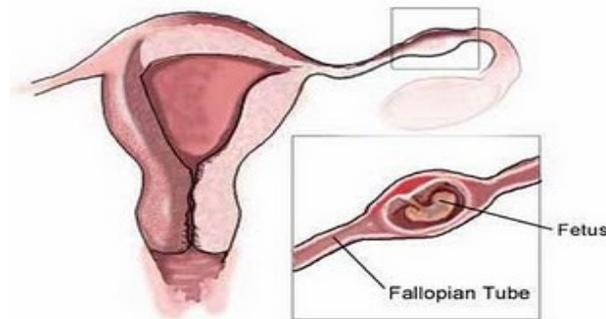


## ECTOPIC PREGNANCY

- **What is an ectopic pregnancy?**

An ectopic pregnancy results when a pregnancy implants anywhere outside the cavity of the womb (uterus). It affects 1 in 80 pregnancies. Most ectopic pregnancies develop in the fallopian tubes but some cases occur in the ovary, cervix or abdominal cavity.



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

- **What are the causes of an ectopic pregnancy?**

In the case of many ectopic pregnancies, it is not known why this happens. One of the most common reasons is damage to the tube, which should normally contract and carry the fertilised egg into the womb. Those who are at risk of ectopic pregnancy are women with a history of previous ectopic pregnancy or those with a previous history of pelvic infection and tubal damage or those with previous history of pelvic surgery including sterilisation or those using contraceptive methods such as the coil and the progesterone only pill (minipill) or those undergoing assisted conception.

- **What are the symptoms?**

The symptoms of an ectopic pregnancy can vary. The most common symptom is sudden abdominal pain due to stretching or rupture of the fallopian tube. Some women may feel faint and this is caused by the loss of blood from the ruptured tube. Other signs such as paleness, increasing pulse rate, sickness, diarrhoea and falling blood pressure may also be present. There may or may not be vaginal bleeding. The bleeding may be heavier or lighter than usual and prolonged unlike a period. There may also be pain when moving the bowels.

- **How is an ectopic pregnancy diagnosed?**

On an internal ultrasound scan the ectopic pregnancy may appear as a clear gestational sac outside the uterus or as a mass. However, it is not usually easy to see

an ectopic pregnancy on scan, hence serial blood tests are done to measure the hormone BHCG produced by the placenta. In a normal early pregnancy the levels tend to double every two days. In an ectopic pregnancy the levels are usually lower and tend to rise more slowly.

- ***What can be done to treat an ectopic pregnancy?***

- In some cases the ectopic pregnancy does not progress and it is possible to manage the pregnancy conservatively by monitoring the hormone levels until they fall. If the blood tests show that the hormone levels are not falling then the ectopic pregnancy may be managed surgically or medically.
- A keyhole surgery may be performed under a general anaesthetic where it may be possible to cut open the tube and remove the pregnancy leaving the tube intact or the entire tube may be removed depending on the condition of the tube. If the other tube is healthy chances of a normal pregnancy after removal of one tube is not affected. Where tubal rupture has occurred or there are adhesions in the pelvis, keyhole surgery may not be appropriate and you will have a small cut made above the bikini line to deal with the ectopic pregnancy.
- Alternatively, the drug Methotrexate which dissolves an ectopic pregnancy could also be used, although it is not a suitable treatment in all cases. The drug is administered by intramuscular injection which is then absorbed into the blood stream and reaches the ectopic pregnancy. Regular monitoring with blood tests is required until pregnancy hormone levels fall to non-pregnant levels.

- ***Your recovery***

An ectopic pregnancy can be an overwhelming experience. It involves the loss of a pregnancy, recovery after treatment and also the uncertainty of your future fertility. Although your fertility may have been affected by the ectopic pregnancy but not to the degree you may fear. Even if your tube was removed, you should have been told if your remaining tube appeared normal. If it is, the majority of women are pregnant again within 18 months of trying. However, if you have not conceived after 9 months of trying, you should consult your GP or consultant. Rarely some women may have damage to both fallopian tubes and IVF is an excellent treatment in such cases.

- ***When can I begin trying to conceive again?***

Your body needs time to recover and your cycle may not return for a while. Often it takes about 4 weeks but it could be up to 10 weeks following surgery. It is advisable to wait for 2 to 3 cycles before trying to conceive. If your ectopic pregnancy has been treated with Methotrexate you will need to allow at least 3 months before trying again.

- ***What are the chances of having another ectopic?***

Your chance of another ectopic is higher than normal (approximately 10%). It is important that when you next find out that you are pregnant that you present yourself for an early scan (around 6 weeks' gestation) to ensure that the pregnancy is in the uterus.

- **Further information:**
  - Early Pregnancy Assessment Unit (EPAU), Coombe Women and Infants University Hospital, Tel 01-4085732.
  - Ectopic Pregnancy Ireland, website: [www.ectopicireland.ie](http://www.ectopicireland.ie).

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