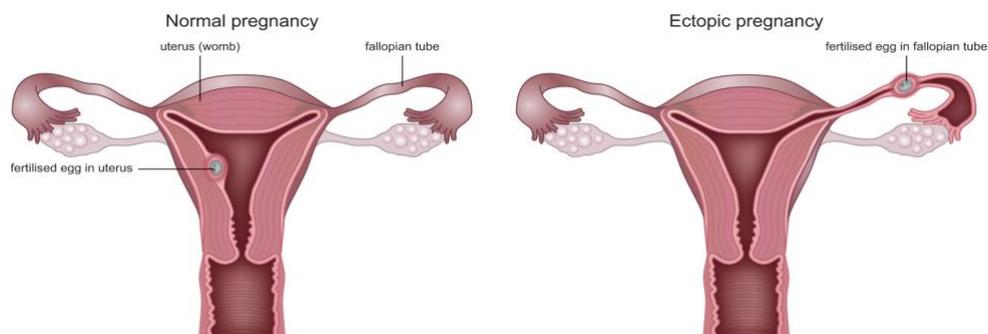


Information about your Ectopic Pregnancy

What is an ectopic pregnancy?

A pregnancy should implant in the uterus (womb) so that as it grows, the uterus can stretch with it. An ectopic pregnancy is where the fertilised egg attaches itself outside the uterus or in a place that can't stretch or expand. Most ectopic pregnancies develop in the fallopian tube, (the tube that connects the ovary to the uterus), however pregnancies can also develop in the abdomen, cervix or ovary. One type of ectopic pregnancy we are seeing more of is when the pregnancy implants in a previous caesarean section scar. An ectopic pregnancy cannot develop normally and as it grows it can cause pain and bleeding. If it is not treated quickly enough it can burst or rupture and cause internal bleeding. This can be a life-threatening condition.



What causes an ectopic pregnancy?

We know that there are some things that increase your risk, for example, previous abdominal surgery or sexually transmitted infection like Chlamydia. If you smoke, the risk is increased between 2 and 3 times or if your pregnancy is the result of IVF. The full reasons are not yet fully understood though and studies are ongoing.

What are the symptoms of ectopic pregnancy?

Sometimes there are no symptoms; however, most women will develop symptoms between four and ten weeks since their last period with:

- Lower abdominal pain
- One-sided abdominal pain, which could be persistent and severe
- Shoulder-tip pain
- Abnormal bleeding from the vagina – usually dark and watery
- Bowel pain, diarrhoea, or pain when passing urine
- Light-headedness or faintness or collapsing
- Pale colour, increased pulse, feeling something is 'wrong'

What now?

Sometimes we may be able to wait and see because the ectopic pregnancy will break down on its own without the need for any treatment. You can normally stay at home but return regularly to hospital to be reviewed. Blood tests will measure your pregnancy hormones and ensure they are falling to normal levels. If they are not falling as expected, or your symptoms worsen, you would likely need treatment.

Medical treatment with drugs

Methotrexate is a medicine, injected into your buttock (bottom) to stop the rapidly-growing cells like those found in ectopic pregnancy. After the injection you can go home, but need to return as an outpatient for blood tests until the hormone levels fall to a normal level. Medical treatment may reduce the chance of an operation or anaesthetic, but it can take several weeks to clear the hormones back to negative.

Risks of medical treatment

Common	Rare
Cramping abdominal pain	Skin sensitivity to sunlight
Fatigue	Inflammation of the membrane covering the eye
Sickness/indigestion	Sore mouth and throat
Dizziness/light-headed	Temporary hair loss
	Severe low blood count (bone marrow suppression)
	Inflammation of the lung (pneumonitis)
Other: A second injection may be needed if the hormone level does not reduce	
Planned or emergency surgery may be needed if the injection fails	

Prior to medical treatment, blood tests will be taken to ensure you have good liver, and kidney function. Please tell us if you have any blood conditions or medical problems, such as psoriasis or peptic ulcers.

Any side effects of the injection are usually mild and do not last long. The most common effects are cramping in the week following treatment. You can take paracetamol to manage, but avoid ibuprofen or aspirin. If your pain is worsening please tell us. You may bleed very lightly, or similar to a period. Call us if it is heavier than a period, or you are concerned. Please avoid:

- alcohol, vitamins (including folic acid), sexual intercourse until your pregnancy test returns to negative.
- pregnancy until this injection has left your system, as it could cause abnormality in your next pregnancy. We recommend at least 6 months.
- ibuprofen for 3 months.
- breastfeeding. Please talk to us about when you can restart this after the injection.
- Heavy lifting or housework – only gentle exercise such as walking, until the pregnancy hormone is found to be dropping consistently.

Initially you will have blood tests on Day 4, then Day 7 post injection. As long as your hormone levels are reducing well, we would then repeat blood tests every week until they return to negative. Every time you attend for bloods, we will check your symptoms and monitor your pain and bleeding levels.

