

ECTOPIC PREGNANCY



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A pregnancy is ectopic if it develops outside the uterus. Most ectopic pregnancies are found in the fallopian tube, although they can occasionally occur at other pelvic sites. If a tubal pregnancy is allowed to continue, it may eventually rupture the fallopian tube and cause a life threatening haemorrhage. Early diagnosis is therefore important, and may even save the tube.

SYMPTOMS

Initially, an ectopic pregnancy may appear as a normal pregnancy—a missed menstrual period and symptoms, such as sore breasts and nausea. However, there is often abnormal vaginal bleeding which may occur at the time of (or a little later) the expected period, and may be mistaken for a period. Commonly, pain on the side of the ectopic occurs and may be associated with a feeling of light-headedness or a desire to use one's bowels. If the tube ruptures, this usually results in severe abdominal pain and fainting.

DIAGNOSIS

Firstly a pregnancy must be confirmed by a serum (blood) pregnancy test at the Canberra Fertility Centre. These tests are more sensitive than a urine test and if negative, can virtually exclude any risk of a significant ectopic pregnancy. If the test is positive, then an ultrasound scan can usually establish whether the pregnancy is in the uterus. Sometimes a pregnancy sac may be seen outside the uterus, and therefore confirm the diagnosis.

However, identifying an ectopic pregnancy may be very difficult and a laparoscopy is often the only way of confirming the diagnosis if no pregnancy can be seen in the uterus. This is a technique whereby a fine telescope is inserted near the umbilicus (belly button), which allows the gynaecologist to visualise the pelvic organs. A pregnancy in the fallopian tubes can be easily seen.

WHO IS AT RISK?

Ectopic pregnancy occurs about once in every hundred pregnancies. However, some women are at a slightly higher risk than this. Important risk factors are:

- An intrauterine device (IUD);
- The morning after pill;
- Progesterone only or mini pill;
- Tubal damage caused by infection;
- Tubal surgery, eg tubal ligation or sterilisation reversal;
- IVF and GIFT; and
- A previous ectopic pregnancy.

Women who are at an increased risk may be advised to have an ultrasound scan early in the pregnancy, particularly if they have any vaginal bleeding.

TREATMENT

Traditionally, tubal pregnancy has been treated by removing the fallopian tube involved. However, newer and more sensitive tests mean that doctors have the means to make the diagnosis earlier, so that the tube can often be preserved. It may be possible to remove the pregnancy using the laparoscope, thus avoiding major surgery. Chemical methods of treating ectopic pregnancies are also now becoming available. These should be discussed with your doctor.

CONSEQUENCES

With an ectopic pregnancy, a couple not only mourn the loss of a pregnancy, but also the possible loss or reduction in their fertility. This sense of loss is accompanied by the discomfort and anxiety of having an emergency operation. For a woman who is potentially fertile and has a remaining fallopian tube, pregnancy is still possible. Other choices available to her and her partner are IVF, adoption or childfree living. The decision process involved in making these choices can be assisted by the support of the counsellor at the Canberra Fertility Centre.