

## **ECTOPIC PREGNANCY (Extrauterine or Tubal Pregnancy)**

Ectopic pregnancy is an abnormal pregnancy that develops outside the uterus. The most common site is in the fallopian tubes that connect each ovary to the uterus. Other sites may include the ovary or outside the reproductive organs in the abdominal cavity or the cervix. An ectopic pregnancy cannot progress to full term or produce a viable fetus.

### **HOW COMMON IS IT?**

About 1 to 2 in 100 pregnancies are ectopic.

### **HOW DID IT DEVELOP?**

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.

### **SYMPTOMS AND SIGNS**

- Missed the expected menstrual period or any menstrual irregularity.
- Unexplained vaginal spotting or bleeding.
- Abdominal distention.
- Lower abdominal pain and cramps.
- Shoulder pain.
- Sudden, sharp, severe abdominal pain caused by rupture of the ectopic pregnancy.
- Dizziness, fainting spells and shock (pale appearance, rapid heartbeat, drop in blood pressure and cold sweats).

### **INVESTIGATION**

Diagnostic tests may include urine pregnancy test, laboratory blood studies, ultrasound scan of the pelvis and a diagnostic laparoscopy (telescopic instrument with fiber optic light is inserted into the abdomen for visual examination and may be used to remove the ectopic pregnancy).

### **DIAGNOSIS**

Ectopic pregnancy should be suspected if the urine pregnancy test is positive and the pregnancy sac (gestational sac) in the uterus cannot be seen with ultrasound scan. Presence of fluid in the pelvis (with abdominal pain and pale appearance) will suggest a ruptured ectopic pregnancy. Confirmation is by visualization with the laparoscope.

### **RISK INCREASES WITH**

- Previous abdominal or pelvic infection.
- Pelvic inflammatory disease (PID).
- Pregnancy after tubal ligation.
- Assisted reproduction techniques such as in vitro fertilization (IVF).
- Previous ectopic pregnancy.
- Previous tubal or uterine surgery.
- Diseased fallopian tubes from infection, endometriosis, surgery or congenital abnormalities.
- Pregnancy in a current intrauterine device (IUD) user.

### **PREVENTIVE MEASURES**

It cannot be totally prevented. Many women who are diagnosed with an ectopic pregnancy do not have a recognizable risk factor. Risk factors for ectopic pregnancy should be avoided where

possible to decrease the chances of having an ectopic pregnancy.

### **POSSIBLE COMPLICATIONS**

- Anaemia, resulting from excessive blood loss
- Infection.
- Higher risk of recurrence.
- Reduced fertility.
- Shock and death from internal bleeding.

### **TREATMENT**

- An ectopic pregnancy that has ruptured is a surgical emergency. This requires immediate surgery to stop the bleeding and is usually performed via a laparotomy (open incision through the abdominal skin) if clinically unstable or in shock. Blood transfusion may be necessary in those with massive bleeding.
- The operation of choice in those who are clinically stable is the laparoscopy (telescope inserted through the navel). This is a minimally invasive surgical procedure that can diagnose and treat ectopic pregnancy at the same time. Instruments are inserted through additional tiny incisions in the abdomen and are used to cut and remove the developing embryo, placenta, and any damaged tissues. The fallopian tube is removed if it cannot be repaired. Future pregnancy is possible with the remaining healthy fallopian tube on the opposite side.
- Full recovery is likely with early diagnosis and surgery.
- Pain relief medication should generally be required for only 2 to 7 days following the procedure.
- Antibiotics are given if infection is present.
- Iron supplements if necessary for anemia.
- There will be fresh vaginal bleeding and this will usually reduce in amount and change in colour within 1 to 2 weeks. Do not douche. Use sanitary napkins—not tampons—to absorb blood or drainage.
- Shower as usual. Dry the incision site with dry, clean towel after each shower.
- There is some risk that some of the pregnancy may remain in the tube if the affected tube has not been removed during the 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 (persistently high pregnancy hormone levels), medication (methotrexate) is usually the treatment of choice.
- In carefully selected women with early, unruptured or chronic ectopic pregnancies, administration of methotrexate (a chemotherapy drug) can be another option. This should follow specific guidelines and close follow-up are necessary when this drug is prescribed.
- Resume your normal activities, including work, as soon as possible following the surgery. Recovery is generally faster with laparoscopy than with laparotomy.
- Avoid sexual relations until complete healing and full recovery. Please discuss birth control methods with your doctor if you are not keen for further pregnancy.
- There is no specific dietary restriction. Eat a healthy and balanced diet.

### **FUTURE PREGNANCY**

There is a slightly higher risk of a repeat ectopic pregnancy. Fortunately, subsequent pregnancies are normal in about 50 to 85% of patients. You should discuss this with your doctor and schedule an early appointment as soon as possible once you are confirmed pregnant again. This is to enable the doctor to make an early diagnosis regarding the location of the pregnancy (whether in

the uterus or an ectopic pregnancy again).

**SEE YOUR DOCTOR IMMEDIATELY IF THERE IS:**

- Increasing pain, swelling, redness, discharge or bleeding in the surgical area.
- Vaginal bleeding which soaks more than 1 pad or tampon each hour.
- The urge to urinate frequently, especially if associated with pain and abnormal urine colour.
- Persistent and abnormal vaginal discharge.
- Increasing nausea and vomiting, with or without abdominal distention.
- Short of breath or feel faint.
- Signs of infection, including headache, muscle aches, dizziness or a general ill feeling and fever.

**Disclaimer**

This is for informational purposes only and is not intended to be a substitute for professional medical advice, diagnosis, or treatment. It is important for readers to seek proper medical advice when necessary.

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