

ECTOPIC PREGNANCY

(Extrauterine or Tubal Pregnancy)



BASIC INFORMATION

DESCRIPTION

Ectopic pregnancy is one that develops outside the uterus. The most common site is in one of the narrow tubes that connect each ovary to the uterus (fallopian tube). Other sites include the ovary or outside the reproductive organs in the abdominal cavity or the cervix. About 1 in 100 pregnancies is ectopic.

FREQUENT SIGNS AND SYMPTOMS

Early stages:

- Missed menstrual period or any menstrual irregularity.
- Unexplained vaginal spotting or bleeding.
- Lower abdominal pain and cramps.
- Pain in the shoulder (rare).

Late stages:

- Sudden, sharp, severe abdominal pain caused by rupture of the fallopian tube.
- Dizziness, fainting and shock (paleness, rapid heartbeat, drop in blood pressure and cold sweats). These may precede or accompany pain (sometimes).

CAUSES

An egg from the ovary is fertilized and becomes implanted outside the uterus, usually in the fallopian tube. As the fertilized egg enlarges, the fallopian tube stretches and ruptures, causing life-threatening internal bleeding.

RISK INCREASES WITH

- Previous abdominal or pelvic infection.
- Pelvic inflammatory disease (PID).
- Pregnancy after tubal ligation.
- Assisted reproduction techniques such as in vitro fertilization.
- Adhesions (bands of scar tissue) from previous abdominal surgery.
- Previous tubal pregnancy.
- Previous tubal or uterine surgery.
- History of endometritis (inflammation of the endometrium [lining of the uterus]) or endometriosis of the fallopian tube.
- Malformed (abnormal) uterus.
- Use of an intrauterine device (IUD) for contraception that results in a pelvic infection.

PREVENTIVE MEASURES

It can't be prevented. Many women who are diagnosed with an ectopic pregnancy do not have a recognizable risk factor or diagnosis. Avoid any of the risk factors where possible to decrease your chances of having an ectopic pregnancy.

EXPECTED OUTCOME

An ectopic pregnancy cannot progress to full term or produce a viable fetus. Rupture of an ectopic pregnancy is an emergency requiring immediate treatment. Full recovery is likely with early diagnosis and surgery. Subsequent pregnancies are normal in about 50 to 85% of patients.

POSSIBLE COMPLICATIONS

- Infection.
- Diminished fertility.
- Loss of reproductive organs after complicated surgery.
- Shock and death from internal bleeding.



TREATMENT

GENERAL MEASURES

- Diagnostic tests may include laboratory blood studies, ultrasound, laparoscopy (telescopic instrument with fiber optic light is inserted into the abdomen for visual examination and may be used to remove the ectopic pregnancy), D & C (dilatation and curettage) and exploratory laparotomy. Needed rarely is culdocentesis (a needle is inserted through the back of the vagina and pelvic fluid is aspirated).
- Evaluation and treatment may be done on an outpatient basis.
- Hospitalization may be required for surgery and supportive care. Blood transfusion may be necessary.
- Surgery to remove the developing embryo, placenta, and any damaged tissue. The fallopian tube is removed if it cannot be repaired. Future pregnancy is possible with one fallopian tube.
- After 24 hours following surgery, you may wash normally over the stitches in your incision.
- Use heat to relieve pain. Apply a heating pad or hot-water bottle to the abdomen or back. Warm baths also relieve discomfort and relax muscles. Sit in a tub of warm water for 10 to 15 minutes. Repeat as often as needed.
- There is some risk that some of the pregnancy remains in the tube following surgery. Weekly blood tests to check hormone levels (hCG) may be recommended until they are negative to rule out this possibility. If a persistent ectopic is diagnosed, medication (methotrexate) is usually the treatment of choice.
- Additional information available: www.ectopicpregnancy.com.

MEDICATION

- In many early, unruptured or chronic ectopic pregnancies, methotrexate (a chemotherapy drug) is effective in resolving the ectopic pregnancy. Specific guidelines and close follow-up are necessary when this drug is prescribed.
- After operative procedures, pain relievers such as nonsteroidal anti-inflammatory drugs (NSAIDs) or narcotics may be prescribed for 2 to 7 days.
- Antibiotics if infection is present.
- Iron supplements if necessary for anemia.

ACTIVITY

- Resume your normal activities, including work, as soon as possible following the treatment procedure utilized. Recovery is generally faster with laparoscopy than with laparotomy.
- Avoid sexual relations until a follow-up medical examination determines healing is complete.

DIET

No special diet.



NOTIFY OUR OFFICE IF

- You or a family member has symptoms of ectopic pregnancy, especially a rupture. Call immediately. This is an emergency!
- The following occur after surgery:
 - Excessive vaginal bleeding (soaking a pad or tampon every hour). Signs of infection develop, such as fever, chills, headache, dizziness or muscle aches.
 - Increased urinary frequency that lasts longer than 1 month.