



Women and
Children's Health

North Bristol 
NHS Trust

Ectopic Pregnancy

Exceptional healthcare, personally delivered

This leaflet is aimed at explaining diagnosis and management of an ectopic pregnancy.

Sadly, an ectopic pregnancy cannot survive and losing a pregnancy in this way affects everybody differently. The diagnosis of an ectopic is often unexpected, and can be a stressful and distressing time; we want to ensure you are well supported whilst in hospital or under the care of the early pregnancy clinic.

You will be looked after by a team of doctors and nurses, and although we try hard to ensure continuity this is not always possible. Please let us know if you need additional information or support during this time.

What is an ectopic pregnancy?

An ectopic pregnancy is a pregnancy that develops outside the cavity of the womb. The vast majority of ectopic pregnancies occur in the fallopian tube (95%), however they can occur in places, such as the ovary, the cervix and inside the tummy. Since the fallopian tubes are not large enough to accommodate the pregnancy growing, it cannot continue normally.

What are the causes of ectopic pregnancy?

Most ectopic pregnancies occur because the fertilized egg cannot pass through the fallopian tubes, this occurs for many reasons:

- An infection or inflammation of the tube may have partially or entirely blocked it.
- Pelvic inflammatory disease (PID) is the most common of these infections
- Damage due to a previous ectopic pregnancy
- Endometriosis or scar tissue (adhesions) from previous abdominal surgery or previous operations on the tubes including reversal of sterilisation

However, in many patients a cause cannot be found.

What are the symptoms of an ectopic pregnancy?

Symptoms of an ectopic pregnancy can often be vague, and so difficult to diagnose because they mirror those of a normal early pregnancy. These can include:

- Missed or late periods
- Irregular vaginal bleeding
- Abdominal Pain
- Sharp pain in the abdomen (tummy) or pelvis which may be intermittent or constant (often one-sided)
- Shoulder pain
- Dizziness or fainting
- Loose stools or diarrhoea

How is an ectopic pregnancy diagnosed?

If you present to the hospital with symptoms that suggest an ectopic pregnancy, the nurse/doctor will probably carry out a series of tests:-

- If pregnancy has not already been confirmed, a pregnancy test will be carried out.
- A pelvic examination (feeling your tummy) by a nurse/doctor may be carried out to locate the areas causing pain.
- An ultrasound scan and often a vaginal scan (which may give better images) will be done to find out if there is a pregnancy inside the womb. If we cannot see anything in the womb on scan and the pregnancy test is positive, an ectopic pregnancy has to be considered. It may just be that the pregnancy is too early to see on a scan or that a miscarriage might have already occurred, but the diagnosis of ectopic pregnancy cannot be ruled out. Even with the best equipment, it is hard to see a pregnancy less than 6 weeks and just as difficult to see an ectopic pregnancy.

- Blood levels of a hormone produced by the pregnancy will be assessed by a blood test. In normal pregnancy, the level of hormone nearly doubles about every two to three days during the first 10 weeks of pregnancy. In an ectopic pregnancy, the levels climb slowly or remain static (however, in some women the blood test does rise normally). The nurse/doctor will carry out a series of blood tests over a period of days to check these levels. An abnormal pattern in the rise of this hormone can be due to the presence of an ectopic pregnancy or on occasions a miscarriage.

N.B. The most important information while we are looking after you are your symptoms (how you feel); you must let us know if your pain increases or if you develop any worrying symptoms (see the symptoms of ectopic pregnancy above)

Can an ectopic pregnancy cause me to be very unwell?

It is rare, but yes it can. In some cases, the embryo grows until the fallopian tube stretches and ruptures (bursts). Rupture of the fallopian tube is a medical emergency because of internal bleeding, causing abdominal pain and the risk of a woman collapsing (fainting and being unwell). Please be reassured, most women are diagnosed early and managed very safely. BUT your symptoms are so important because there have been cases of women being so severely unwell that they have died due to an ectopic pregnancy.

If an ectopic pregnancy is diagnosed, how will it be treated?

There are 3 ways of treating/managing an ectopic pregnancy:

Conservative management: this involves no active medical or surgical treatment; you are simply kept under observation and may be allowed to remain at home or offered a bed in hospital.

Medical management: this involves an injection of a drug called methotrexate to resolve your ectopic pregnancy. (Separate leaflet available)

Surgical management: this is usually done through keyhole surgery (laparoscopy) although occasionally abdominal surgery (laparotomy) is needed.

Conservative management – ‘watching and waiting’

Conservative management means that we expect your ectopic pregnancy to resolve naturally without any treatment. You will be closely monitored by the hospital instead of having immediate treatment. This is a ‘wait and see’ treatment but you will have 24 hour access to advice and support.

