

# Ectopic pregnancy

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## Information for patients and their partners

We are sorry that you were found to have an ectopic pregnancy today. This booklet explains the causes of this type of pregnancy and how it may affect your health. If you have any queries, please do not hesitate to speak to the doctors or nurses caring for you.

### Confirming your identity

Before you have a treatment or procedure, our staff will ask you your **name** and **date of birth** and check your **ID band**. If you don't have an ID band we will also ask you to confirm your address.

**If we don't ask these questions, then please ask us to check.**

Ensuring your safety is our primary concern.

## What is an ectopic pregnancy?

An ectopic pregnancy is a pregnancy which implants outside the lining of the womb (uterus). About 2% of all pregnancies are ectopic. Most commonly the pregnancy implants in one of the fallopian tubes.

The following information focuses on this type of ectopic pregnancy (a tubal ectopic pregnancy). If your pregnancy has implanted elsewhere your doctor will discuss the specific risks and management options relevant to you.

In an uncomplicated pregnancy, the fertilised egg travels along your fallopian tube and into your womb. It usually implants in your womb six to seven days after conception.

In a tubal ectopic pregnancy, the fertilised egg does not reach your womb in time and implants in one of your fallopian tubes.

Unfortunately, once this has happened, it cannot move into your womb or lead to the birth of a baby.

## What causes an ectopic pregnancy?

In many cases there is no obvious cause, and it is likely that the pregnancy has implanted outside of the womb by chance.

But there are several risk factors which increase your chance of having an ectopic pregnancy.

- **Pelvic infection** – If you have had a pelvic infection, you have a higher risk of ectopic pregnancy. It can cause scar tissue (adhesions) to form within your pelvis. This can damage your fallopian tubes and increase the risk of a pregnancy implanting



there. Sometimes you may not know that you have had an infection until the scarring is seen during an operation to remove your ectopic pregnancy.

- **Previous abdominal surgery** – Operations on your abdomen, such as having your appendix out or an ovarian cyst removed, may form scar tissue in a similar way to a pelvic infection.
- **Age** – You are more likely to have an ectopic pregnancy the older you are. The risk rises from just over 1% of all pregnancies at the age of 21 to just under 7% at the age of 44. The reason for this rise is not clear.
- **Smoking** – smoking can double the risk of an ectopic pregnancy.
- **Assisted reproduction** – In vitro fertilisation (IVF) and intracytoplasmic sperm injection (ICSI) can lead to a 4 times higher risk of ectopic pregnancy.
- **Previous ectopic pregnancy** – If you have had an ectopic pregnancy before, you have about a 10% chance of having another one.

## Can an ectopic pregnancy result in the birth of a healthy baby?

There are reports of people with undiagnosed ectopic pregnancies having healthy babies. But these cases are extremely rare and tubal ectopic pregnancies cannot develop beyond a very early stage of pregnancy.

If a tubal ectopic pregnancy keeps growing it is a severe risk to your health. As it grows, the tube may rupture, leading to internal bleeding. In this situation, the only safe option is to remove it by surgery as soon as possible.



## Will an ectopic pregnancy cause any serious health problems?

In most cases, you will not have any serious health problems. But an ectopic pregnancy can sometimes cause severe abdominal pain and bleeding, which may put your health at serious risk.

**The earlier we diagnose and treat an ectopic pregnancy, the less likely you are to have health problems, including damage to your fallopian tube(s).**

There is a small risk that any surgery or medical treatment you have for an ectopic pregnancy could cause complications which affect your health. Your team will discuss these with you once you have a treatment plan.

## What are the symptoms of an ectopic pregnancy?

It is not usually possible to diagnose an ectopic pregnancy from the symptoms alone. The most common are pain in your abdomen as well as vaginal bleeding or spotting, but you may have none at all in the early stages.

## How is an ectopic pregnancy diagnosed?

We usually diagnose it using a transvaginal (internal) ultrasound scan.

