

Ectopic pregnancy הריון חוץ רחמי - ECTOPIC PREGNANCY

Dear patient

You have been recently informed by the physician of the diagnosis of ectopic pregnancy which has developed in your body.

This leaflet provides information designed to assist you with follow up which you will undergo shortly following this diagnosis.

The final diagnosis, i.e. whether this is indeed ectopic pregnancy, will be established during the follow up.

Background

Ectopic pregnancy occurs when the fertilized egg is implanted outside the uterine cavity.

Most of the ectopic pregnancies are implanted in the fallopian tube (97%), but implantation may also occur in the ovary, cervix, abdominal cavity or in the scar of cesarean section. These organs are not suitable to receive the developing fetus, therefore such implantation may lead to rupture and life threatening bleeding.

There are several factors which may cause ectopic pregnancy:

- Infection / inflammation of the fallopian tube leading to partial / complete obstruction of the fallopian tube
- Pelvic adhesions: Inflammatory tissue formed in the fallopian tube as a result of infection or previous surgery, impairing the ability of the fertilized egg to move.
- Alteration of the fallopian tube structure (congenital).

Women at risk of ectopic pregnancy

Age 35 – 44, pregnancy with an intrauterine device, smoking, inflammation of the uterus, pregnancy achieved by fertility treatments, previous events such as: ectopic pregnancy, abdominal / pelvic surgeries, inflammation in the pelvic area.

Signs of ectopic pregnancy

You may experience symptoms of a normal pregnancy, but there are signs which may raise a suspicion of ectopic pregnancy:

- **Acute/ pricking pain, which may appear intermittently and vary in its intensity.** The pain may appear in the pelvis, abdomen or even in the shoulder and neck.
- **Vaginal bleeding**
- **Nausea, diarrhea etc.**
- **Weakness, dizziness or fainting**
- **Sensation of rectal fullness**

Diagnosis of ectopic pregnancy

- Blood test for the pregnancy protein (BHCG) – level lower than expected at this stage of pregnancy
- Physical examination by a gynecologist may sometimes diagnose tenderness or pain in the abdominal area
- Ultrasound scan – a presentation consistent with the diagnosis: the pregnancy is not located in the uterus.

Treatment

Following hospitalization / treatment in the ER, you will be referred for further follow up at the gynecology clinic. You will be requested to arrive in 1 – 2 days following your hospitalization for examination by a physician, ultrasound scan, blood tests for BHCG and blood count; based on these tests, the final diagnosis of ectopic pregnancy will be established.

There are 3 ways to terminate an ectopic pregnancy: **medication therapy, surgical treatment or follow up only.**

The medical decision regarding the treatment choice will be made based on your condition and the stage of pregnancy development.

During the treatment for termination of ectopic pregnancy, you may be hospitalized for a short period in accordance with your condition.

1. **Methotrexate** - Medication therapy based on methotrexate injections. This medication acts against rapidly dividing cells (such as placenta cells), thus enabling the body to absorb the pregnancy and to preserve the fallopian tube. This medication belongs to the class of metabolic chemotherapy drugs. The expected side effects of this medication are diarrhea, gas, vaginal bleeding etc.

2. **Surgery** – If the fallopian tube grows as a result of the pregnancy or if rupture of the fallopian tube occurs, thus causing bleeding, partial or complete removal of the fallopian tube is required. The bleeding must be stopped, therefore the surgery is urgent. The surgery is performed by a laparoscope, via a tiny incision in the abdominal wall, under general anesthesia. During the surgery, the pregnancy content is removed and the fallopian tube in which the pregnancy has developed is repaired (or removed as required). (In rare cases, surgery involving opening of the abdomen may be required).

3. **Follow up** – Some of the ectopic pregnancies are absorbed spontaneously (similarly to a spontaneous miscarriage). In such cases, there is no need for interference to terminate the ectopic pregnancy, and only outpatient follow up is required.

These cases are usually characterized by low BHCG levels which are constantly decreasing.

The follow up is conducted by blood tests for BHCG levels and blood counts once a week. The follow up is completed when BHCG levels decrease to less than 100.

Then you will continue with follow up in the community until BHCG levels decrease to less than 10.

At the end of outpatient follow up, you will receive a summarizing discharge letter to inform your gynecologist in the community and for further follow up.

For your attention!

In the following cases you must return to the gynecology clinic as soon as possible without waiting for your scheduled follow up visit:

Intense abdominal pain, major vaginal bleeding, fever or weakness or dizziness or sensation of fainting

At times when the gynecology clinic is closed, you should arrive to the Gynecology Department located on floor 7

The chances for a normal pregnancy after an ectopic pregnancy are high and very good, but recurrent ectopic pregnancy may occur.

In any case, it is very important to inform your attending physician of any abnormal pain to avoid complications.

The clinic staff members are doing their best to assist you in the process you are undergoing

We will be happy to assist you with any question you may have

The Gynecology Clinic is located on floor 9, Hador Haba building
Clinic working hours are Sunday – Thursday during 8:00 – 15:00

Secretariat: 02-6555182

Nurses' room: 02-6555683 02-6666860

Nurses' fax: 02-5645309

Appointment scheduling for each visit at the follow up clinic - 6555999

Results of the BHCG blood tests are usually obtained about 1.5 hours after performing the test.

Please take into account that the waiting time at the clinic on follow up days may be long, sometimes up to 3 – 4 hours.

Written and edited by: Tamar Weizmann – Head Nurse, Gynecology Clinic

Medical validation: Prof. Beller, Dr. Hatib

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