An ectopic pregnancy can resolve by itself, but you will be required to attend for regular blood tests until the level is normal. We are using conservative treatment for ectopic pregnancy commonly and more than half of all ectopic pregnancies will end naturally without the need for medical or surgical treatment. Research has shown that in patients who are properly assessed, where their pregnancy hormone level (hCG) is dropping, up to 50% of these pregnancies will end naturally - so there will be no need for an operation or drugs.

Conservative management is the best treatment when:

- The hormone being made by the pregnancy (beta hCG) is low
- General health appears to be stable
- Pain levels are considered to be acceptable
- An ultrasound scan shows a small ectopic pregnancy with no worrying bleeding into the tummy.

What are the advantages of conservative management?

- You do not have to stay in hospital.
- It avoids medication/ surgery with a general anaesthetic and the possible associated risks and side effects of both.

What are the disadvantages of conservative management?

- Further visits to the hospital are required which may include blood tests or scans.
- Medical or surgical management may be required if the pregnancy continues to develop.
- If the pregnancy continues to develop the tube may rupture and you will need emergency surgery.

Whilst at home it is important to notify Cotswold Ward or Early pregnancy clinic if:

- You experience any increase in pain.
- You experience pain somewhere you have not previously had it, for example, shoulder tip pain or rectal pain.
- You feel faint or dizzy.

Medical management of ectopic pregnancy

Medical treatment of ectopic pregnancy is also used commonly and may avoid the need for surgery.

Methotrexate is a drug normally used in cancer treatment but the amount used is very small. It works because it kills the rapidly growing cells of an ectopic. It has a good success rate for treating small ectopic pregnancies (more than 90 in 100) and avoids surgery.

We have a separate leaflet that explains Methotrexate more fully.

Methotrexate cannot be used in all circumstances, and we will advise you as to the best treatment for you.

Side effects of the drug are: nausea/ vomiting, diarrhoea, headaches, abdominal pains and bleeding. Repeated visits to the hospital are essential (with blood tests) and you may require a second dose of the drug. You will be advised to wait a minimum of 3 months before trying for a future pregnancy.

How will I know if there is a problem and I need a different treatment?

Your nurse practitioner / doctor will be able to tell if your pregnancy is not resolving, as this will be shown in the results of the blood tests. If this is the case, they will suggest other forms of treatment for you.

Will I experience any pain?

Yes, you might have some lower pelvic pain or backache at any time during the course of the management. If required you can take Paracetamol, Ibuprofen +/- Codeine. (Always read the label/ instructions before taking them and do not exceed the maximum daily dose).

We will provide you with a 24hour emergency number to contact us for health advice if you feel that anything is changing.

Will I experience any vaginal bleeding?

Yes, this can vary from dark brown spotting to heavier bright red loss. Use sanitary towels rather than tampons to reduce the risk of infection. If you are concerned that the bleeding is excessive (changing pads every half an hour) please contact us.

Surgical management of ectopic pregnancy

What will surgery involve?

It involves an operation to remove the ectopic pregnancy and will be done under a general anaesthetic. Surgery to remove the ectopic pregnancy is the most well-established form of treatment (the one that has been done for the longest time). It may also be performed if expectant management or medical management have failed. It is usually done through keyhole surgery (called a Laparoscopy), which involves inserting a camera through the umbilicus (belly button) and inserting instruments through two small cuts in the lower abdomen (tummy). A small amount of gas is put into your abdominal cavity to inflate it to enable the surgeon to see inside the abdomen. There are times when a bigger cut in the tummy at the bikini line is needed (although not common).

The most common surgery is called 'salpingectomy' which is removal of the damaged fallopian tube. (In some cases where there are risk factors for infertility, the doctors may make different decisions about your care/management).

If you are rhesus D negative blood group you will need an anti-D injection (we have a separate leaflet about this).

After surgery, you are advised to take a home pregnancy test 3 weeks after your operation. If the test is positive, you should return for further checks.

How does surgery affect future pregnancies?

- Having an ectopic pregnancy whatever the treatment means there may be some damage to the tube and this will slightly reduce the chance of getting pregnant in the future.
- If you have had surgical treatment the chance of getting pregnant is about 70%, but it does depend on other factors such as the health of your remaining tube.
- Once you have had an ectopic pregnancy, although more likely to have a normal pregnancy - your chances of having another ectopic pregnancy are increased.

Should I be off work during/after treatment?