Sometimes we cannot see a very small ectopic pregnancy, so we will take a sample of your blood to measure your pregnancy hormones and the ectopic pregnancy may be diagnosed after a period of time.

Occasionally, we only find that you have an ectopic pregnancy during surgery if you have come to the Emergency Department (ED) with signs of severe internal bleeding.



## Consent

We must by law obtain your written consent to any operation and some other procedures beforehand. Staff will explain the risks, benefits and alternatives before they ask you to sign a consent form. If you are unsure about any aspect of the treatment proposed, please do not hesitate to ask to speak with a senior member of staff again.

## How are ectopic pregnancies managed?

Since a tubal ectopic pregnancy cannot develop into a healthy baby, all treatment options will end the pregnancy to reduce the risks to your own health. To help decide the safest treatment for you, we will discuss with you your symptoms, hormone levels, scan results, medical history and what you would prefer to do.

Your treatment options are:

- 1. Surgical management**
- 2. Expectant management**
- 3. Medical management**

### 1. Surgical management

This involves having an operation to remove the ectopic pregnancy. It is the most common treatment. You will have a general anaesthetic so you will be completely asleep.

We recommend that you have surgery if:

- we find internal bleeding on your scan
- you have an ectopic pregnancy with a heartbeat
- you are in severe pain
- expectant management or medical management fail



You usually have a type of keyhole surgery called a laparoscopy, which allows you to go home sooner. This is where the surgeon makes a cut close to your belly button through which they will insert a slim probe with a tiny camera on the end. They will also make two small cuts in your lower abdomen through which they will put surgical instruments.

If you have heavy internal bleeding or lots of scar tissue, you may have a type of open surgery called a laparotomy. This is where we make an 'open' cut in your lower abdomen. This is rarely needed. We may remove the affected fallopian tube if the other tube looks healthy. This is called a salpingectomy.

If the other fallopian tube looks scarred, we will try to remove the ectopic pregnancy only. This is called a salpingotomy.

The type of operation you have will depend on your wishes or plans for a future pregnancy and what your surgeon finds during the operation. To have the best chance of a future pregnancy inside your uterus, and to reduce the risk of having another ectopic pregnancy, you will usually be advised to have a salpingectomy.

## What are the benefits?

### **Salpingectomy:**

- removes the tube and is the most effective way of treating ectopic pregnancy
- reduces risk of rupture or bleeding from affected tube
- reduces risk of repeat ectopic pregnancy in affected tube

### **Salpingotomy:**

- retains fallopian tube which may improve future fertility prospects if signs of damage to other tube



## What are the risks?

### Salpingectomy:

- there is a 5 to 10% risk of having another ectopic pregnancy

### Salpingotomy:

- sometimes placental tissue can be left behind and you may need more treatment or you may have bleeding from your fallopian tube, so you will need to be monitored more closely
- you will need to attend for follow up to ensure your hormone levels are decreasing
- there is an 8 to 15% risk of having another ectopic pregnancy

## What happens to the pregnancy tissue that is taken out?

We send it to the laboratory for routine tests to confirm that you had an ectopic pregnancy and to check it to make sure it is not an unusual type of pregnancy called a molar pregnancy.

In about 5% of those tested there is no pregnancy tissue in the sample sent to the laboratory. In this case we will contact you and make sure that your pregnancy test returns to negative.

There are several options available to you for what happens with your pregnancy remains, and a doctor will discuss these with you before surgery.

## 2. Expectant management

This involves monitoring you closely to see if the ectopic pregnancy will end naturally and without you needing any treatment. We diagnose a lot of early ectopic pregnancies at King's, so we use this type of management more often than other hospitals.

In those under our care, about 20 to 30% of ectopic pregnancies are managed this way.



If you have mild symptoms or no symptoms at all, and we find no internal bleeding on your scan, we will test your blood to find out how much pregnancy hormone it contains. This tells us how likely your pregnancy is to end naturally without any treatment.

