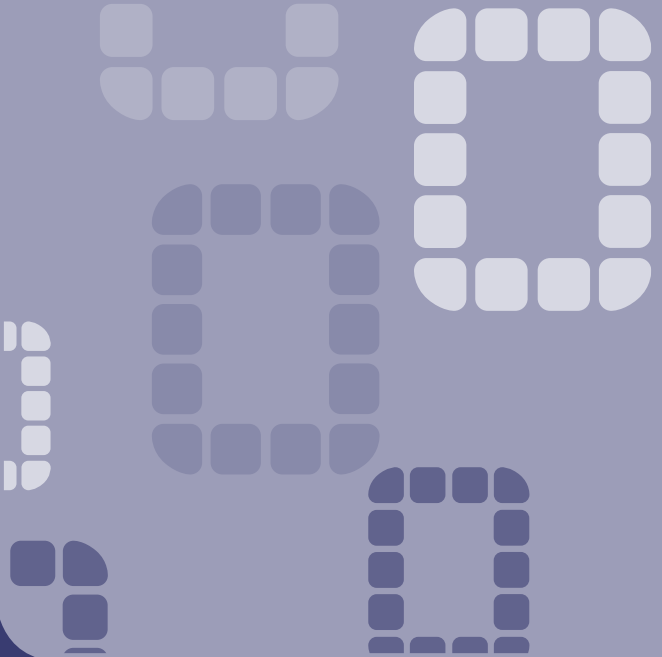


Ectopic Pregnancy

GRIEF AND LOSS

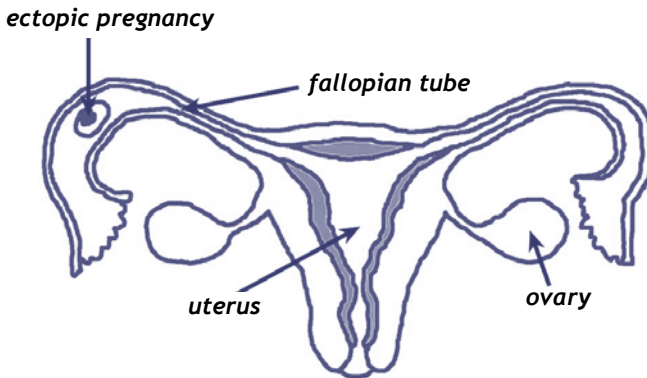


Ectopic pregnancy

An ectopic pregnancy occurs when the fertilised egg implants outside the uterus (womb).

In a normal pregnancy, the fertilised egg spends four to five days travelling down the fallopian tube before moving to the cavity of the uterus where it implants about six to seven days after fertilisation.

Most ectopic pregnancies occur in the fallopian tube. Early recognition of an ectopic pregnancy can prevent serious medical complications and may mean that the fallopian tube can be saved.



Ectopic pregnancy

Causes of ectopic pregnancy

Several conditions can cause an ectopic pregnancy. Any damage to the fallopian tube can cause a blockage or narrowing. There could also be a problem with the walls of the tube, which should normally contract and carry the fertilised egg into the uterus. Hormonal imbalance, malfunction of the uterus and tube and infection can all impair the tubes normal function and result in an ectopic pregnancy.

Those who are at risk of ectopic pregnancy are women:

- with a history of previous ectopic pregnancy
- with a previous history of salpingitis (pelvic infection) and tubal damage
- with a history of infertility
- with a previous history of pelvic surgery including sterilisation

- using IUCD (coil)
- undergoing assisted conception
- using progesterone only pill (minipill).

In some cases however the cause of the ectopic pregnancy will not be known.

Possible outcomes

In many cases the fertilised egg dies quickly and is absorbed before you miss your period or after some slight pain and bleeding. In such cases ectopic pregnancy is rarely diagnosed and a miscarriage is thought to have occurred. Nothing needs to be done in these circumstances.

If the fertilised egg does continue to grow, the thin wall of the tube will stretch causing pain in your lower abdomen. You may have some vaginal bleeding at this time. As egg growth continues the tube may rupture causing severe abdominal pain, internal bleeding and possible collapse.

Symptoms

Women who experience an ectopic pregnancy have all the normal signs associated with pregnancy. Most occur between the fourth and tenth week of pregnancy with any of the following symptoms:

- vaginal bleeding
- lower abdominal pain that may be either right or left sided
- missed or late period
- feeling light headed or faint.

If these symptoms are experienced you should contact your general practitioner or local hospital immediately.

Management

If an ectopic pregnancy is suspected your doctor will perform an ultrasound scan and a pregnancy test. An ectopic pregnancy is likely if the ultrasound scan shows an empty uterus with a positive pregnancy test. These signs may also indicate that your pregnancy is of a very early gestation or you have already miscarried.

Ultrasound using a transvaginal probe provides the best scan however it is not always possible to see an ectopic pregnancy using this scan.

If you are well and not in severe pain, you may have a blood hormone test taken repeatedly over two to three days to help diagnose an ectopic pregnancy.

Treatments available

Currently there are three different treatments available at King Edward Memorial Hospital (KEMH). Your doctor will discuss with you the most appropriate one. However it may become necessary for your doctor to proceed from one method to another during the operation whilst you are anaesthetised.

