



PATIENT FACT SHEET

Ectopic Pregnancy

This fact sheet was developed in collaboration with The Society of Reproductive Surgeons

What is ectopic pregnancy?

When you become pregnant, the embryo (fertilized egg) travels from your fallopian tube to your uterus (womb) where the embryo implants (sticks) and grows into a fetus. An ectopic pregnancy occurs when the embryo grows outside of the uterus. This usually takes place in one of your fallopian tubes, but can also take place in your ovary, cervix, or somewhere else in your pelvic cavity. An ectopic pregnancy is a very dangerous or life-threatening condition if it is not treated.

What causes an ectopic pregnancy?

Many women who have ectopic pregnancies have no obvious risk factors. However, you may be at risk for ectopic pregnancy if you:

- Have had pelvic (lower belly) surgery
- Have a history of a sexually transmitted infection
- Have endometriosis (a condition where the tissue that lines your uterus grows in other places), which can cause scar tissue (adhesions)
- Smoke cigarettes
- Have undergone fertility treatment

How do doctors diagnose ectopic pregnancies?

By ordering a blood test and ultrasound, your physician may be able to determine if you have an ectopic pregnancy. The blood test measures how much of the "pregnancy hormone" (human chorionic gonadotropin or hCG) is in your blood. This blood test may be performed more than once to determine if the levels are rising appropriately. The ultrasound checks to see whether your pregnancy is developing inside or outside the uterus.

How do doctors treat ectopic pregnancies?

If you have an ectopic pregnancy, your doctor will want to treat you right away. An ectopic pregnancy can be treated in three ways:

Methotrexate

Methotrexate is a drug that stops the ectopic pregnancy from continuing to develop. Your doctor will give you this medicine by injection. To determine if methotrexate has worked, the doctor will do a series of blood tests for hCG.

Your doctor will follow the hCG levels until they are negative, which will indicate that the pregnancy has ended. Approximately 90% of ectopic pregnancies can be treated with methotrexate if detected early enough.

If you receive a methotrexate injection, you should avoid alcohol, vitamins, drugs like ibuprofen, and food containing folate and folic acid to make sure the medicine works correctly. You may have side effects that can include nausea, vomiting, diarrhea, abdominal pain, and mouth sores.

Laparoscopy

Laparoscopy is called a minimally invasive surgery because the doctor makes very small incisions in your lower belly. A small telescope attached to a camera is placed into one incision, and the doctor can look for the ectopic pregnancy. The doctor will insert small instruments through the incisions and remove the ectopic pregnancy. If the fallopian tube is damaged, the doctor may have to remove the tube.

Laparotomy

Laparotomy is a surgery during which an abdominal incision is made. Laparotomy to treat ectopic pregnancy is often performed in emergency situations when a woman has excessive internal bleeding from an ectopic pregnancy.

Will I have complications?

Even with treatment, an ectopic pregnancy may cause your fallopian tube to tear, which can be life threatening. Go to your doctor or hospital if you have pelvic, stomach, or shoulder pain -- these may be symptoms of blood in your abdomen. If you have tubal rupture, you will need emergency surgery.

Will I be able to get pregnant after an ectopic pregnancy?

If you had an ectopic pregnancy, it might be difficult for you to get pregnant again. There is at least a 10% to 15% chance that you will have another ectopic pregnancy. Most of the time, your fallopian tube will remain open after treatment for ectopic pregnancy, and there is a 60% chance that you will give birth to a baby in the future. Fertility testing and treatment can improve your chances for a successful pregnancy.