This is a very individual decision. You will need to recover physically, and it will depend on how you are feeling emotionally as to how long you have off work. Please consider some time off work, especially in the first week when frequent visits to hospital may be required. You can self-certify for the first 5 days, alternatively the staff in the hospital can issue you with a sick note.

Emotions

It is completely normal to feel a variety of emotions during this time. You may experience days when you feel completely 'back to normal', but you may also have days when you feel vulnerable and tearful. Pregnancy loss is not straightforward, and people all react and recover in different ways - there is no right or wrong way. It is important to give yourself time to recover on a physical and emotional level. If you wish to talk to someone about your feelings and are unable to do so with a partner, close friend or family member, a list of counselling services are included at the end of this leaflet.

What about future pregnancies?

- Studies have shown that there is a 7 in 10 (70%) chance of a normal pregnancy in the future irrespective of which way the ectopic pregnancy has been managed.
- It is perfectly safe to start trying for another pregnancy once you and your partner feel ready.
- If you have had methotrexate treatment then you will need to wait 3 months before trying for another pregnancy.

In the future, If you think you are pregnant:

- Do a urinary pregnancy test at home
- If you are very early in pregnancy (below 6 weeks) but have pain, please call the clinic for advice - and explain that you have had an ectopic pregnancy previously
- You have 'open access' to attend early pregnancy clinic when you are at least 6 weeks pregnant so we can perform a scan. The hospital usually provide a letter to go home with to make it easy to access the clinic in the future.

To be as healthy as possible when you are thinking of getting pregnant again, being healthy will really help. IT IS BEST TO:

- Take folic acid
- Reduce/stop your alcohol and caffeine intake
- Stop smoking

The list of support agencies at the end of this leaflet is not exhaustive and inclusion does not imply endorsement. If the organisation you are seeking is not listed here it is worth looking in the front of the Yellow Pages where there is a list of useful national helpline phone numbers. It is also worth remembering that many GPs have counselling services attached to their practices.

Further Help and Advice

www.itsgoodtotalk.org.uk

Contains links to the British Association for Counselling and Psychotherapy. They keep a register of qualified counsellors and you can search by geographical location and by areas of special interest or skill (e.g. bereavement and loss). This will be fee-paying, possibly on a sliding scale.

www.psychotherapy.org.uk

UK Council for Psychotherapy (UKCP) also keep a list of counsellors and psychotherapists.

www.counselling-directory.org.uk

Counselling Directory's website can also help you to search for qualified and registered practitioners.

Early Pregnancy Clinic

0117 414 6778

Cotswold Ward

0117 414 6785

The Ectopic Pregnancy Trust

c/o 2nd Floor, Golden Jubilee Wing, King's College Hospital,
Denmark Hill, London, SE5 9RS

Helpline: 020 7733 2653

Web: <http://www.ectopic.org.uk/> [Last Accessed May 2017]

The Miscarriage Association

www.miscarriageassociation.org.uk [Last Accessed May 2017]

Network Counselling

Telephone: 01179 507 271

Staffed by counsellors who are Christians, but clients do not need to be. No one is turned away for financial reasons.

Relate

Telephone: 0300 1001234

Relationship counselling for individuals and couples.

£30 per session.

Advice and Complaints Team

(formerly PALS and Complaints)

Telephone: 0117 414 4571

References

National Institute for Clinical Excellence (NICE). (2012) Ectopic pregnancy and miscarriage: Diagnosis and initial management in early pregnancy of ectopic pregnancy and miscarriage (CG154). NHS. England. [Last Accessed May 2017]

NHS Constitution. Information on your rights and responsibilities. Available at [**www.nhs.uk/aboutnhs/constitution**](http://www.nhs.uk/aboutnhs/constitution)

Early Pregnancy Clinic
Cotswold Centre
Southmead
0117 414 6778

REFERRAL AFTER ECTOPIC PREGNANCY

This an open access referral letter to EPC

Once you have had an ectopic pregnancy, although you are more likely to have a normal pregnancy in the future, there is a risk to you of a further Ectopic.

If you do fall pregnant again, we will see you in the Early Pregnancy Clinic at 6 weeks pregnant for a routine scan.

If you are pregnant with PAIN below 6 weeks, please contact us on the above number for advice, stating that you have an open access letter following an ectopic pregnancy so we can assess whether we should see you earlier for some blood tests.

Sincerely

The staff of Early Pregnancy Clinic



**PATIENT
APPROVED** 

How to contact us:



Early Pregnancy Clinic
0117 414 6778
(8am-4pm)



Cotswold Ward
0117 414 6785
(24 hours)



www.nbt.nhs.uk/epc

If you or the individual you are caring for need support reading this leaflet please ask a member of staff for advice.

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