

may have had. Recovery from surgery will obviously take longer. It can take up to 6 weeks for the pregnancy hormones to dissipate and this can also be confusing to your recovering body. Your emotional recovery however, is not so easy to put a time frame on.

The loss of a pregnancy leads to the natural process of grief and all the emotions from anger and denial, through guilt and questioning and then onto deep sadness. There are many questions you may want the answers to; please see 'Frequently Asked Questions'. If you have any further queries please contact your GP or consultant.



Frequently asked questions

Fertility after ectopic pregnancy

What about my fertility?

This is a common question following removal of a fallopian tube and / or ovary. Your fertility has been affected but not to the degree you may fear.

Even if your tube was removed, you should have been told if your remaining tube appeared normal. If it is, the majority of women are pregnant again within 18 months of trying.

However, if you have not conceived after 6 to 9 months of trying, you should consult your GP or consultant. This is particularly important if it took a while to get pregnant with the original ectopic pregnancy.

Some women may be very unlucky and have damage to both fallopian tubes or even two consecutive ectopic pregnancies resulting in the loss of both tubes. This is thankfully rare and IVF can be an excellent treatment in such cases.

When I can begin trying to conceive again?

Your body needs time to recover and your cycle (your first bleed) may not return to normal for a while; often it may take about 4 weeks but it could be up to 10 weeks following surgery. It is advisable to wait for 2 to 3 cycles before trying to conceive, but your doctor can best advise you. Trying to conceive again can be a frightening time for you and your partner. It is important to be mindful of this and allow time.

If your ectopic pregnancy has been treated with methotrexate, you will need to allow at least three months before trying again

as the drug interferes with the metabolism of folic acid, essential for the healthy development of your baby.

What are my chances of another ectopic pregnancy?

Your chance of another ectopic is higher than normal; (approximately 10%). However that means that 90% of subsequent pregnancies will be in the normal place, i.e. the womb.

It is important that when you next find out you are pregnant that you present yourself for an early scan to ensure that the pregnancy is intrauterine (this can be confirmed at around 6 weeks).

Disclaimer; all medical information in this leaflet is for general purposes. For individual situations please contact your GP, consultant or Early Pregnancy Unit.

Ectopic Pregnancy Ireland gained
registered charity status in March 2010

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To become a Member or for further information you can
contact us at

info@ectopicireland.ie

or

089 436 5742

089 438 2413

Visit our website

www.ectopicireland.ie

PO Box.....

Ectopic Pregnancy Ireland

*Support and information
for all who have been affected by
ectopic pregnancy*

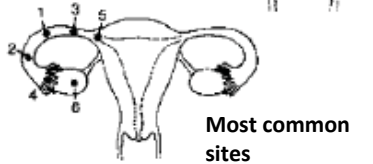


Offers

**Information
Support
Assistance**

Breaking through the tube wall

Blood



Most common sites

IVF and Ectopic pregnancies

Techniques such as IVF and ICSI are not risk-free. About 2-5% of clinical pregnancies are ectopic with IVF. The figure is higher for women with a history of a previous ectopic pregnancy or tubal infertility. Despite the fact that the embryo(s) is transferred directly into the uterus through the cervix, it is still possible for it to migrate to the tubes, back out in the abdomen or ovaries, or onto the cervix and implant there. If you are undergoing either IVF or IUI treatment and you do get pregnant, keep an eye out for symptoms of ectopic pregnancy.

Approximately 5-6 weeks after the last menstrual period, a healthy pregnancy can be seen in the womb. The womb appears empty when the pregnancy is ectopic. Occasionally it may be possible to see the pregnancy outside the womb, for example, in the fallopian tube.

Laparoscopy is an operation performed under general anaesthetic where a telescope (laparoscope) is placed in the umbilicus to obtain a direct view of the pelvis, i.e. womb, ovaries and fallopian tubes.



What can be done to treat an ectopic pregnancy?

Unfortunately, an ectopic pregnancy cannot be saved. When this diagnosis is made, the treatment options depend on the age or size of the ectopic pregnancy. If there is any risk of rupture, the pregnancy must be removed.

