Further Information

The Ectopic Pregnancy Trust

Helpline: 01895 238025

www.ectopic.org

The Miscarriage Association

Tel: 01924 200799

www.miscarriageassociation.org.uk

PALS

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. The PALS office is located on Ground Floor Atrium, University College Hospital, 235 Euston Road, London NW1 2BU

Tel: 020 3447 3042

email: PALS@uclh.nhs.uk

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UCL HOSPITALS

University College London Hospitals NHS
NHS Foundation Trust

Ectopic Pregnancy

Information for women and their partners

Women's Health

UCL HOSPITALS

Introduction

The purpose of this leaflet is to describe:

- An ectopic pregnancy is.
- What it means for your health.
- The treatment options.
- Risks are involved in treatment.
- Risks to future pregnancy

What is an ectopic pregnancy?

The normal process of implantation occurs after the fertilised egg travels along the Fallopian tube into the womb (uterus). The fertilised egg usually implants in the womb six to seven days after conception. With an ectopic pregnancy the fertilised egg does not reach the womb and usually implants in the Fallopian tube. This occurs in approximately 2% of all pregnancies.

What causes ectopic pregnancy?

In many cases there is no obvious cause for an ectopic pregnancy. It is likely that the pregnancy implants outside the womb by chance. However, it is also known that there

Queries and concerns

Should you have any questions please contact the staff in our Early Pregnancy Unit:

- Telephone: 020 3447 9411
- Fax: 020 3447 6598

Early Pregnancy Unit opening times:
9am to 5pm Mondays to Friday
9am to 12:30pm Saturday and Sundays

Address:

The Gynaecological Diagnostic and Outpatient Treatment Unit

Clinic 3 EGA Wing,

Lower Ground Floor (-1)

University College Hospital,

235 Euston Road, London, NW1 2BU.

queries about the referral process please discuss this with your G.P.

Contraception

The progesterone only pill (mini pill) and IUCD (coil) are not recommended methods of contraception for women who have had an ectopic pregnancy. If you need advice on a suitable method please consult your G.P. or local Family planning clinic.

are several risk factors which increase the chance of ectopic pregnancy. These include:

Pelvic infection: Women who have previously experienced an infection in the pelvis have a higher risk of developing an ectopic pregnancy. Sometimes infections may be undetected and are only discovered at the operation to remove the ectopic pregnancy. Pelvic infections can cause scar tissue (adhesions) within the pelvis. This can damage the Fallopian tubes and increase the chance of a pregnancy implanting there.

Previous abdominal surgery: Operations on the abdomen tend to form scar tissue (adhesions) in a similar manner to pelvic infection. For this reason, previous operations such as removal of appendix or an ovarian cyst may increase the chance of developing an ectopic pregnancy.

Age: The incidence of ectopic pregnancy increases steadily with age from 1.4% of all pregnancies at the age of

21 years to 6.9% of pregnancies in women aged 44 years. The reason for this rise is not clear.

Previous ectopic pregnancy: Women who have had an ectopic pregnancy in the past have about a 10% chance of developing another one in a future pregnancy.

Is ectopic pregnancy a serious health problem?

Most ectopic pregnancies do not cause significant health problems. They do not require any medical intervention. However, a number of ectopic pregnancies can cause severe abdominal pain and bleeding, which could put a women's health at serious risk. It is therefore important that an ectopic pregnancy is diagnosed as early as possible. Treatment of ectopic pregnancy also carries a small risk of complications, which could affect a woman's health. Women who have suffered an ectopic pregnancy are at increased risk of having another ectopic and may experience difficulties in getting pregnant again.

period. If you become pregnant before this, this should not increase your chance of having another ectopic pregnancy.

The chance of having a normal pregnancy in the future depends on the condition of your remaining fallopian tube/s and your age. In general women who have had an

etopic pregnancy have reduced chances of becoming pregnant again. However the majority of women will conceive and have a successful pregnancy.

If you undergo surgery, the surgeon will be able to tell you about the condition of your other tube and ovaries.

