

Ectopic Pregnancy

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Ectopic Pregnancy

Ectopic pregnancy is a common but life threatening condition affecting 1 in 100 pregnancies. The term refers to a pregnancy outside the uterus (womb). As the pregnancy grows it causes pain and bleeding.

If it is not treated quickly enough it can rupture the tube and endanger your life

What are the causes of Ectopic Pregnancy?

The most common reason for an ectopic pregnancy is damage to the fallopian tube, causing a blockage or narrowing.

This narrowing can be due to:

Infection – This can make parts of the tube stick together and cause a blockage, or reduces the passageway so the fertilised egg becomes stuck and unable to pass onwards into the womb.

Abnormalities of the tube – these include kinking of the tube, tubes containing tiny pouches or extra long tubes. You are usually born with these abnormalities.

What are the symptoms of ectopic pregnancy?

If you are a woman of child bearing age and have recently been sexually active, then a pain in your lower abdomen may be due to an ectopic pregnancy and you should take this symptom seriously until proved otherwise.

The pain can begin suddenly and there may or may not be slight bleeding from your vagina.

If you think you could possibly be pregnant and experience one or more of the following symptoms, then you should go and see your doctor as soon as possible.

One sided pain in your abdomen – this can be persistent and severe, but may not be on the same side as an ectopic pregnancy.

Shoulder tip pain – shoulder tip pain is the typical pain of ectopic pregnancies.

Collapse – you may be feeling light headed or faint, and often this is accompanied by a feeling of something being very wrong. Other signs such as paleness, increasing pulse rate, sickness, diarrhoea and falling blood pressure may also be present.

Abnormal bleeding – if you do not know whether you are pregnant but find yourself having an unusual period, it may be due to a number of causes, one of which might be an ectopic pregnancy, particularly if you have had an intrauterine contraceptive device (coil) fitted.

How is it managed?

You should attend the hospital if your doctor suspects an ectopic pregnancy. An ultrasound scan and a pregnancy test will be undertaken. The best way to perform an ultrasound scan is to use a vaginal probe, which is placed into the vagina. 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 a blood hormone test done repeatedly over 2 to 3 days to ascertain whether there is an Ectopic pregnancy or not. If there is high suspicion or you develop worsening signs, a laparoscopy (a camera used to look into the abdomen) to inspect the tubes is performed.

Surgery – This is the most common treatment. You will need emergency surgery if your fallopian tube has ruptured. The surgeon will make an incision in your abdomen (a laparotomy) in order to locate where the bleeding is. Sometimes, the fallopian tube can be repaired, but it often has to be removed. Before rupture of the tube, it is possible to remove the tube usually using ‘keyhole’ surgery where small incisions (cuts) are made.

Medication – If the ectopic pregnancy is diagnosed early enough, the pregnancy can be stopped using a medicine called methotrexate. This works by shrinking the cells of the ectopic pregnancy. However, it can often cause side effects such as abdominal pain. If methotrexate is recommended for you, your condition will need to be closely monitored by having regular blood tests. Methotrexate is injected into the muscles or directly into the fallopian tube, under the guidance of ultrasound or keyhole surgery.

Expectancy (wait and see) – If your ectopic pregnancy symptoms are mild, or you have no symptoms at all, your specialist may recommend delaying treatment to see how the ectopic pregnancy develops. Many ectopic pregnancies resolve without the need for medical intervention. However, you will require frequent blood tests and close observation to monitor how the ectopic pregnancy is progressing.

How will this affect me in the future?

The overall chances of a repeat ectopic are between 7–10%. If you still have one tube left you will be able to become pregnant again. You will probably have or be due a period about a month after your operation. If you become pregnant in the future it is important that you are seen by your doctor early in the pregnancy so that he can arrange for you to be seen in an early pregnancy unit. An ultrasound scan will need to be done together with a blood test if required to make sure the pregnancy is in the womb.

The future

Before trying for another baby you should allow yourself time to recover both physically and emotionally. Doctors usually advise you to wait for at least 3 months to allow your body to heal. Feelings vary after the experience of ectopic pregnancy.

Some women want to become pregnant again immediately, whilst others are afraid at the thought of pregnancy. It is important to remember that, however frightening the prospect of another ectopic pregnancy can be, you have a much greater chance of having a normal healthy pregnancy.

**For advice, please ring
Gynaecology Ward (3E) on 0151 430 1522 (24hrs)
or
Buchanan Suite
Monday to Friday 9am – 12.30pm
Monday & Wednesday 1.30pm – 5.00pm
(Excluding bank holidays)
0151 290 4356**

The Miscarriage Association have the following leaflets:

- Ectopic Pregnancy
- We Are Sorry That You Have Had A Miscarriage
- Men and Miscarriage

We can provide copies of the leaflets on request.

www.miscarriageassociation.org.uk

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