Monitoring clinical symptoms

In some cases the ectopic pregnancy does not progress and it may be possible to manage the pregnancy without surgery, i.e. by monitoring the hCG levels until they fall and by using ultrasound scans.

Keyhole surgery (laparoscopy)

The surgeon can perform this procedure under general anaesthetic to examine the inside of the abdominal cavity and to remove the ectopic pregnancy. In some cases, it might be possible to remove the ectopic leaving the tube intact but if the ectopic is large, if the tube is badly damaged or if there is significant bleeding the tube and pregnancy will be removed together.

Abdominal surgery (laparotomy)

If the ectopic pregnancy has not been diagnosed soon enough or the woman presents with severe symptoms, then she may need open abdominal surgery to remove the ectopic. In this case, it is unlikely that the tube will be saved.

Treatment with Methotrexate

Methotrexate is a drug which is given in injection form to treat ectopic pregnancy, although it is not a suitable treatment in all cases. Regular monitoring with blood tests is required until the beta hCG levels fall to non-pregnant levels.



Your recovery

An ectopic pregnancy can be an overwhelming experience. It involves the loss of a pregnancy, often the physical recovery following surgery and blood loss, but also the uncertainty of your future fertility. It can be a very confusing time. Your physical recovery will differ depending on the treatment you



What is an ectopic pregnancy?

Ectopic pregnancy is a life threatening condition affecting 1 in 80 pregnancies. Ectopic means out of place and an ectopic pregnancy is one which implants outside of the uterus. 95% of ectopic pregnancies occur in the fallopian tube (also known as tubal pregnancies) but it is possible to have an ectopic pregnancy in the ovaries, cervix or abdomen. Symptoms occur as the pregnancy grows. If not treated, the ectopic pregnancy can rupture and cause severe bleeding which may lead to collapse and maternal death.



What are the causes of an ectopic pregnancy?

The egg which is released at ovulation normally makes a journey from the ovary, into the fallopian tube where it may be fertilized by a sperm. Over the next few days the fertilized egg or embryo makes its way into the womb. In an ectopic pregnancy the fertilised egg or embryo gets stuck during this journey, in most cases in the fallopian tube.

In the case of many ectopic pregnancies, it is not known why this happens. One of the most common reasons is damage to the tube due to conditions such as appendicitis, pelvic inflammatory disease, endometriosis or surgery in the abdominal area. In other instances there is a problem with the walls of the tube, which interrupts the normal movement or wafting of the egg from the tube into the womb. This can happen in women who use contraceptive methods such as the coil and progesterone based contraceptive medications.



What are the symptoms?

- ⊙ Abdominal pain. This pain can either be constant and severe, or can come and go. Generally this pain is on the side of the ectopic pregnancy but this is not always the case.
- ⊙ Shoulder-tip pain.
- ⊙ Vaginal bleeding- this bleeding is usually light and might also be constant or come and go.
- ⊙ A late or missed menstrual period.
- ⊙ Pain or diarrhoea during a bowel movement.
- ⊙ Pain when passing urine.
- ⊙ Nausea.
- ⊙ A positive urine pregnancy test. However, in some cases of ectopic pregnancy a urine pregnancy test is negative.
- ⊙ Feeling light headed or faint or actual collapse.

The symptoms vary from woman to woman and this can make the diagnosis difficult.



How is an ectopic pregnancy diagnosed?

The main methods of diagnosis are:

- ⊙ the measurement of the pregnancy hormone beta hCG in the blood
- ⊙ a vaginal ultrasound scan
- ⊙ laparoscopy

Measurement of hCG is used to determine whether or not the pregnancy is 'healthy'. In normal early pregnancy the level of hCG in the blood usually doubles every two days. In ectopic pregnancy, the levels are usually lower and rise more slowly.

A vaginal ultrasound scan is performed by inserting a probe into the vagina (this is more accurate than an abdominal scan, which would reveal very little at this early stage of pregnancy).