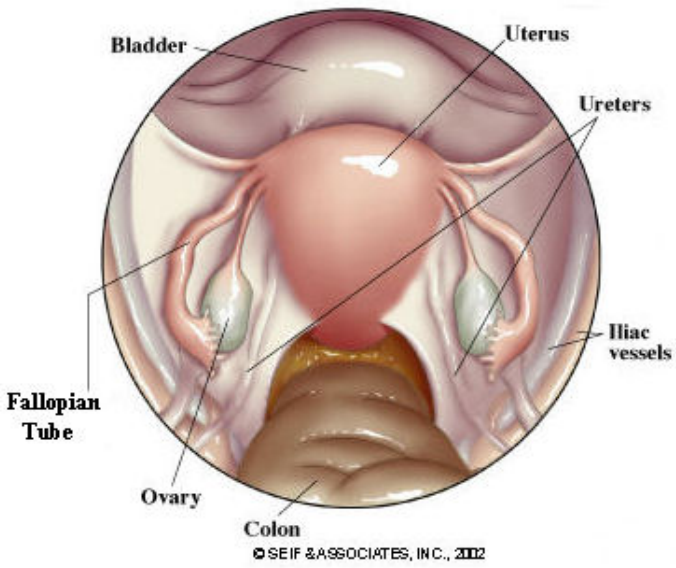
Ectopic Pregnancy

Ectopic pregnancy means the fertilized egg attached (*implanted*) outside the uterus. This occurs in about 1 out of 50 pregnancies. Many ectopic pregnancies occur in the fallopian tube (*tube between the uterus and ovary*). Ectopic pregnancies rarely occur on the ovary, intestine, pelvis, or cervix. It is the biggest cause of women dying in the first 12 weeks of their pregnancy. Death is a result of fallopian tube tearing (*rupture*) with severe internal bleeding.



A tubal pregnancy does not have the room or blood supply to develop normally. As it grows, it stretches the walls of the tube. This causes pain. If an ectopic pregnancy ruptures through the tube, serious internal bleeding can occur, along with severe pain, fainting, and shock. This is a surgical emergency.

CAUSES

- Previous ectopic pregnancy.
- Pelvic infection (PID, *pelvic inflammatory disease*).
- Previous pelvic or abdominal surgery.
- Uterus lining tissue growing outside the uterus (*endometriosis*).
- Using an intrauterine device (IUD) for birth control (*rare*).
- DES (*estrogen drug*) exposure when your mother was pregnant with you.
- Pregnancy in women over 35 years old.
- Smoking.
- Infertility treatment, stimulating the ovaries to produce eggs for in vitro fertilization.
- Previous fallopian tube surgery, such as reversing a tubal ligation (*female sterilization, "tied tubes"*).
- Blocked tubes.

Many times, there is no apparent cause.

SYMPTOMS

- The usual pregnancy symptoms:
  - Nausea.
  - Tiredness.
  - Breast tenderness.
- Pain with intercourse.
- Irregular vaginal bleeding or spotting.
- Cramping or pain on one side, or in the lower abdomen.
- Fast heartbeat.
- Passing out while having a bowel movement.
- If the tube ruptures and you develop internal bleeding, there will likely be:
  - Sudden, severe pain in the abdomen and pelvis.
  - Dizziness or fainting.
  - Pain in the shoulder area (sometimes).

DIAGNOSIS

- Diagnosis is made first by confirming the pregnancy with a pregnancy test.
- Ultrasound.
- Testing levels of pregnancy hormones and changing of the hormone levels in the blood.

- Taking a sample of uterus tissue (D&C, *dilation and curettage*).
- Visual exam inside the abdomen, using a lighted tube (*laparoscopy*).
- Rarely, CT scan and MRI are needed.

TREATMENT

- An injection of methotrexate medicine. This is given if:
  - The diagnosis is made early, and the pregnancy in the tube is 3.5 centimeters or less in size.
  - The tube has not ruptured.
  - Usually, pregnancy hormone blood levels are followed after this treatment, to be sure there is no pregnancy tissue left.
  - It takes 4 to 6 weeks for the pregnancy to be absorbed.
- Surgical treatment, using a lighted tube (*laparoscope*), to remove the tubal pregnancy.
- If severe internal bleeding occurs, a cut (*incision*) in the lower abdomen (*laparotomy*) is made, to remove the tubal pregnancy and to stop bleeding. This is a surgical emergency.
- The area of the tube with the pregnancy may be removed. Sometimes, the whole tube must be removed.
- After surgery, pregnancy hormone tests may be done to be sure there is no pregnancy tissue left.
- If the mother has Rh-negative blood and the father is Rh-positive, you will need a RhoGAM shot to prevent Rh problems with future pregnancies.
- You may need a blood transfusion (*donated blood*).
- You may be put on an antibiotic medicine.

HOME CARE INSTRUCTIONS

- Get plenty of rest.
- Avoid sexual intercourse until your caregiver says it is OK.
- Avoid lifting more than 5 pounds.
- Eat a well balanced diet.
- Do not drink alcoholic drinks, especially while taking pain medicine.
- Take all the medicines your caregiver gives you, including iron pills if you lost a lot of blood.
- Do not take aspirin, because it can cause bleeding.
- If you had abdominal surgery, change your dressing as instructed.
- Do not lift, over-exercise, drive, or do household chores until your caregiver gives you permission.
- If you develop constipation, you may take a mild laxative recommended by your caregiver. Bran foods and drinking a lot of liquids helps with constipation.
- Try to have someone help you with household chores for a week or two.
- Make and keep all your follow up appointments and blood tests.
- If you had methotrexate treatment:
  - Avoid all forms of alcohol.
  - Avoid vitamins with folic acid in them.
  - Do not take nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen.
- You and your partner may develop emotional problems. If so:
  - Grieving helps.
  - Counseling may be necessary.
  - Let your body and mind heal before trying to get pregnant again.

SEEK IMMEDIATE MEDICAL CARE IF:

- You develop severe pain in the pelvis, abdomen, back, side, or shoulder, especially if you are pregnant.
- You develop extreme weakness, fainting, repeated vomiting, or dehydration.
- You develop heavy vaginal bleeding or passage of tissue.
- You have an oral temperature above 102° F (38.9° C), not controlled by medicine.
- You develop a rash or have a reaction to your medicine.
- You pass out while having a bowel movement. This indicates a rupture of the tube, with internal bleeding.

- You had abdominal surgery and:
  - There is bleeding from the incision.
  - There is redness, swelling, and pain around the incision.
  - There is pus coming out of the incision.
  - The incision is opening up.
  - You have shortness of breath.
  - You have chest or leg pain.
  - You become dizzy or pass out.
- You have side effects from the methotrexate injection, including:
  - Nausea.
  - Vomiting.
  - Diarrhea.
  - Dizziness.

Document Released: 01/25/2006 Document Re-Released: 01/09/2011
ExitCare® Patient Information ©2011 ExitCare, LLC.