Generally, the lower the hormone level, the more likely this is to happen.

The blood result is usually available the same day. One of our nurses will phone you with your result if you have gone home.

If your hormone levels are within a safe range, we will offer you expectant management. You will need to return to the unit regularly so we can monitor the hormone levels in your blood.

During expectant management you may also have vaginal bleeding. This is normal and can be a sign that the pregnancy is ending naturally.

## What do changes in my hormone levels mean?

**If they are going down:** we will continue with expectant management and monitor you until the levels are back to normal. This can take two to six weeks.

Sometimes the levels will rise slowly to start with, and then go down after a few days.

**If they are going up:** Unfortunately, expectant management is not always successful. If your pregnancy hormone levels go up or you have pelvic pain, we usually advise you to have surgery.

## What are the benefits?

- You may not need surgery.



- You do not need to stay in hospital.
- It does not damage the affected fallopian tube.

## What are the risks?

- You may need to have surgery.
- There is a small risk that the ectopic pregnancy can rupture (your fallopian tube splits) or cause internal bleeding, even if your pregnancy hormone levels are going down. So, we advise that you stay within easy travelling distance of our Early Pregnancy Unit (EPU) or your local hospital until we have confirmed that the pregnancy has ended and you have had all the follow-up appointments you need.

**If your pain gets worse suddenly, it is very important that you come to our EPU immediately. If it is out of hours, go to your nearest ED.**

## 3. Medical management

This involves injecting you with a drug called methotrexate. This stops placental tissue growing and so stops the ectopic pregnancy developing.

We only advise this treatment in a small number of cases, most often for the rarer types of ectopic pregnancy. We will not offer this option if the diagnosis of an ectopic pregnancy is at all uncertain, because it usually terminates the pregnancy and it can cause serious abnormalities in developing babies.

Before we give you the drug, you will have blood tests to check that you are suitable for this type of treatment. You will also need to come back to the EPU to have blood tests for two to six weeks afterwards, to check that the treatment has been successful and to monitor any side effects.



## What are the benefits?

- You may not need surgery.
- You do not need to stay in hospital.
- It does not damage the affected fallopian tube.

## What are the risks?

- The most common side effect of methotrexate is abdominal pain, but it can be difficult to tell whether this is caused by internal bleeding or the drug itself. Please let us know if you have any abdominal pain. If you have pain but are otherwise well, we will do an ultrasound scan to check for internal bleeding. If you have severe pain, please come to our EPU. If it is out of hours, go to your nearest ED.
- There is a 10% chance that you may still need surgery.
- The drug may cause conjunctivitis, a sore mouth and diarrhoea.
- There is a small risk that the ectopic pregnancy can rupture (your fallopian tube splits), even if your pregnancy hormone levels are going down. So, we advise that you stay within easy travelling distance of our EPU or your local hospital until we have confirmed that the pregnancy has resolved and you have had all the follow-up appointments you need.

## After you have been given methotrexate:

- stop taking folic acid and avoid alcohol and sexual intercourse until your blood tests return to normal
- do not take aspirin or ibuprofen for a week afterwards; it is safe to take paracetamol
- use a reliable method of contraception for three months because there is a small risk that any child conceived during this time will develop abnormally



## Where can I get help and support?

The impact of an ectopic pregnancy can be very significant. It might mean coming to terms with the loss of your baby, with the potential impact on future fertility, or with the realisation that you could have lost your life.

Grieving and depression are common reactions, both for you and your partner. Emotional symptoms can include sadness, distress, anger and guilt. These are normal and tend to ease with time.

If you feel you need support with coming to terms with your loss, our senior nurse can advise you and give you information. We can also arrange for you and your partner to have specialist counselling.

