

Patient information

Surgical Treatment for Ectopic Pregnancy

This leaflet will explain the various operative procedures that are possible to treat an ectopic pregnancy. We will discuss your preferences with you before your operation including your desire for future pregnancies.

What are the different types of surgical treatments?

Laparoscopy (keyhole surgery)

A laparoscope is a small telescope like instrument, which allows the doctors to look inside your tummy/abdomen without making a large cut through your tummy. The operation is performed under general anaesthetic. The anaesthetist will see you before your operation. This operation involves the surgeon making two or three small incisions in your abdomen. One at the umbilicus (navel) and one or two lower down near the bikini line. A small amount of gas is introduced into your abdominal cavity to inflate it, so as to allow the surgeon to see the organs inside your abdomen and the ectopic pregnancy through the laparoscope. If an ectopic pregnancy is confirmed, the surgical procedure undertaken depends on the condition of your of fallopian tube on the other side.

If the tube on the other side looks healthy, removal of the tube (**salpingectomy**) is preferable to conserving the tube (**salpingotomy**). This is because studies have shown that normal pregnancy rate is similar in those who had salpingectomy compared to salpingotomy, but there was a higher risk of subsequent ectopic pregnancy in those who had their tubes saved.

Whether your tube is removed or conserved, your other tube will remain along with your ovaries.

If you have to conserve the tube after removal of the pregnancy (salpingotomy), there is a small risk of bleeding from this tube and risk of some of the pregnancy tissues remaining inside the tube, in which further treatment and follow-up by weekly blood tests to monitor hCG (pregnancy hormone) levels will be required.

Laparotomy (opening of the abdomen)

An incision or cut of about 8 to 10cm (4 to 5 inches) long is made usually along the bikini line to enter inside the abdomen. The ectopic pregnancy is then dealt with directly. This procedure is chosen if the laparoscopic procedure is unsuccessful or impossible. In certain urgent situations, a laparotomy is usually preferable to a laparoscopy.

Your surgeon will decide whether he/she will perform your operation using keyhole surgery (laparoscopy) or proceeding to an open operation called a laparotomy. Even if it was the surgeon's intention to carry out keyhole surgery, circumstances during the operation may make it impossible to continue as keyhole operation, leading to a change to an open operation.

What are the risks of surgical treatment of ectopic pregnancy?

In general, all operations carry some degree of risks to your general health. Both the laparoscopy and laparotomy procedures carry similar degree of risks. Every effort is made to

reduce the occurrence of complications but we do need your cooperation in following the instructions that you are given. The following list is a summary of the more common possible risks and complications that may arise as a result of the procedure. The list is not intended to make you feel anxious about the operation but to provide details so that you can make an informed decision regarding the operation. As mentioned earlier, the chance of complications is small indeed.

Anaesthetic complications

General anaesthesia is usually very safe. Problems however may arise very occasionally as a result of anaesthesia. These problems include aspiration of stomach contents into the lungs, leading to damage of the lungs. This can largely be prevented by having an empty stomach and is the reason for having no food or drink before an operation. Other problems include allergic reactions to the drugs used during anaesthesia, prolonged reaction to anaesthesia thus taking longer than usual to wake up, and nausea and vomiting. All these problems are very rare. The anaesthetist will see you and explain the procedure of anaesthesia before the operation. He will be able to answer any of your queries and uncertainties.

Failure to insert instruments into the abdominal cavity during laparoscopy

Very rarely, difficulties may be encountered during insertion of the special gas needle or the laparoscope. This usually happens in women who are overweight and those who have a scarred abdomen from previous surgery. If the abdomen cannot be entered safely, the procedure will be converted to a laparotomy.

Damage to major abdominal organs

During any operation in the abdomen, organs like the large and small intestines, bladder and blood vessels may be unintentionally injured. The chance of this happening is very small. This chance will however be increased if you have had previous surgery in your abdomen like Caesarean section, tubal surgery, ovarian cyst removal, appendix removal and bowel or bladder surgery. It is also more likely if you are overweight. Any damage to organ(s), if it is recognised, will be repaired at the time of the operation.

Bleeding

There may be minor bleeding from the site of the incisions which is usually dealt with before the end of the operation. Very occasionally, this bleeding may restart after the operation. This usually requires no more than firm pressure on the site of the incision.

As mentioned above, blood vessels may be damaged during the insertion of the instruments into the abdomen or during the operation. This will lead to bleeding into the abdomen.

