



Surgical management of an ectopic pregnancy

Patient information Leaflet

September 2020

Introduction

You have been diagnosed with an ectopic pregnancy. This information leaflet has been provided to give you some general information about your diagnosis and procedures. It is not intended to replace the discussion between you and your doctor but may act as a guide/starting point for discussion.

After reading this leaflet if you have any concerns or require any further explanations, please discuss these with a member of the healthcare team.

What is an ectopic pregnancy?

In a normal pregnancy, the fertilised egg moves from the fallopian tube into the uterus (womb), where the pregnancy grows and develops. In an ectopic pregnancy this does not happen, instead the fertilised egg may implant and develop outside the uterus, mostly in the fallopian tubes but in rare cases they can develop at other sites. In the UK, approximately 1 in 90 pregnancies is an ectopic pregnancy.

Sadly, there is nothing we can do to save your pregnancy. We understand this may be a very distressing time for you, and we are sorry for your loss.

An ectopic pregnancy can be life threatening because as the pregnancy gets bigger, it can burst (rupture), causing severe pain and bleeding.

Your doctors have carefully considered the best way to manage your care and believe that surgical management is the safest way forward.

What is surgical management?

Surgical management, is a surgical procedure (a laparoscopy/key hole) performed under general anaesthetic to remove the ectopic pregnancy.

There are two different types of surgery:

Salpingectomy – The affected fallopian tube is removed along with the ectopic pregnancy.

Salpingotomy – The ectopic pregnancy is removed through a small hole made in the fallopian tube, leaving the fallopian tube intact. This entails a very small risk that some of the pregnancy remains in the tube. You may be required to have weekly blood tests to monitor your Human Chorionic Gonadotropin (hCG) levels.

Your doctor will have discussed with you which type of surgery is best for you and the reasons why. Several factors are taken into account, including:

- How much pain/bleeding you have
- Your past medical history
- Where exactly the ectopic pregnancy is
- How big the ectopic pregnancy is

Some women require open surgery (Laparotomy) through a larger cut in your lower abdomen (bikini line), this is performed under general anaesthetic. This is usually performed if severe internal bleeding is suspected, or keyhole surgery has been attempted but has been tried but found to be technically impossible to remove the ectopic pregnancy.

If severe bleeding occurs before or during the operation, you may require a blood transfusion.

What are the risks of surgery?

All operations carry a small chance of complications. Every care is taken to keep the risks as low as possible.

Minor complications occur in 1 to 2 cases in every 100. These include:

- Not being able to identify the location of the pregnancy
- Infection following the operation
- Minor bleeding and bruising
- Pain
- Persistent pregnancy tissue, when salpingotomy performed (4 to 8 in every 100)
- Hernia at site of entry

Major complications following a laparoscopy are rare. It is estimated 1 to 2 cases in every 1000 experience a major complication. These include:

- Not being able to perform a laparoscopy, instead converting to a laparotomy
- Damage to an organ such as the bowel, bladder or uterus
- Damage to a major blood vessel
- Damage to nerves in your pelvis
- Complications arising from the use of carbon dioxide during the procedure
- Serious allergic reaction to the anaesthetic.

*Further surgery is usually required to treat any major complications.

Consent

By law you must consent to any operation. The risks, benefits and alternative procedures that may need to be carried out, dependant upon the findings at the time of surgery will be discussed with you by your doctor. You will be required to sign a consent form. If you are unsure about any aspect of your proposed treatment, please speak to a member of staff.

How do I prepare for surgery?

Please read the information leaflet and ensure you fully understand the procedure. Ask any questions you may have/ discuss any concerns with the team caring for you. Where possible share the information you have been given with your family (if you wish) so they can also support you before your operation and on discharge from hospital. Sometimes this is difficult, especially as this operation is often done as an emergency.

If possible, you should have a bath or shower prior to your surgery, we recommend bringing an overnight bag with toiletries and sanitary towels with you. Please remove any body piercings and nail vanish. Valuables and jewellery should be left at home. It is particularly important that you have not had anything to eat or drink for at least 6 hours before your operation. This includes sweets or chewing gum. You maybe allowed water up to 2 hours before surgery. Your team will confirm this.

How long will my operation take?

Your operation will normally take around an hour but it may take longer if open surgery (laparotomy) is required. This does not include anaesthetic and recovery time. You would normally be expected to return to the ward following 1-2 hours in the theatre recovery area.

How long will I be in hospital?

Depending on the time of your surgery and how well you are, you may be able to go home the same day as your operation. However, you may be asked to stay overnight for observation.

What will happen to the foetal remains?