It is important that you call us if your symptoms change, and that you continue your appointments until the test is completely negative. Ectopic pregnancies can still rupture with low hormone levels.

Surgical treatment under general anaesthetic

For most women the treatment is an operation called laparoscopy. The surgeon makes two or three small cuts on your tummy and inserts a small telescope so that they can see the ectopic pregnancy and remove it.

Laparoscopy is successful in around 85% of women and usually you can go home the same or following day.

Sometimes if you are bleeding heavily or there are scars inside from previous surgery, we need to make a larger cut on your tummy and you will have a ‘bikini line’ scar. This is called laparotomy.

In order to remove the ectopic pregnancy, the surgeon will probably have to remove the affected tube. This should not affect your future fertility. It is important for you to repeat a pregnancy test 2 weeks after surgery to ensure it has returned to negative. Please call us if it is still positive at that stage.

After surgery if you have Rh negative blood group you will need to be given an injection called ‘Anti-D’. This will prevent you having problems with pregnancies in the future.

The doctor will advise you when you can return to work and get back to normal activities. This will depend on the procedure you have had and the type of work you do.

Risks of surgical procedure

Common	Serious
Bruising	2 in 1000 damage to bladder, bowel and blood vessels
Shoulder tip pain	<1% hernia
Wound opens/infection	
Other: Occasionally women may need follow up blood tests to make sure the hormone is falling after surgery. If it doesn’t fall, you may need the medical injection as well.	

What happens to my pregnancy if I have surgical treatment?

Any tissue removed during surgery will be sent to the laboratory, where they will view it under a microscope. If this confirms an ectopic pregnancy, it will help us to plan your follow-up care, but unfortunately it won’t tell us why this happened to you. This sample is kept for up to 30 years.

Our normal protocol is for foetal tissue to be included in a shared cremation at the local crematorium around 4-8 weeks after your miscarriage. There may be an option for individual burial or cremation or you can chose to take your pregnancy remains home. Please let us know if you prefer not to have your pregnancy remains included in our shared cremation.

If pregnancy tissue is not confirmed on lab testing, we may need to arrange further blood tests, scans or pregnancy tests

What about future pregnancies?

Statistically, the chances of having a future successful pregnancy, whether you have medical or surgical treatment, are very good, and some studies suggest 85% of women have a successful pregnancy within 2 years of an ectopic pregnancy. Your chances depend very much on the health of your tubes. We recommend the following:

- Give your body time to recover - we recommend waiting until after your first period before trying again.
- take daily 400mcg folic acid to reduce the chance of conceiving a baby with spina bifida (it works best if you take it for three months before conceiving).
- If you had methotrexate, you should **not** restart folic acid until your hormone level is less than 5IU. We recommend that you wait for 6 months after the injection, before trying again.
- Reduce alcohol and coffee intake, stop smoking and try to achieve a normal weight for your height as these all increase the chance a healthy pregnancy
- Have an early scan in your next pregnancy. If you are symptom free, call us when you are six to seven weeks since your last period and we will arrange a scan date. If you have symptoms of an ectopic pregnancy please call us so we can discuss your symptoms and/or arrange for one of our doctors to assess you as soon as possible.

Is there anything else I need to know?

There is a higher risk of blood clots in your legs or lungs in pregnancy, and in the six weeks after. If you have had a blood clot before, blood clotting disorders in your family, you smoke or have a high body mass index, you may be at a higher risk and need to start injections into your abdomen (tummy).

Who can I talk to about how I feel?

We would normally advise you to give yourself some time – it is normal to be sad after going through this experience. However, if you would like further support, please contact your GP, or the Ectopic Pregnancy Trust (www.ectopic.org.uk). We can also offer you counselling through the Trust, so let us know if you would referring.

Contact Details:

<p>The Early Pregnancy Unit (EPU) Lily clinic, treatment Centre Hinchingbrooke Hospital Huntingdon, PE29 6NT Opening hours may vary</p>	<p>The Emergency Gynaecology Assessment Unit (EGAU) 1st floor, woman and child unit, Bretton Gate Peterborough (City Hospital) PE3 9GZ Open: Weekdays 0800-1800-phone line open until 1730 Weekends/Bank holidays 0800-1200</p>
<p>Central triage line for EPU and EGAU: 01733 673758 (voicemail will cut in when the line is engaged – please leave a message for a call back) www.womenshealthpeterborough.co.uk</p>	
<p>For emergencies only, out of these hours, please attend the Emergency Department</p>	

Within this leaflet we use the term woman/women, however we acknowledge that it is not only people who identify as women for whom it is necessary to access our services. We recognise the importance of providing inclusive and respectful care to all people and their families, including those whose gender identity does not align with the sex they were

assigned at birth. Please let us know if there is anything we can do to make you feel more comfortable while you are under our care.