An ultrasound scan may confirm an ectopic pregnancy. However, the scan may not be clear if the pregnancy is very early. A few days of observation may be needed if symptoms are not severe. A repeat scan a few days later may clarify the site of the pregnancy.
- Blood tests that show changes in the pregnancy hormones are also helpful.

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- A look inside the abdomen with a special telescope (laparoscopy) is sometimes advised to confirm an ectopic pregnancy.

If the ultrasound shows an empty uterus, but the pregnancy test is positive, an ectopic pregnancy is possible, although you may have had a miscarriage.

It is not always possible to see an ectopic pregnancy on ultrasound scan and if you feel well, you will have some blood taken to measure the pregnancy hormone level and this will be repeated over the next few days to confirm the diagnosis.

What are the treatment options for ectopic pregnancy?

Ruptured ectopic pregnancy

Emergency surgery is needed if a fallopian tube ruptures with heavy bleeding. The main aim is to stop the bleeding. The ruptured fallopian tube and remnant of the early pregnancy are then removed. The operation is often life-saving.

Early ectopic pregnancy - before rupture

Ectopic pregnancy is often diagnosed before rupture. Your doctor will advise on the treatment options, which may include the following.

Surgery

A planned operation is the usual treatment. Removal of the tube and the ectopic pregnancy is the traditional treatment. More recently, better surgical techniques mean that it is sometimes possible to preserve the fallopian tube. Operations by 'keyhole surgery' are becoming more popular.

- Laparoscopy - insertion of scope(camera) into the abdomen through your navel ('key hole surgery')
- Laparotomy - incision (open cut) into the abdominal cavity
- Salpingectomy - removal of the fallopian tube
- Salpingotomy - cutting open the tube and removing the ectopic pregnancy alone (preserving the tube)

Medical treatment

A medicine called methotrexate may be an option. It works by stopping the cells of the pregnancy growing in the fallopian tube. It is normally only advised if the pregnancy is very early. The

advantage is that you do not need an operation. The disadvantage is that you will need close observation for several weeks with repeated blood tests to check it has worked. Also, side-effects affect some women. If this treatment is not successful, further surgery to remove the tube may be necessary.

Expectant management ('wait and see')

Some ectopic pregnancies that have not ruptured clear without treatment. The pregnancy often dies in a way similar to a miscarriage. A possible option is to 'see how things go' if you have mild or no symptoms. You can have treatment if symptoms become worse. However, a 'wait and see' approach is not often advised. This is because there is a chance of a sudden rupture of the fallopian tube. This will need emergency surgery. You will need close observation and repeated scans and blood tests to check on how things are developing.

You may experience some bleeding for few days after surgery/medical treatment, due to the fact that you have been pregnant and the lining of the womb has thickened. The above is a brief description of treatment options. A gynaecologist will advise on the pros and cons of each treatment.

If you have a Rhesus negative blood group, you will require Anti -D Immunoglobulin. This will be arranged by the staff prior to you leaving hospital.

Future pregnancy information

Although you may want to try again, it is best to wait until you and your partner are ready, both physically and emotionally.

It is advisable to wait until 4-6 weeks after surgery before resuming sexual intercourse. If you have had medical treatment, your doctor will advise you accordingly.

If one tube was removed, you will continue to ovulate as before, but your chances of conceiving may be reduced. This varies with each individual.

One common question is "what is the chance of having a future normal pregnancy after an ectopic pregnancy?" Even if one fallopian tube is removed, you have about a 7 in 10 chance of having a future normal pregnancy. (The other fallopian tube will

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still usually work.) There is also a 1 in 10 chance of a repeat ectopic pregnancy. As soon as you suspect you are pregnant, you must contact your GP immediately and be monitored closely.

Once an ectopic pregnancy has been excluded, the pregnancy would be anticipated to continue normally and no further close monitoring would be required.

Returning to work or normal activities

You will need possibly up to 4- 6 weeks to recuperate after surgery. It is advisable to build up your strength gradually. Having an ectopic pregnancy can be traumatic because you are dealing with the loss of a pregnancy as well as trying to recover from emergency surgery.

It is common to feel anxious or depressed for a while after treatment. Worries about possible future ectopic pregnancy, the effect on fertility, and sadness over the loss of the pregnancy are normal. Do talk with a doctor about these and any other concerns following treatment.

If you would like any further information, or would like to talk to someone who has been through the experience of an ectopic pregnancy, please contact:

Wellington Miscarriage Support Group

Support and information for women and their families who have lost a baby through miscarriage or ectopic pregnancy.

www.miscarriagesupport.org.nz

Sands

For support and information for women and families who have lost a baby through miscarriage or ectopic pregnancy

Phone: 022 398 3917

sandswellingtonandhutt.org.nz

Contact us

Department: Women's Acute Assessment

Phone: (04) 806 0740

Hours: 8am-4.30pm, Monday to Friday

Or

Department: Ward 4 North Gynaecology

Phone: (04) 806 0880

Hours: anytime