If you become pregnant again it is very important that you attend our unit for an early scan as soon as possible. This is to check that the pregnancy has implanted in the womb. If we cannot see the pregnancy initially, you will be monitored closely.

If there is a lot of damage to your Fallopian tubes, there is very little that can be done to reverse this. If this scarring is severe, our doctors may talk to you about being referred to a fertility clinic. We have a clinic at University College Hospitals, (the Reproductive Medicine Unit). If you have any

with. In addition to this, the pregnancy hormones affect feelings and moods.

It is not surprising that some women experience a period of depression or grief following an ectopic pregnancy.

Common expressions of grief include tearfulness, anger and guilt. These are normal and tend to ease with time. If these feelings continue or you feel that you and/or your partner would benefit from psychological support, please contact the senior nurse in our Early Pregnancy Unit. A counselling service is available which you can be referred to.

Future pregnancies and trying again

Some women may need a little more time to recover emotionally and physically. The best time to start again is when you and your partner feel ready to do so.

If you had medical management for your ectopic pregnancy you will need to use a reliable method of contraception for three months after this treatment.

If you had expectant or surgical management for your ectopic pregnancy we advise that you wait for your next

Can an ectopic pregnancy result in a birth of a healthy baby?

There are reports of women with an undiagnosed ectopic pregnancy giving birth to healthy babies. However, these cases are very rare and the vast majority of ectopic pregnancies cannot develop beyond a very early stage of pregnancy.

If an ectopic pregnancy continues to grow it poses a severe risk to the mother's health and the only safe option is to remove it by surgery as soon as possible.

What are the symptoms of an ectopic pregnancy?

It is not usually possible to diagnose an ectopic pregnancy from symptoms alone. The most common symptoms are pain, which is typically accompanied by vaginal bleeding or spotting. However, some women will have no symptoms at all in the early stages of an ectopic pregnancy.

How is an ectopic pregnancy diagnosed?

Ectopic pregnancy is routinely diagnosed on transvaginal (internal) ultrasound scan. However, sometimes a very small ectopic pregnancy cannot be seen on the scan. In these cases a blood sample is taken to measure the pregnancy hormone levels in a woman's blood.

Occasionally an ectopic pregnancy will be first diagnosed during surgery usually after a woman presents to casualty (A&E) with severe internal bleeding / pain.

Consent

By law we must obtain your written consent to any procedures beforehand. The Medical Staff will explain all the risks, benefits and alternatives before they ask you to sign a consent form. If you are unsure about any aspect of the treatment proposed, please do not hesitate to ask to speak with a senior member of staff.

Emotion and feelings

It can be easy for people to forget during all of the investigations and treatment that a pregnancy has been lost and for many women and their partners, a much wanted pregnancy.

Women who were unsure about whether to continue with the pregnancy or who did not realise they were pregnant also have complex emotions to cope

What are the risks and benefits of the different options	Advantages	Disadvantages
Surgical: salpingectomy	Quickest and most effective	Risks of surgical complications
Surgical: salpingotomy	Saves affected tube	Risks of surgical complications Residual ectopic tissue- may need further treatment
Expectant	No risk from surgery No hospital stay Saves affected tube	Longer follow up May still need surgery
Medical	No risk from surgery No hospital stay Saves affected tube	Longer follow up May still need surgery Side effects of the drug

ow are ectopic pregnancies managed?

There several factors that help us guide you towards the safest treatment. These include your:

- symptoms
- scan findings
- hormone levels

The options for treatment are:

1. **Expectant management**
2. **Medical management**
3. **Surgical management**

All your options will be fully discussed with you.

1. Expectant management

This means observing you closely to see if the ectopic pregnancy is a failing pregnancy and will resolve without treatment. At University College Hospitals we diagnose many of early ectopic pregnancies so this management is used more often than in other hospitals. In our unit, about

40% of ectopic pregnancies will resolve naturally through expectant management.

Women who have mild symptoms or no symptoms at all and who have no internal bleeding found on scan will have a blood test to find out the level of pregnancy hormone present.

