

Ectopic Pregnancy



Concept
Fertility
Centre

12.1.3

Ectopic Pregnancy; what is it?

An ectopic pregnancy is one which develops outside the cavity of the uterus. Most ectopics are found in the fallopian tube, although they can occasionally occur at other pelvic sites. If a tubal pregnancy is allowed to continue, it may eventually rupture the fallopian tube and cause life threatening haemorrhage. Early diagnosis and treatment is, therefore, important, and may even allow the tube to be saved.

What are the symptoms?

Initially an ectopic pregnancy may appear just as a normal pregnancy - with a missed menstrual period and symptoms such as sore breasts and nausea. However, there is often abnormal vaginal bleeding which may occur at the time of (or a little later than) the expected period, and may in fact be mistaken for a period. Pain on the side of the ectopic occurs commonly but not always and may be associated with a feeling of light-headedness or a desire to use one's bowels. If the tube ruptures, this usually results in severe abdominal pain and fainting.

How can it be diagnosed?

Firstly, pregnancy must be confirmed by the use of a serum (blood) pregnancy test, undertaken at Concept Fertility Centre. These are more sensitive than a urine test and, if negative, virtually exclude any risk of a significant ectopic pregnancy. If the test is positive, then an ultrasound scan at the right time can

usually establish whether the pregnancy is in the uterus. Sometimes a pregnancy sac may be seen outside the uterus and, therefore, confirm the diagnosis.

However, identifying an ectopic pregnancy may be very difficult and laparoscopy is often the only way of confirming the diagnosis if no pregnancy can be seen in the uterus. This is a technique whereby a fine telescope is inserted near the umbilicus, which allows the gynaecologist to visualise the pelvic organs. A pregnancy in the fallopian tube can be easily seen.

WHO IS AT RISK?

Ectopic pregnancy occurs once in every one hundred pregnancies.

However, some women have a slightly higher risk than this. Important risk factors are:

- An intrauterine device (IUD);
- The "morning after" pill;
- The progesterone only or "mini" pill
- Tubal damage caused by infection
- Tubal surgery, e.g. tubal ligation or sterilisation reversal;
- IVF and GIFT;
- A previous ectopic pregnancy.

Women who are at increased risk may be advised to have an ultrasound scan in early pregnancy, particularly if they have any vaginal bleeding.

Treatment of ectopic pregnancy

Traditionally, tubal pregnancy has been treated by removing the tube involved. However, newer and more sensitive tests mean that doctors have the means to make the diagnosis earlier, so that the tube can often be preserved. It may be possible to remove the pregnancy using the laparoscope, thus avoiding major surgery. Chemical methods of treating ectopic pregnancies are also now becoming available. These should be discussed with your doctor.

Consequences of an ectopic pregnancy

With an ectopic pregnancy, a couple not only mourns the loss of a pregnancy, but also the possible loss or reduction in their fertility. This sense of loss is accompanied by the discomfort and anxiety of having an emergency operation.

Loss of a fallopian tube reduces the chances of natural conception. However, conceiving naturally after a history of an ectopic pregnancy increases the risk of a subsequent ectopic.

For a woman who cannot conceive naturally but who is potentially fertile, the choices available to her and her partner are IVF or adoption. The decision making process involved in making these choices can be assisted by the support of the Concept counsellor who has experience in the emotional aspects of infertility.