



**Patient Information Leaflet**

# **Ectopic Pregnancy**

**Produced by:**  
Department of Obstetrics and Gynaecology

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**If you are unable to read this leaflet because English is not your first language, please ask someone who speaks English to telephone PALS on 01983 534850 for further information and help.**

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**Polish:**

Jeśli nie jesteś w stanie przeczytać tej ulotki bo angielski nie jest pierwszym językiem, poproś kogoś, kto mówi po angielsku, o kontakt telefoniczny z (PALS 01983 534850) aby uzyskać więcej informacji i pomoc

**Russian:**

Если вы не можете прочитать этот буклет на английском языке потому что не является первым языке, пожалуйста, попросите кого-нибудь, кто говорит на английском языке для телефонного (PALS 01983 534850) для получения дополнительной информации и помощи

**Turkish:**

Eğer İngilizce ana diliniz değilse, çünkü bu broşürü okumak için yapamıyorsanız, daha fazla bilgi için 01983 534850 üzerinde PALS telefon İngilizce bilen birine sormak ve yardım lütfen

**Bulgarian:**

Ако не сте в състояние да прочетете тази листовка, тъй като английският не е първи език, опитайте някой, който говори английски, за да телефонирам (PALS на 01983 534850) за повече информация и помощ

**Czech:**

Pokud nejste schopni přečíst tuto příbalovou informaci, protože angličtina není vaším rodným jazykem, zeptejte se někoho, kdo mluví anglicky na telefonní PALS na 01983 534850 pro další informace a pomoc

**Bengali:**

আপনি ইংরেজি আপনার প্রথম ভাষা না থাকার কারণে এই লফিলটে পড়তে অক্ষম হন, তাহলে আরও তথ্যের জন্য 01983 534850 নভেগিশেন PALS টলেফি এন ইংরেজি কথা কটে জিজ্ঞাসা করুন এবং সাহায্য করুন

## What is an ectopic pregnancy?

Ectopic pregnancy occurs when a pregnancy implants outside the womb. The most common place is in the fallopian tube. Rarely, it can occur elsewhere in the abdomen or pelvis. Pregnancy can occur in both the womb and the tube at the same time (heterotopic pregnancy), but this is very rare.

## How common is it?

In the UK, ectopic pregnancy happens in about 1.5% of all pregnancies. However, it is getting more common.

## What causes ectopic pregnancy?

Various factors increase the risk of having an ectopic pregnancy. Anything that affects tubal function may increase the risk. The cells in the fallopian tubes have little hairs (cilia) which move with a wave-like motion to encourage the fertilised egg to move towards the womb. If the tube is blocked or the cilia damaged then the early embryo will get stuck in the tube, implant and grow in the tube itself. This will cause the tube to swell and if this is allowed to continue the tube can burst and haemorrhage inside the abdomen. Severe internal haemorrhage can be fatal.

The risk factors listed below are not always present and there may not be an obvious reason. Sometimes it is just **bad luck**.

- **Pelvic inflammatory disease (PID)**

Previous infections such as chlamydia or gonorrhoea may cause scar tissue to form adhesions in the tubes and damage the cilia. Infection is one of the main causes of the increase

seen in ectopic pregnancies in recent years. The risk of an ectopic pregnancy increases about 7 fold after a woman suffers acute pelvic infection.

- **Tubal surgery**

Women who have had operations on their tubes are more at risk of ectopic pregnancy. This includes sterilisation, reversal of sterilisation or tubal surgery for sub-fertility.

## **How would I know if I have an ectopic pregnancy?**

Ectopic pregnancies can present in various ways:

- As an emergency. Suddenly, without warning, a woman is very unwell, collapses and is taken to hospital. A positive pregnancy test is made and she is quickly transferred to theatre. A ruptured, ectopic pregnancy is found, with bleeding into the abdomen.
- Women known to be at risk of an ectopic pregnancy (someone who has already experienced an ectopic pregnancy, undergone tubal surgery or assisted conception such as IVF) are routinely checked with blood tests and ultrasound scans very early in their pregnancy. The early pregnancy assessment unit (EPAU) specialises in these early checks (6-8 weeks) and early detection of ectopic pregnancy is common in this group.
- The most common presentation is with a missed period, a positive pregnancy test, some abdominal pain (usually to one side) and irregular vaginal bleeding. Some women report fainting or shoulder-tip pain.

## **What tests are used to diagnose ectopic pregnancy?**

If a sensitive urinary pregnancy test is negative then an ectopic pregnancy is virtually excluded. This may be backed up with a blood sample being taken for testing. An ultrasound scan can reliably demonstrate a pregnancy in the womb from about 6-7 weeks onward. Once this is proven, an ectopic is once again virtually excluded. Sometimes the scan can show an ectopic pregnancy in the tube next to the womb but the scan is much more reliable to diagnose a pregnancy correctly implanted inside the womb.