The blood result is available the same day and women often go home and are contacted by the nurse later that day by phone. From the pregnancy hormone level the nurse can tell you the likelihood of the pregnancy resolving spontaneously. Generally, the lower the hormone level, the more likely this will happen.

If the hormone levels are within a safe range then expectant management will be offered to you. This means that you will need to return to the unit regularly to monitor the blood hormones. If these levels are decreasing, expectant management is continued until the levels return to normal, this can take anything from two to six weeks.

Sometimes the levels will rise slowly to start with and then decrease after a few days.

The fertility rate following a salpingotomy is slightly higher at 65%

Although a salpingotomy has a more favourable fertility rate, the risk of a women developing another ectopic is slightly increased (15%) compared with a salpingectomy (10%). Both methods, therefore, carry similar risks. In many cases, a salpingectomy is the only option as the affected tube is already damaged.

We will also recommend surgery if either expectant management or medical management fail. Surgery is usually performed by laparoscopy or 'key-hole surgery' which allows you to go home sooner. You will be asleep for the procedure (given a general anaesthetic). The surgery involves inserting a camera through the belly button and instruments through two small cuts in the lower abdomen.

Salpingectomy

This means removing the affected Fallopian tube completely. In general, salpingectomy is the preferred operation in women who are found to have a normal tube on the side opposite to the ectopic pregnancy.
The fertility rate following salpingectomy is about 55%.

Salpingotomy

This means removing the fetus through an incision into the Fallopian tube. Salpingotomy is carried out if there is evidence of damage to the opposite tube.
If salpingotomy is carried out there is 10-15% risk of some ectopic pregnancy tissue being left behind. For this reason these women are asked to attend for a blood test a week after the operation to ensure that the operation has been successful.

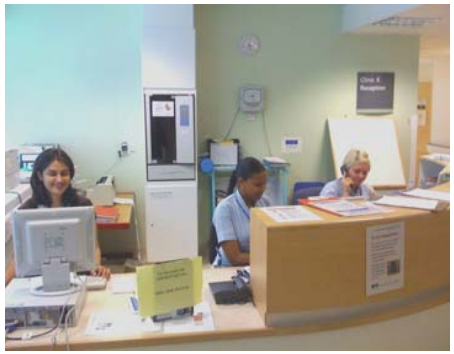
Unfortunately, expectant management is not always successful. If the pregnancy hormone levels continue to rise or if you develop pelvic pain, we will usually advise you to have surgery.

If your pain increases suddenly, it is very important that you either attend the unit immediately or, if out of hours, your nearest A&E department.

During expectant management you may also experience vaginal bleeding. This is normal and can be an indicator of the pregnancy resolving.

2. Medical management

This involves giving an injection of a drug called methotrexate. This stops placental tissue growing and therefore stops the development of an ectopic pregnancy. We only advise this treatment in a small number of cases, most often for non tubal ectopic pregnancies. It cannot be used if the diagnosis of an ectopic pregnancy is at all uncertain, as it will usually terminate the pregnancy. Before you are given the drug you will have blood tests to check if you are suitable for this type of treatment.



Follow up blood tests are carried out for two to six weeks afterwards to check that the treatment has been successful and to monitor any side effects.

The most common side effect of methotrexate is abdominal pain and it can be difficult to tell whether this pain is due to internal bleeding or the drug itself. If you have severe pain it is always best to come to the unit for assessment or your nearest A&E if it is out of hours. The other occasional side effects are conjunctivitis, sore mouth and diarrhoea. You will need to avoid alcohol, nurofen and to stop taking vitamins containing folic acid.

You will need to use a reliable method of contraception for three months after this treatment, as there is a small risk of the baby developing abnormalities if you conceive too soon.

Both expectant and medical management carry a small risk that the ectopic pregnancy can rupture, even with falling hormone levels. We therefore advise that you do not travel outside London, or away from your local hospital, until your follow up is complete.

3. Surgical management

Surgery to remove the ectopic pregnancy is the most well-established treatment. Situations where we recommend surgery include:

- internal bleeding detected on the scan
- ectopic pregnancy with a heart beat
- severe pain.