We recommend that all the surgically removed tissue, is examined by a specialist in a laboratory, first to confirm that it contains the ectopic pregnancy. Following this, the foetal remains are usually cremated at Dukinfield crematorium, if you consent to this. The cremation is performed in a sensitive and respectful manner. If you wish to make your own arrangements for the foetal remains then you are permitted to do so, however, there are some legal requirements which must be adhered to. Please discuss this in more detail with your doctor.

What can I expect after my operation?

- **Discomfort/Pain**

It is normal to experience some abdominal/leg or shoulder tip pain following your surgery, this should be bearable with pain relief you have been prescribed. You will be provided with some pain relief to take home with you. Your nurse/or a member of the pharmacy team should explain what they are and how to take them .

Wind pain is common following keyhole surgery.

If you are discharged without pain relief, please use over the counter pain relief, such as paracetamol or ibuprofen, however, always read the labels/instructions before taking.

If your pain persists or worsens after discharge you may need to contact the unit you were discharged from, the Emergency Gynaecology Clinic or your own GP.

- **Vaginal bleeding**

It is common to have some mild vaginal bleeding for up to two weeks after your operation.

Do not use tampons during this time. Use sanitary towels only. Tampons increase the risk of infection.

If you feel your bleeding is very heavy or prolonged, please seek advice from the Emergency Gynaecology Clinic or your own GP.

- **Wounds**

Your wounds will be closed with either a very small suture (stitch) or surgical glue. Sutures will take around 10-14 days to dissolve. If they do not or are causing discomfort please ask your own GP or practice nurse to review.

Glue sites should be left to heal without intervention, the glue will drop off on its own when the wound has healed. If your wounds have been closed with sutures that require removal or clips, you will be advised by your doctor and/or nurse of when they should be removed.

Some oozing from the wounds may be noted for the first 24 hours after your operation and a dry dressing may be applied. After this time wounds should be left exposed and kept clean and dry. If oozing from your wounds continues and/or

if the surgical sites become red, inflamed or smelly please seek advice from your own GP.

Always ensure you wash your hands and dry them with a clean towel before caring for your wounds.

The incisions made are very small but there will be scars, these will become barely visible after a few months.

You should keep your wounds clean and dry, we advise you take a daily shower or bath. Do not put any talcum powder, creams or lotions on your wounds.

When can I return to my normal activities?

This will depend on what type of surgery you have had. When you go home you should continue to gradually build back up to your normal level of activity. The information below is a guide only aimed at those who have undergone laparoscopic surgery. Your recovery will be longer if you have had a laparotomy.

It is normal to feel tired for a few days after your operation, and you may need to rest

- **Driving**

You must not drive for at least 24 hours and only when you feel comfortable wearing a seatbelt and are able to perform an emergency stop. You should not be taking any strong pain relief that may affect your ability to drive. If you have had a laparotomy you should not drive for at least 6 weeks.

Always contact your insurance company for advice. Failure to do so could lead to your insurance being void.

- **Exercise and lifting**

You should avoid heavy lifting, housework and strenuous exercise for 7-10 days. After this you should gradually ease yourself back into your normal exercise regime. During this time you should avoid standing for prolonged periods and walking long distances.

If you have had a laparotomy you should avoid the above for approximately 4-6 weeks.

- **Work**

You can normally return to work within 7-10 days, if you have had a laparotomy this will be longer (approximately 2-4 weeks) depending on the type of job you do. Most places of work will allow you to self certify for 7 days, however, if you require a fit note, please inform your doctor and/or nurse and this can be arranged for you prior to discharge. The hospital will normally provide a fit note for approximately 2 weeks, if you require this to be extended please contact your GP.

- **Sex**

When your vaginal bleeding has settled and you feel comfortable you may resume sexual intercourse. It may take some time before you and your partner feel ready, this is completely normal.

Contraception can be discussed with your doctor prior to discharge or you may prefer to visit your own GP or family planning clinic.

- **Emotions**

The loss of your pregnancy can be a devastating experience. In addition to the grief you are feeling, your body is also undergoing hormonal changes. It is completely normal to experience a variety of emotions from grief for the loss of your pregnancy, to relief that the pain is over and you are out of danger.

It is important to remember that the pregnancy could not have continued without causing serious risk to your health.

There is no right or wrong way to feel, we all recover in different ways. The feelings of low mood usually ease with time. Talking about your feelings with friends and relatives can help. If after 6 weeks you feel you cannot return to your normal activities, we would advise that you seek further support through your GP. There are a number of Charities/resources available, some of which will be detailed at the end of this leaflet.

- **Your Partner**

An ectopic pregnancy can put strain on a relationship, it can also bring you closer together. Partners may find it difficult to understand your emotions and instead be relieved you are safe. They may feel that no one is considerate of their feelings, as the focus is on you, despite them also losing the pregnancy. Either way, your partner is likely suffering too. We would encourage you to communicate with one another rather than holding back thoughts and emotions to protect each other.

