

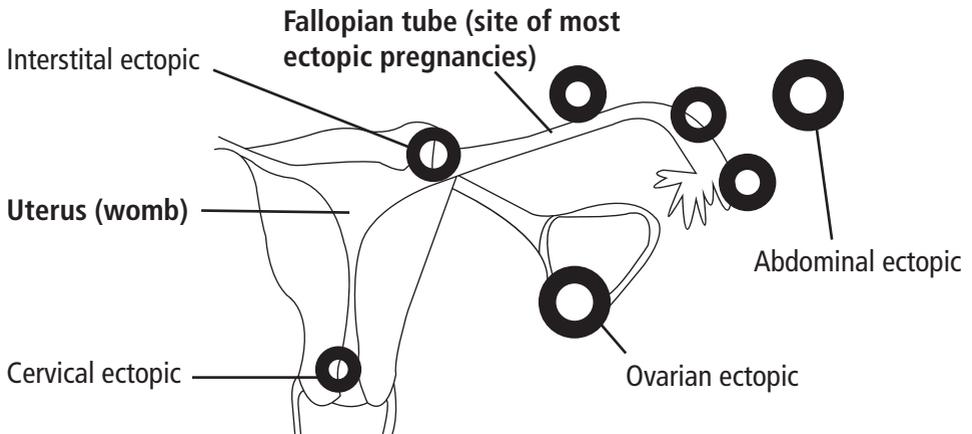
Surgical management of your ectopic pregnancy



We are very sorry you have had an ectopic pregnancy diagnosed. We hope this information is useful for you during your treatment. It explains what will happen if you decide on surgical management.

What is an ectopic pregnancy?

This is when the pregnancy occurs outside of your uterus (womb). This normally happens in the fallopian tube but may occur at other sites (see diagram).



How common is it?

Ectopic pregnancy occurs in 1 in 100 (1%) of all pregnancies.

Why does this happen?

Often the cause is not known, but if you have had damage to your Fallopian tubes (by previous pelvic infection or surgery) then ectopic pregnancy is more likely.

Is it possible to move an ectopic pregnancy into the uterus?

This has been tried, but unfortunately without success.

Is it dangerous?

Most of the time, ectopic pregnancies can be treated safely. However, if not recognised or treated appropriately, it can be dangerous, causing internal bleeding.

How is it treated?

By close observation, injections of a drug, or surgery, depending on the stage of your pregnancy. This leaflet explains about surgery. Leaflets are also available explaining the other treatment methods.

What will happen during my operation?

Usually we start with a laparoscopy (keyhole surgery just below your tummy button, with two to three small cuts elsewhere in your tummy). We look inside with a telescope to find the ectopic pregnancy. If it is in the fallopian tube, it is often necessary to remove the whole tube. Sometimes if the ectopic pregnancy is small it can be removed from the tube and the tube left inside. If this is the case, then you will need follow-up blood tests (of pregnancy hormone bHCG) to make sure the pregnancy tissue has been fully removed and doesn't start growing again. Often it is possible to treat the ectopic pregnancy with keyhole surgery alone however, sometimes it is not possible and the surgeon then needs to do a bigger cut on your tummy (laparotomy - horizontal cut just above the bikini line). When signing a consent form, you will need to agree to both procedures before we start.

What are the advantages of surgical management of ectopic pregnancy?

- Usually the ectopic is removed and there is no need for prolonged follow-up
- We get a chance to look inside your pelvis and see if there are any other problems

What are the disadvantages of surgical management of ectopic pregnancy?

- Before starting the operation we cannot be sure whether we can do it through keyhole surgery, or whether you need a bigger cut on your tummy, which will mean a longer stay in hospital and longer recovery
- Often during surgery it is necessary to remove the fallopian tube which is not done with non-surgical management

- All surgery has the small risk of complications including infection, bleeding, damage to other structures inside your tummy (bowel, blood vessels, bladder), blood clots in the legs and lungs and the formation of internal scar tissue.

What happens afterwards?

