

SURGICAL MANAGEMENT OF AN ECTOPIC PREGNANCY

This factsheet will explain the various operative procedures that are possible to treat an ectopic pregnancy. We will discuss your preferences with you before your operation including your desire for future pregnancies or sterilisation if you have completed your family.

- **Laparoscopy (keyhole surgery)**

The operation is performed under general anaesthetic. This involves the surgeon making two or three small incisions in your abdomen, one at the umbilicus (navel) and one or two lower down near the bikini line. A small amount of gas is introduced into your abdominal cavity to inflate it, so as to allow the surgeon to see the structures inside your abdomen and the ectopic pregnancy through the laparoscope. (A laparoscope is a small telescope like instrument).

If an ectopic pregnancy is confirmed the surgical procedure undertaken depends on the condition of your fallopian tube. Before rupture of your tube it may be possible to make a cut on the tube and remove the pregnancy leaving the tube intact. This is called Salpingotomy. On the other hand, if the tube is ruptured or distorted it may be necessary to remove part or all of the tube according to the degree of damage. This is called a Salpingectomy (partial or complete). However, your other tube will remain along with your ovaries. Your surgeon will decide whether he/she will perform your operation under Laparoscopy or proceed to a Laparotomy. There is only a small risk of injury to the bowel, bladder and blood vessels with the laparoscope (1/1000).

- **Laparotomy**

A cut about 8-10cm long is made usually along the bikini line to enter inside the abdomen. This procedure is chosen if the laparoscopic procedure is unsuccessful or impossible.

- **Your Hospital stay**

This will vary depending on the operation you need. It is normally 1-2 days after Laparoscopy and 3-5 days after Laparotomy.

- **After discharge**

The ward staff will give you all the necessary advice on aftercare, exercise and diet. You may experience period-like bleeding for a week or two, avoid using tampons during this time. You should also avoid sexual intercourse until the bleeding has stopped.

- ***Follow up***

You will be sent an out-patient appointment for six weeks time.

If the tube is saved at surgery there is some risk that some of the pregnancy remains in the tube. You will be advised to have weekly blood tests to monitor BHCG (pregnancy hormone) levels as they decrease.

- ***Returning to work***

It may be anytime from 3 – 6 weeks depending on the type of operation you have had and the type of work you do. Your doctor will advise you.

- ***In your next pregnancy***

The recurrent ectopic rate is about 10 %. After Salpingotomy, ectopic pregnancy is equally likely to re-occur in the operated tube as in the other tube. When you suspect you might be pregnant again your GP will be able to refer you to the Early Pregnancy Assessment Unit after confirmation of the pregnancy at around 6 weeks gestation.

- ***Your feelings***

It is entirely normal to feel helpless, isolated and angry. Depression, guilt and self-blame are very common emotions after the loss of a baby. With an ectopic pregnancy you will not only lose your pregnancy but will also be recovering from an operation and may have worries about fertility for the future. As time passes, you will be able to deal with your loss more positively. You may find that you are ready to get on with your life quickly. Your partner may find it difficult to express his feelings. He may well feel that he should be strong and protect you from any more distress. If this is the case, you will need to encourage him to talk to you about his feelings. Sharing each other's feelings can be very helpful. Allow yourself time to recover physically and emotionally before trying for another baby.