1. Keyhole or laparoscopic removal of the fertilised egg from your fallopian tube

A telescope device (the laparoscope) is inserted through a small incision (cut) below your navel (belly button). To assist identification of organs, carbon dioxide gas is blown into the abdomen. One or two small incisions are also made lower in the abdomen to insert small instruments. These are used to manipulate and if necessary remove the ectopic pregnancy. The surgery may involve salpingectomy (removal of the fallopian tube) or salpingostomy (opening the fallopian tube and removing the ectopic pregnancy).

2. Laparotomy to remove the ectopic pregnancy

If the pregnancy is advanced or there has been significant associated haemorrhage (bleeding) then an open operation or laparotomy will be performed.

3. Intramuscular injection of the drug methotrexate

Methotrexate is the drug used to 'dissolve' the pregnancy. It is given by injection in the leg or buttock. It is suitable for women with absent or minimal pain.

This treatment has been introduced into practice to avoid surgery but needs careful follow-up. The follow-up requires blood tests after the first week and thereafter once or twice weekly until the tests are negative. The schedule of blood tests will be explained to you by the doctor. The treatment has a 90% success rate. If it is not successful your doctor may have to reconsider medical treatment or surgery.

Recovery

Following laparoscopic (keyhole) surgery or methotrexate most women are ready to leave hospital within 24 hours.

Following laparotomy (open surgery) a two to three day hospital stay is more common.

Care following treatment

If your treatment was salpingostomy or methotrexate you will need regular visits to the hospital to ensure that all the pregnancy cells have gone. This usually involves another blood hormone test.

A discharge summary will be sent to your general practitioner describing the treatment you have received and any further care you may require. You should contact your general practitioner if:

- you have a temperature or feel feverish
- your incisions (cuts) become red, inflamed or drain pus
- your vaginal loss is offensive
- your vaginal blood loss becomes heavy, bright red or blood clots are passed
- you feel unwell or worried.

What about my next pregnancy?

Women who have had an ectopic pregnancy are at a slightly increased risk of a second ectopic pregnancy. The incidence of ectopic pregnancy in the general population is one in 50 - 80 women and the risk of a repeat ectopic pregnancy is one in ten.

You should consult your doctor immediately if you suspect you might be pregnant again. You should also consult your doctor if your period is late, menstrual bleeding is different from normal or if there is abnormal abdominal pain. You should ask to be examined, reminding the doctor, if necessary, of the previous ectopic pregnancy.

Emotions experienced

Ectopic pregnancy can be a devastating experience. It is possible that you are recovering from major surgery, coping with the loss of your pregnancy and sometimes the loss of part of your fertility. You may also be dealing with the shock of finding out you were pregnant just as your pregnancy is ending.

Your feelings may swing in the weeks and months after your loss. You may feel utterly relieved to be free from the pain and profoundly grateful to be alive, whilst at the same time feeling sad for your loss. If your treatment happened quickly with little time for psychological adjustment you may have felt out of control.

The emotional reactions to the ectopic pregnancy that you and your partner may be experiencing can test relationships (ie partner and families) and you may have difficulties understanding feelings or meeting each other's needs.

Many people, especially men, may find it difficult to express their feelings and feel powerless to help. Your wellbeing will be your partner's main concern, he may feel he should be strong for you and keep his feelings to himself. Encourage each other to express your feelings and grief.

Feelings vary after the experience of an ectopic pregnancy. Some women want to get pregnant again immediately while others are terrified at the thought and cannot cope with another anxious pregnancy. Allow yourself time to recover physically and emotionally before attempting another pregnancy. It is recommended that you wait for at least three months to allow time for your body to recover. You are the best judge of the time required for your emotional healing.

Contraception

Not all contraception methods are suitable following an ectopic pregnancy. It is best to discuss your medical history and options with your general practitioner or family planning clinic.

Support services at KEMH

Social Work Department

Social Workers provide support and short term counselling to women experiencing a pregnancy loss. They also provide information on grieving, community support and practical assistance. Phone (08) 9340 2777 during office hours.

Pastoral Care Services

Representatives offer support and are available at all times by phoning (08) 9340 1036 or through the KEMH switchboard on (08) 9340 2222 and asking for pager 3125.

Psychological Medicine Department

This department includes clinical psychologists, psychiatrists and nurses. They offer counselling and psychiatric services for mental health issues that may complicate the experience of pregnancy loss. You may contact the department yourself or ask your health care provider to arrange a referral. Phone (08) 9340 1521 during office hours.

Women and Newborn Health Library

A women's health information service located in the main corridor of KEMH (ground floor) which provides books, DVDs and other useful information about pregnancy loss. Visit or phone (08) 9340 1100 or 1800 651 100.

Other support services

SIDS and Kids WA

The community support service for parents who have experienced the loss of a pregnancy, baby or child. They provide:

- telephone support and information
- home or hospital visits
- psychologist counsellor services
- support groups
- a resource library.

Phone: (08) 9474 3544
Country freecall: 1800 686 780
Fax: (08) 9474 3636
Email: perth@sidsandkids.org
Website: www.sandswa.org.au

Books

Sizoo L. "Small Sparks of Life", Gopher Publishers, 2001.
Hey V, Itzin C, Saunders L, Speakman MA. "Hidden Loss: Miscarriage and Ectopic Pregnancy", Women's Press 1995, 1996

Useful websites

Ectopic Pregnancy Trust <http://www.ectopic.org>
The Miscarriage Association <http://www.miscarriageassociation.org.uk>

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This information is available in
alternative formats upon request

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Government of **Western Australia**
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