This depends upon what type of surgery you have had. If you had a laparoscopy (keyhole surgery), it is most likely that you can go home the next day. However, if you had a laparotomy (bigger cut) you may need to stay in hospital for three to four days. It is recommended that you perform a urine pregnancy test 3 weeks following your operation to ensure everything has resolved. If this test is still positive, please call the Emergency Gynaecology Unit (EGU) on 01872 252686, Monday to Friday, 9am to 4.30pm to discuss ongoing management.

What happens to the pregnancy tissue?

It is usual for any pregnancy tissue to be sent to the laboratory for analysis. We take the upmost care to treat the tissue with respect and dignity. Some of the pregnancy tissue (sometimes all) is then kept as part of your medical records. With your written consent, any remaining pregnancy tissue is taken to Penmount crematorium for collective cremation with other pregnancy tissue. If you would like to consider a more personal option such as burial please discuss this with the hospital staff. The hospital chaplain regularly gives a non-denominational blessing in the chapel on behalf of all those who have suffered pregnancy loss.

Will I need to have any stitches removed?

If you have had a laparoscopy, usually the stitches are dissolvable and don't need to be removed. If you have had a laparotomy, they may or may not be dissolvable. Before you leave the hospital, you will be told which type you have and arrangements made to have them removed if necessary – usually with your family doctor or nurse at your GP surgery.

When can I resume normal activities?

It depends upon what type of operation you had and how much blood you lost. If you had a laparoscopy, physical recovery is usually quite quick and you should be back to normal activities in one to two weeks. If you had a laparotomy, it will take longer to get back to normal activities – four to six weeks.

How long does the bleeding last?

It is usual to have some vaginal bleeding after the operation. This may continue for around a week. It should get lighter, like the end of a period. Do not use tampons for the bleeding, just sanitary pads. Following your operation it is normal to have some tummy cramps and even some small clots, but if:

- the bleeding becomes very heavy
- the pain becomes very severe, or
- you have an unpleasant smelling discharge

see your GP as you may need antibiotics.

When will I get my next period?

Your periods should return within 4-6 weeks, but this does vary.

Do I need Anti-D?

If your blood group is Rhesus (RhD) negative, you will need an anti-D injection. This is to prevent a condition called Haemolytic Disease of the Newborn (HDN) in any future pregnancy.

HDN occurs if your body has made antibodies to RhD positive red blood cells. These antibodies can cross your placenta and destroy the red cells of your fetus. This can result in several conditions ranging from jaundice to, in severe cases, the death of your baby.

It is very important for the safety of any future pregnancies that you have anti-D injections when advised.

What are my chances of getting pregnant again?

This depends upon whether your fallopian tube was removed and whether your other tube looked healthy at the time of your operation. If your other tube did look healthy, the chances of having a pregnancy in the right place next time are about 6 in 10 (60%). However, if the other tube looked damaged, the chances will be much lower.

When can I try again?

There is no 'right' time to start trying again, but we advise waiting at least three months after an ectopic pregnancy before trying for a baby again and until you both feel ready. It is important to use contraception to avoid getting pregnant during this time as it is possible to conceive again straight away.

Will it happen again?

The chances of a pregnancy in the right place the next time are good so long as your other tube looks healthy. However, there is a 1 in 10 chance of having another ectopic pregnancy. Stopping smoking and reducing your alcohol intake both increase your chances of having a healthy pregnancy. If you are trying to conceive you should take folic acid to reduce the risk of neural tube defects such as spina bifida.

What should I do if I get pregnant again?

In any future pregnancy, it is important that you have a scan early to make sure it's growing in the right place. As soon as you think you might be pregnant, make an appointment to see your GP, who will organise an ultrasound scan.

Contact us

If you have any further questions, please contact:

Gynaecology Ward

01872 253163

Other sources of information and support:

The Ectopic Pregnancy Trust

Tel: 01895 238 025

www.ectopic.org

The Miscarriage Association

Tel: 01924 200799

www.miscarriageassociation.org.uk

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If you would like this leaflet in large print, braille, audio version
or in another language, please contact the General Office on
01872 252793

