

NHS Forth Valley
Women & Children's Department

Ectopic Pregnancy

Patient Information

A decorative graphic at the bottom of the page consisting of a light blue background with a darker blue wave-like shape that curves upwards from the left and right sides, meeting in the center.

What is an ectopic pregnancy?

An ectopic pregnancy is where the fertilised egg implants outside the cavity of the womb. The most common site for an ectopic is in the fallopian tube, the tube that connects the ovary to the womb.

What is the problem?

An ectopic pregnancy is a life threatening condition. As the pregnancy gets bigger, it damages the tissues around it causing pain and bleeding. If it is not recognised and treated, it can rupture blood vessels which can lead to the death of the mother. It is not possible to move the pregnancy to the correct position in the womb.

What causes ectopic pregnancy?

The fertilised egg normally spends 4-5 days travelling down the tube from the ovary to the cavity of the womb where it implants about 6-7 days after fertilisation. Anything which damages the tube can delay the passage of the egg, thus allowing it to implant in the tube. In most cases, however, the cause of the tubal implantation is never discovered.

What are the possible outcomes?

In most cases the ectopic pregnancy dies quickly and is absorbed before a period is missed or after minor symptoms or signs of pain and bleeding. In this case ectopic pregnancy may not be diagnosed and a miscarriage is thought to have occurred. Nothing needs to be done in this situation.

If the ectopic does not die, the thin wall of the tube will stretch, causing pain in the lower abdomen. There may be some vaginal bleeding at this time. After some more time, the pregnancy gets bigger and the tube will rupture. This causes severe abdominal bleeding, pain and shock.

Before this happens, the ectopic may be diagnosed by hormone tests which show that the normal pregnancy hormones are not rising as fast as they should be. There may be few or no symptoms at this stage.

Who is at risk?

Anyone who has a past history of inflammation in their pelvis from infection (e.g. chlamydia), endometriosis or appendicitis may have tubal damage which increases the chances of an ectopic pregnancy occurring. In addition, women who become pregnant whilst using the coil for contraception, or after sterilisation, are more likely to have an ectopic pregnancy. Women who have had previous abdominal surgery are also at higher risk of an ectopic pregnancy.

What are the symptoms of ectopic pregnancy?

Any woman of child-bearing age who has lower abdominal pain might be suspected of having a tubal pregnancy until proved otherwise. The pain may have begun suddenly and there may or may not have been vaginal bleeding. Most cases present between the 4th and 10th week of pregnancy in one of three ways:-

1. Painful and unusual period(s). The woman does not know she is pregnant. She may have an IUCD (coil) fitted or be sterilised.
2. Pain or bleeding in early pregnancy. Internal bleeding may cause fainting, shoulder-tip pain or pain when moving the bowels.
3. The patient will be faint or dizzy and pale with a fast pulse.

How is it managed?

If ectopic pregnancy is suspected, the woman should attend the hospital. An ultrasound and a pregnancy test will be done. If the scan shows an

empty uterus but the pregnancy test is positive, an ectopic pregnancy is likely although a miscarriage might have occurred. It is not always possible to see an ectopic pregnancy on scan. If you are well and not in severe pain, you may be investigated with serial hormone testing over several days to tell whether there is an ectopic or not.

Depending on your symptoms you may require an immediate operation which may be:

1. Laparoscopy/Laparotomy with removal of tube (Salpingectomy)
2. Laparoscopy/Laparotomy with removal of ectopic conserving tube (Salpingostomy)

In certain cases it may be appropriate to avoid surgery and treat the ectopic with a drug called Methotrexate. The treatment regime for this will be discussed with you by the Doctor if deemed suitable.

The fertility rate and repeat ectopic rate is similar with all 3 of the above treatments.

What about the next pregnancy?

If one of the tubes ruptured or was removed, a woman will continue to ovulate as before, but her chances of conceiving will be reduced. Following treatment for an ectopic pregnancy 80% of women who want to have a baby will become pregnant. The overall chances of repeat ectopic are between 10-15%. When one Fallopian tube is damaged (because of adhesions, for instance) there is an increased chance that the second tube may be too.

In cases associated with the IUCD (coil) there does not appear to be an increased risk of future ectopic pregnancy if the coil is removed.

What do I do in my next pregnancy?

In all cases, a woman who has had an ectopic pregnancy should consult her doctor immediately she suspects that she might be pregnant again.

Similarly, if a period is late, if menstrual bleeding is different from normal, or if there is abnormal abdominal pain, she should ask to be examined reminding the doctor, if necessary, of the previous ectopic pregnancy.

Questions you may want to ask your doctor

Were there any abnormalities found during surgery?

Your doctor should be able to tell you the condition of your reproductive organs and in particular the condition of your Fallopian tube(s). You may want to ask about cysts, endometrial implants, adhesions, evidence of chronic infection and any other problems which could affect you becoming pregnancy or carrying a baby to term.

When may we resume sexual intercourse?

Your doctor will probably wish to see you around 6 weeks or so after surgery, and it is probably best to wait until after this check up. If you do not want to become pregnant at this time, ask about suitable forms of contraception. If treated with Methotrexate you must wait at least 3 months before trying to conceive again.

Most doctors suggest waiting for around two months to allow your body to recover. If treated with Methotrexate you must wait at least 3 months before trying to conceive again. You may feel you need time also to grieve for the pregnancy you have lost. A good guide to when to try again is when you and your partner feel physically and emotionally ready.

When should I return to work or to my normal activities?

You may have had major abdominal surgery and need time to recuperate – *possibly around six weeks*. Your doctor will advise you on returning to normal activities or strenuous physical tasks, sports, etc.

Coping with ectopic pregnancy; feelings and emotions

Ectopic pregnancy can be a very painful and traumatic experience. You may have had major surgery and may also be coping with the loss of an anticipated pregnancy.

Your feelings may vary enormously. If you had emergency surgery you may be feeling relieved that the ectopic has been dealt with as this can be an extremely frightening experience.

The sudden end to your pregnancy will have left your hormones in disarray, and this may make you feel extremely vulnerable. You may have just found out that you were pregnant or may not have known at all. In addition to the loss of this pregnancy you may also have to come to terms with the loss or damage to your Fallopian tube and the subsequent reduction in your fertility. Emergency surgery leaves no time for this psychological adjustment. Couples who approached their pregnancy with feelings of joy and expectation are likely to feel sadness, possibly anger and very often a real sense of loss. It is also normal not to experience any of these feelings although this is more likely if you have had more time to accept the diagnosis prior to treatment.

Who can I contact for advice?

Contact Ward 6 Gynaecology FVRH: 01324 566390 or 01324 566387.

There will always be someone who can take a message for you. Remember, you can talk to any of the staff nurses on Ward 6 to answer your questions.

You can also contact your Doctor, Health Visitor or Practice Nurse for advice and information.

Other support

Ectopic Pregnancy Trust
National Helpline 01895 238025
www.ectopic.org

We hope that you have found this leaflet useful and that you will draw comfort from knowing that you are not alone.

If you can't go let us know!

Every month around 2,000 people across Forth Valley fail to turn up for hospital appointments. This costs the NHS millions of pounds each year and increases waiting times. So if you are unable to attend or no longer require your hospital appointment please let us know so we can offer it to someone else.

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