Please contact us if you have any questions about getting help or would like to be referred:

### **King's College Hospital**

Tel: **020 3299 3168**

### **Princess Royal University Hospital**

Tel: **01689 865721**

## Will it affect my fertility?

Your chance of having an uncomplicated pregnancy depends on the condition of your remaining fallopian tube(s) and your age. In general, those who have an ectopic pregnancy have a lower chance of becoming pregnant again, but the majority will conceive and have a successful pregnancy.

If you have surgery, the surgeon will discuss with you the state of your unaffected tube and ovaries. It is reassuring if these all appear normal.



Unfortunately, there is very little that can be done to reverse damage to your fallopian tubes. If this damage is severe, we may talk to you about being referred to a fertility clinic. If you have any queries about referrals for fertility treatment, please ask us or your GP.

## **When can I try for another pregnancy?**

We advise you to wait for your next period before trying again. If you get pregnant before your first period, it should not make you more likely to have another ectopic pregnancy.

You may find you need more time to recover – emotionally and physically. You may also be worried that it will happen again. Although your risk of having another ectopic pregnancy is higher, for most it is a 'one-off' event and it is important to remember that you can go on to have uncomplicated pregnancies. The best time to start trying again is when you and your partner feel ready.

If you become pregnant again it is very important that you come to the EPU for an early scan as soon as possible. This is to check that the pregnancy has implanted in your womb. If we cannot see the pregnancy on this first scan, we will monitor you closely to check that it is not ectopic.

## **Contraception**

If you need advice on contraception, please see your GP or go to your local family planning clinic.



## Who can I contact with queries and concerns?

If you have any queries or concerns during working hours, contact the EPU:

### King's College Hospital site

Tel: **020 3299 3168** (9am to 5pm, Monday to Friday)

Nurse Triage line, Tel: **020 3299 7232** (9am to 4.30pm, Monday to Friday)

Email: [Kch-tr.helplineepu@nhs.net](mailto:Kch-tr.helplineepu@nhs.net)

Women's Surgical Unit, Tel: **020 3299 5936** (out of hours)

### Princess Royal University Hospital (PRUH) site

Tel: **01689 865721** (9am to 4pm, Monday to Friday)

**In an emergency, please go to your local ED.**

## More information

### The Ectopic Pregnancy Trust

Helpline: 020 7733 2653

[www.ectopic.org.uk](http://www.ectopic.org.uk)

### The Miscarriage Association

Helpline: 01924 200 799

[www.miscarriageassociation.org.uk](http://www.miscarriageassociation.org.uk)

## MyChart

Our MyChart app and website lets you securely access parts of your health record with us, giving you more control over your care. To sign up or for help, call us on **020 3299 4618** or email [kings.mychart@nhs.net](mailto:kings.mychart@nhs.net). To find out more visit

**[www.kch.nhs.uk/mychart](http://www.kch.nhs.uk/mychart)**



## Sharing your information

King's College Hospital NHS Foundation Trust has partnered with Guy's and St Thomas' NHS Foundation Trust through the King's Health Partners Academic Health Sciences Centre. We are working together to give our patients the best possible care, so you might find we invite you for appointments at Guy's or St Thomas' hospitals. King's College Hospital and Guy's and St Thomas' NHS Foundation Trusts share an electronic patient record system, which means information about your health record can be accessed safely and securely by health and care staff at both Trusts. For more information visit [www.kch.nhs.uk](http://www.kch.nhs.uk).

## Care provided by students

We provide clinical training where our students get practical experience by treating patients. Please tell your doctor or nurse if you do not want students to be involved in your care. Your treatment will not be affected by your decision.

## PALS

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you. They can also pass on praise or thanks to our teams.

Tel: **020 3299 4618**

Email: [kings.pals@nhs.net](mailto:kings.pals@nhs.net)

**If you would like the information in this leaflet in a different language or format, please contact our Interpreting and Accessible Communication Support on 020 3299 4618 or email [kings.access@nhs.net](mailto:kings.access@nhs.net)**





