Ectopic Pregnancy

What is an Ectopic Pregnancy?

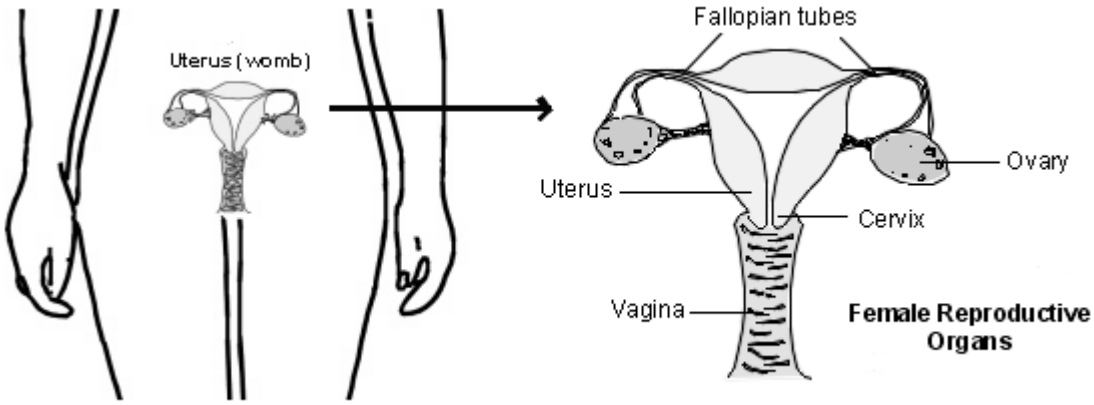
Ectopic Pregnancy - from the Greek word ektopas, 'out of place' - results when a fertilised egg becomes implanted anywhere outside the cavity of the womb (uterus).

It can be a life threatening condition affecting 1 in 100 pregnancies. Most ectopic pregnancies develop in the woman's fallopian tubes but some cases occur in the ovary, cervix (neck of the womb) or anywhere inside the abdomen.

The fertilised egg cannot survive away from the protective, nourishing environment of the womb although it may continue to develop for several weeks.

As the fallopian tube is not large enough to accommodate a growing embryo, the thin wall of the fallopian tube will stretch causing pain in the lower abdomen and often vaginal bleeding.

This bleeding occurs from the thickened lining of the womb. If not recognised and treated, the tube may rupture, causing severe abdominal bleeding and pain.



What are the causes of Ectopic pregnancy?

The fertilised egg normally spends four to five days in the fallopian tube before travelling to the cavity of the womb where it implants six to seven days after fertilisation.

Several conditions may lead to an ectopic pregnancy being more likely. Any damage to the fallopian tube can cause a partial blockage or narrowing.

There could also be a problem within the walls of the tube, which should normally contract and carry the fertilised egg into the womb.

All these problems and pelvic infections can impair the normal workings of the tubes and may result in an ectopic pregnancy. In some women, there are no obvious explanations for the occurrence of an ectopic pregnancy.

The following situations may increase the chance of ectopic pregnancy:

- If you have had an ectopic pregnancy in the past, there is a 1 in 10 chance that a future pregnancy will also be ectopic.
- If you have kinking, scarring, damage, or other abnormality of a fallopian tube. This is because a fertilised egg may become 'stuck' in the tube more easily. For example:
  - if you have had previous infection of the uterus or fallopian tube (pelvic infection). Chlamydia and gonorrhoea are common causes of pelvic infection. If you have had a previous pelvic infection, you have about a 1 in 10 chance that a pregnancy will be an ectopic pregnancy.
  - if your tubes have been tied or clipped (as in female sterilisation). Pregnancy is rare as this is a very effective method of contraception. If, however, a pregnancy does occur, then about 1 in 20 will be an ectopic pregnancy.
  - any surgery to a fallopian tube or nearby organs.
  - if you have endometriosis (a condition of the uterus and surrounding area).
- If you use a coil (Intra Uterine Contraceptive Device or IUCD) for contraception. Again, pregnancy is rare as this is an effective method of contraception.
- If you conceive with the help of assisted conception therapy (some types of infertility treatments).
- The chance of ectopic pregnancy increases the older you are when you become pregnant.

If you are in any of the above groups, see a doctor as soon as you think you may be pregnant. Many ectopic pregnancies happen “out of the blue” with no underlying reason. Simply because you do not have any of the above pointers, it does not necessarily mean ectopic pregnancy cannot happen.

