

## ADVICE LEAFLET FOR WOMEN WITH ECTOPIC PREGNANCIES

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### **Introduction.**

This leaflet has been designed to provide information for women diagnosed as having an ectopic pregnancy. We hope this will help you to understand better the diagnosis and treatment options. If you have any further questions please do not hesitate to ask a member of staff.

### **What is an ectopic pregnancy?**

Ectopic pregnancy is a pregnancy where the fertilised egg implants outside the cavity of the uterus (womb). This occurs in approximately 2% of all pregnancies. In most cases the pregnancy implants in Fallopian tubes which connect the ovaries to the uterus. Such a pregnancy cannot develop normally and may cause serious internal bleeding. For this reason we always try to diagnose an ectopic pregnancy early and offer appropriate treatment.

### **What causes an ectopic pregnancy?**

Women most at risk of developing an ectopic pregnancy are those with a history of pelvic infections, infertility and pelvic surgery. Some contraceptive methods such as the copper coil, mini-pill and sterilisation are also associated with ectopic pregnancy. However, in most cases there is no obvious cause for an ectopic pregnancy.

### **What are the treatment options available?**

#### **Surgical treatment**

This is an operation to remove the ectopic pregnancy and is usually performed on the same day or the following day after the diagnosis is made.

In most women key-hole surgery (laparoscopy) is attempted. This is where a telescope is passed through a small cut in the abdomen. The advantage of this approach is that postoperative recovery is rapid and women can go home on the same or following day. Key-hole surgery can be successfully carried out in approximately 85% of women. The remaining women will undergo open surgery which requires a longer postoperative stay in hospital.

The reasons for failure of key-hole surgery include heavy internal bleeding before or during surgery and the presence of scar tissue within the pelvis caused by past infection or surgery. The operation is also difficult in women with larger uterine fibroids and those who are overweight.

At the operation the surgeon will always try to remove the pregnancy completely and save the Fallopian tube. However, this may not be possible in all cases. The tube has to be removed if it is found to be severely damaged or grossly enlarged by the ectopic pregnancy or there is heavy bleeding which cannot be stopped. The removed tube along with the pregnancy remains is sent to the laboratory to confirm it is an ectopic pregnancy. Following this, the pregnancy remains, with your consent, will be cremated as per Trust policy (available on request).

In cases where the ectopic pregnancy has been removed and the tube conserved, all women will be followed up by the Early Pregnancy Assessment Unit (EPAU). The pregnancy hormone levels will be monitored in these cases to ensure that the pregnancy was removed completely. Women who have had their Fallopian tube removed do not require follow up of the pregnancy hormone level.

Usually dissolvable stitches are used but if not, these should be removed about five days after surgery. This needs to be arranged with your practice nurse. The wounds need to be kept dry for two days.

### **Medical treatment**

In carefully selected cases only, there is an option to have the ectopic pregnancy treated with medicine. This is usually in the form of injection of a drug called **methotrexate**. The injection is given into the muscle of the leg and women are able to go home after several hours' observation. The monitoring is then via the EPAU until pregnancy hormone levels fall to non-pregnant levels. The EPAU doctor will advise you if this option is suitable for you.

### **Conservative treatment**

In a minority of women the ectopic pregnancy will resolve spontaneously without the need for any intervention. Women are selected for this treatment based on a number of hormone and ultrasound measurements. In general this treatment will only be considered in cases of small ectopic pregnancies with no pain. Such women are followed up regularly by the EPAU. Their pregnancy hormone levels are monitored until they fall to non-pregnant levels. However, if the hormone levels remain raised medical or surgical treatment is needed in 30-50% of cases.

### **What about future pregnancies?**

The risk of having another ectopic pregnancy is increased in women who have had a previous ectopic pregnancy to approximately 1 in 15. Therefore an early scan is important in the next pregnancy. Women are advised as soon as they have had a positive pregnancy test and are about 6 weeks pregnant to contact EPAU. Assuming you are well we will arrange to scan you at 7 weeks.

### **Future contraception**

Some methods of contraception, for example the copper coil and mini-pill, cannot protect against ectopic pregnancy and should be avoided in women who have had an ectopic pregnancy. The combined pill, condoms, cap and sterilisation are safe methods. The choice of contraception can be discussed with your GP or the Family Planning Clinic.

If you have any further questions please do not hesitate to contact a member of the medical staff via the EPAU or if out of hours via Nidderdale Ward. Further information can also be obtained by the following websites: [www.earlypregnancy.org.uk](http://www.earlypregnancy.org.uk) and [www.ectopic.org.uk](http://www.ectopic.org.uk). If you require support and counselling this can be obtained via [www.reflectharrogate.co.uk](http://www.reflectharrogate.co.uk) tel no 01423 206710.

### **Contact Numbers**

EPAU **01423 555373**. NIDDERDALE WARD **01423 553647/553648**

If you require this information in an alternative language or format (such as Braille, audiotope or large print), please ask the staff who are looking after you.