Infection

Occasionally, there may be some inflammation of the wounds a few days after the procedure. As long as the areas are kept clean, the inflammation will settle. If it does not settle, antibiotic treatment is sometimes necessary.

Bladder infection may result as catheterisation of the bladder to empty all urine is part of the procedure of laparoscopy and laparotomy. This may result in 'cystitis' symptoms and antibiotic treatment is usually required.

Infection of the pelvis may very rarely occur. This will cause abdominal pain and fever, and will require hospital admission and treatment with antibiotics through a drip.

Injury to the cervix (neck of the womb)

In order to steady the womb to allow correct placement of instruments during a laparoscopy, a special device is placed on the cervix. This may infrequently cause small tears of the cervix. These tears usually heal spontaneously and do not leave any scarring. Occasionally, one or two stitches may be required to repair the tears.

How long will I be in hospital?

This will vary depending on the operation you need. It is normally one to two days after laparoscopy and two to three days after laparotomy.

What should I do when I go home?

The ward staff will give you all the necessary advice on aftercare, exercise and diet. The stitch/stitches are usually taken out before you are discharged. When discharged earlier, you will be advised to go to your practice nurse to have them removed. Sometimes there are some stitches that do not require removal. You may experience period like bleeding for a week or two, so you should avoid using tampons during this time. You should also avoid sexual intercourse until the bleeding has stopped.

Will I have to come back to hospital?

If the tube is saved at surgery there is some risk that some of the pregnancy remains in the tube. You will be advised to have weekly blood tests to monitor the hCG (pregnancy hormone) levels as they decrease. On the other hand, if the surgery was complete, there is no need to be reviewed in the hospital afterwards.

When can I return to work?

It may be anytime from two to six weeks depending on the type of operation that you have had and the type of work you do. Your doctor will advise you. Generally speaking, keyhole surgery is associated with quicker recovery (perhaps two to three weeks, rather than four to six weeks).

What about my future pregnancy?

The recurrent ectopic rate is about 10 to 20%. When you suspect you might be pregnant again your GP will be able to refer you to the Early Pregnancy Assessment Unit after confirmation of the pregnancy. You will be monitored closely because of the previous ectopic pregnancy.

How will I feel afterwards?

It is entirely normal to feel helpless, isolated and angry with yourself. Depression, guilt and self-blame are very common emotions after the loss of a baby. With an ectopic pregnancy you will not only lose your pregnancy but will also be recovering from an operation and may have worries about fertility for the future. As time passes, you will be able to deal with your loss more positively.

You may find that you are ready to get on with your life quickly. If your anxiety and worries continue, you should get in touch with your doctor who will be able to help you. Your well being is the most important thing.

Your partner may find it difficult to express his feelings. He may well feel that he should be strong and protect you from any more distress. If this is the case, you will need to encourage him to talk to you about his feelings.

Sharing each other's feelings can be very helpful. You should allow yourself time to recover physically and emotionally before trying for another baby. It is worth remembering that counselling is available for you if you wish or need to talk at any time in the future.

If you need any further information or advice please do not hesitate to ask the staff. A list of telephone numbers is given below which should be useful.

Sources of information

Early Pregnancy Assessment Unit

Tel: (01424 757047) EXT 2725 generic phone number that serves both women for Eastbourne and Hastings.

The Ectopic Pregnancy Trust

Maternity Unit, The Hillingdon Hospital
Pield Heath Road
Uxbridge
Middlesex UB8 3NN
Tel: 01895 238025
Web: www.ectopic.org.uk

Miscarriage Association

Clayton Hospital
Northgate
Wakefield
West Yorkshire WF1 3JS
Helpline 01924 299799
Web: www.miscarriageassociation.org.uk

Early Pregnancy Information Centre

Web: www.earlypregnancy.org.uk

This leaflet is based on information from Royal College of Obstetrician and Gynaecologists (Guideline no. 21 May 2004) and the Ectopic Pregnancy Trust.

Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team – Tel: (01323) 417400 Ext: 5860 or by email at: esh-tr.patientexperience@nhs.net

Hand Hygiene

The Trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other Formats

If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.

Tel: 01424 755255 Ext: 2620

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

Reference

The following clinicians have been consulted and agreed this patient information:
Mr David Chui, Consultant, Obstetrics and Gynaecology
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The directorate group that have agreed this patient information leaflet:
The EPAU Working Group

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