What are the symptoms of an Ectopic pregnancy?

The symptoms of an ectopic pregnancy can vary. Firstly, the pregnancy test will usually be positive as there is production of the pregnancy hormone from the ectopic pregnancy.

Symptoms typically develop around the 6th week of pregnancy. This is about two weeks after a missed period if you have regular periods. However, symptoms may develop anytime between four and ten 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.

Also, symptoms may start about the time a period is due. At first you may think the symptoms are just a late period. Symptoms may include one or more of the following:

- Pain on one side or the other of the lower abdomen. It may develop sharply, or may slowly get worse over several days. It can vary between mild discomfort and severe pain. 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 bowel movements.
- Shoulder-tip pain may develop. This is due to some blood leaking into the abdomen and irritating the diaphragm (the muscle used to breathe) giving referred pain in the shoulders.
- If the fallopian tube ruptures and causes internal bleeding, you may develop severe pain or 'fainting or collapse'. This is an emergency as the bleeding can be heavy.
- Occasionally there is no warning (such as pain) before the tube ruptures. Therefore 'collapse' due to sudden heavy internal bleeding is rarely the first sign of an ectopic pregnancy.

How to confirm diagnosis of Ectopic pregnancy?

If you have symptoms that may indicate an ectopic pregnancy you may be asked to attend the hospital immediately:

- A urine test can confirm that you are pregnant.
- An ultrasound scan may sometimes confirm an ectopic pregnancy. However, the scan may not be clear if the pregnancy is very early, and therefore an ultrasound scan cannot be completely reliable. A few days of observation may be needed if symptoms are not severe. A repeat scan several days later may clarify the site of the pregnancy.
- Blood tests that show changes in the pregnancy hormones are also helpful.
- A look inside the abdomen with a special telescope (laparoscopy or keyhole surgery) is sometimes advised to confirm and treat an ectopic pregnancy.

What are the treatment options for Ectopic Pregnancy?

Tubal miscarriage

In some cases, the ectopic pregnancy dies quickly and is absorbed after minimum symptoms of pain and bleeding.

In such cases a diagnosis of ectopic pregnancy is not possible to make and a miscarriage is assumed to have occurred. Nothing needs to be done in these circumstances. This is usually reflected by a fairly rapid drop in the levels of pregnancy hormone in the blood, and therefore a period of time of observation of the levels of pregnancy hormone may be required.

Ruptured ectopic pregnancy

Urgent 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

Most ectopic pregnancies are recognised before they rupture. Your doctor will advise on the treatment options, which may include the following:

- **Surgery**. An operation is the most common treatment, which is usually carried out as soon and as safely as possible after a diagnosis of ectopic pregnancy is strongly suspected. If the diagnosis is confirmed, removal of the tube and the ectopic pregnancy is the traditional treatment. In certain circumstances, it is sometimes possible to preserve the fallopian tube. Operations by 'keyhole surgery' are also becoming more popular.
- **Medical treatment**. A medicine called methotrexate may be an option. It works by stopping the growth of the cells of the pregnancy in the fallopian tube. The drug is administered by intra-muscular (IM) injection which is then absorbed into the blood stream and reaches the ectopic pregnancy. It is normally only advised if the pregnancy is very early and under certain favourable conditions. The advantage is that you may be able to avoid a major 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. There is also no guarantee that the ectopic pregnancy will resolve completely, although it is effective in 80 to 90% of suitable patients.
- **Expectancy ('wait and see')**. Some ectopic pregnancies that have not ruptured may 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. Also, you will need close observation and repeated scans and blood tests to check on how things are developing.

The above is a brief description of treatment options. A gynaecologist will advise on the pros and cons of each treatment. One common question is "what is the chance of having a future normal pregnancy after an ectopic pregnancy?"

Even if one fallopian tube has been removed, you have about a 6 in 10 chance of having a future normal pregnancy, assuming that the other fallopian tube is normal and functioning normally.

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 that you may have following treatment.

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**

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 K C Chui, Consultant, Obstetrics and Gynaecology, Miss Nicky Roberts, Consultant, Obstetrics and Gynaecology

The directorate group that have agreed this patient information leaflet:
The EPAU Working Group

Next review date: August 2021
Responsible clinician: Mr David Chui