The clinical signs and tests guide who should undergo laparoscopy. Laparoscopy requires a general anaesthetic. A telescope is placed into the abdomen (see separate leaflet on Diagnostic Laparoscopy) and the tubes visualised. This is the 'gold standard' for diagnosing an ectopic pregnancy but it isn't done for everyone because of the need for an anaesthetic and the risks of the procedure.

## **What is the treatment?**

Once an ectopic pregnancy is diagnosed, there are several different available treatments.

Unfortunately, it is not possible to take the pregnancy from the tube and put it into the womb.

Current options are:-

- **Laparoscopic surgery ('keyhole' surgery)**

This is done using special instruments through a small incision in the abdomen. It may be possible to either open the tube and remove the pregnancy (salpingotomy), or, more commonly, remove the tube altogether (salpingectomy). The option taken depends on individual

circumstances specific to each patient. Follow-up with blood tests to measure the levels of the pregnancy hormone Human Chorionic Gonadotrophin (HCG) may be needed.

- **Laparotomy ('open' surgery)**

This involves an incision at the top of the pubic hairline. The affected tube is exposed and either salpingotomy or salpingectomy performed. Follow-up with blood tests may be needed.

- **Medical treatment**

Methotrexate injections can be given which cause the fertilised egg and associated placental tissue within the tube to die, so ending the pregnancy. Follow-up with several blood tests for HCG are necessary.

## **What happens afterwards?**

If you have laparoscopic surgery, you may be able to go home the same day. If you have a laparotomy you will need to stay as an inpatient for 2 - 3 days. Medical treatment does not usually need hospital admission but does need follow up in the early pregnancy assessment unit (EPAU).

If you experience a large blood loss, you may require a transfusion to replace this. You may also need a course of iron tablets.

Depending upon the rhesus factor of your blood group, you may also need an injection of anti-D to protect any future pregnancy.

You may experience some irregular vaginal bleeding following treatment but this should settle after your first clear period.

It is generally advised not to conceive again for 3 months afterwards, to allow full healing. If you are in need of contraception, please discuss this with the clinical staff before you leave the ward.

## **What about further pregnancies?**

After a previous ectopic pregnancy, there is a higher risk (about 10-15%) of it happening again, although it is more likely that the next pregnancy will be in the right place. Current evidence suggests that open surgery and laparoscopic surgery have similar subsequent normal (intrauterine) pregnancy rates.

## **Support**

It is easy for people to forget, during the investigations and treatment, that you have lost, what is for most, a much-wanted pregnancy.

Reaction to pregnancy loss is very variable and you may also be worried about being able to conceive again in the future. Your body will be undergoing some profound hormonal adjustments and this is likely to make you feel very emotionally volatile. Don't be surprised if you find yourself in tears for no apparent reason. It may take some time for you to get back to your normal self and this is to be expected.

Please talk to the staff and feel free to discuss any worries with the nurses on St Helens Ward on telephone number 534701.

There is also support available from The Ectopic Pregnancy Trust and other self-support groups.

**The Ectopic Pregnancy Trust,**  
c/o 2nd Floor, Golden Jubilee Wing  
King's College Hospital  
Denmark Hill  
London  
SE5 9RS

Telephone Helpline

020 7733 2653

Email: [ept@ectopic.org.uk](mailto:ept@ectopic.org.uk)

Registered Charity No. 1071811

<http://www.ectopic.org.uk/>

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**If you have any queries or concerns about the content of this leaflet please call (01983) 524081 and ask to speak to the relevant department.**

If you require this leaflet in another language, large print or another format, please contact the PALS Team, telephone **01983 534850**, who will advise you.

Valuables should not be brought into the hospital. If patients have to bring in valuable items they should ask a nurse to store them safely and request a receipt for the items. You may not be able to have the valuable items returned if the time of discharge from hospital is out of hours.

We are sorry but the Trust cannot accept responsibility for loss or damage to items not given for safe keeping.

You can get further information on all sorts of health issues online at: **www.nhs.uk**

For Health advice and out of hours GP service please call the NHS 111 service on: **111**

### **We Value Your Views On Our Service**

If you wish to comment on the care which you, your relative or friend has received, we will be pleased to hear from you. Please speak to the person in charge of the ward, clinic or service in the first instance or ask them to contact the PALS Team. If you wish to contact them directly, telephone on **01983 534850**.

Alternatively you may prefer to write to:

Chief Executive  
Isle Of Wight NHS Trust  
St Mary's Hospital  
Newport, Isle of Wight, PO30 5TG

You can also share any concerns you have about our services with the Care Quality Commission (CQC) on **03000 61 61 61** or at **enquiries@cqc.org.uk**

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If you would like help and advice to stop smoking please call: Freephone 0800 169 0 169 to talk to the NHS Smoking Helpline.