When can I expect my next period?

How soon after surgery you can expect your period is different for each woman. Within the next 4-6 weeks is considered normal. Your first period may be heavier or lighter than normal. You should see your period return to normal within 2-3 months.

Will I have a follow up appointment?

This will depend on the type of surgery performed and the outcome. If you have had a Salpingotomy you will likely need to attend for a further blood test to ensure all of the tissue has been removed.

Your doctor may wish to arrange a follow up appointment to discuss future plans, or treatments with regards to your fertility. You will be advised of any follow up appointments prior to your discharge. Details of these can also be found on your discharge summary.

What are the chances of having another ectopic pregnancy?

The possibility of having a successful pregnancy in the future are very good. Even if you only have one fallopian tube.

For most women, an ectopic pregnancy is a one-off event, with the overall chance of you having another ectopic pregnancy is around 1-10 (10%).

What about future pregnancies?

Before trying for another baby, it is important that you wait until you and your partner feel ready, ensuring you are physically and emotionally ready. For the purpose of estimating your due date, there may be some advantage in waiting until your next normal period. If you have received a methotrexate injection, it is important that you do not get pregnant for the following 3 months.

Because you have had an ectopic pregnancy you can self-refer to the Early Pregnancy Unit (EPAU) at 6 weeks. This is so you can have an early scan to ensure the pregnancy is developing in the right place. If you experience any pain or bleeding and you are earlier than 6 weeks pregnant you can also ring the EPAU for advice. You may need to attend for a blood test.

Any pre conception care you have been following should continue, including:

- Taking folic acid
- Reducing your alcohol and caffeine intake
- Stopping smoking

Key Points

- An ectopic pregnancy is a pregnancy outside of the uterus (womb)
- 1 in 90 pregnancies (just over 1%) is an ectopic pregnancy
- Most ectopic pregnancies develop in the fallopian tubes but in rare cases they can develop at other sites
- Diagnosis is made based on your symptoms, examinations, blood tests, and scans
- Treatment options vary on the location of your ectopic pregnancy and results of your tests

Further information

The Ectopic Pregnancy Trust:

www.ectopic.org.uk

www.facebook.com/pages/The-Ectopic-Pregnancy-Trust/121527294542380

www.instagram.com/ectopicpregnancy

www.twitter.com/TheEPT

The miscarriage Association:

www.miscarriageassociation.org.uk

Royal College of Obstetricians & Gynaecologists:

www.rcog.org.uk/fen/patients/patients-leaflets

Useful contact Numbers

EPAU/Emergency Gynaecology Clinic: 0161 922 6544

Integrated Surgical and Gynaecological Unit (ISGU): 0161 922 6082

Out of hours advice (NHS): 111

If you have any questions you want to ask, you can use this space below to remind you

If you have a visual impairment this leaflet can be made available in bigger print or on audiotape. If you require either of these options please contact the Patient Information Centre on 0161 922 5332

If you require an interpreter, please ask an appropriate person to contact our central booking office between Monday to Friday 8am to 5pm on 0161 922 6991 to arrange this for you.

語言翻譯及病者支持服務 (LIPS):

如果閣下需要翻譯員在您的預約當日幫助您的話 請找一名合適的家庭成員 0161 922 6991 聯絡本中央預約辦事處來您您安排 我們的辦公時間是星期一至星期五 上午 8 時至下午 5 時

Językowo Tłumaczeniowa Usługa Pomocy dla Pacjenta (Language, Interpretation and Patient Support Service LIPS):

Jeśli potrzebujesz pomocy tłumacza w trakcie swojej wizyty, proszę poprosić odpowiedniego członka rodziny o skontaktowanie się z Centralnym Biurem Zamówień (Central Booking Office), w celu zorganizowania tłumacza pomiędzy poniedziałkiem a piątkiem w godzinach od 08:00 - 17:00 pod numerem 0161 922 6991.

لینگویج، انٹرپرائٹیشن اینڈ پیسٹنٹ سپورٹ سروس (Lips)

اگر آپ کو اپنی اپائنٹمنٹ کے لئے مترجم کی مدد کی ضرورت ہو تو براہ مہربانی اپنے خاندان کے کسی موزوں فرد سے کہیں کہ وہ ہمارے سنٹرل بنگ آفس سے پیر سے جمعہ 8.00 بجے صبح سے 5.00 بجے شام کے دوران 0161 922 6991 پر فون کر کے اس کا بندوبست کریں۔

Document control information

Author: Emma Brown
Division/Department: O&G
Date Created: September 2020
Reference Number:
Version: