Your emotions
Undergoing treatment for an ectopic pregnancy can be a stressful and scary experience. As well as the physical strain of treatment, you may also find it challenging to come to terms emotionally with what has happened. It can be difficult to process and for emotions to surface properly. People often feel a complex mix of emotions and this is understandable and normal. Do give yourself time and space to recover physically, psychologically and emotionally.

For most people, after experiencing a difficult event, it is a natural response to try to make sense of what has just happened and why they have had an ectopic pregnancy. Trying to understand why you have had an ectopic pregnancy can be frustrating as there often are limited or even no answers to questions. Some feel guilty and even blame themselves for having “caused” or contributed to the ectopic pregnancy. It is important to acknowledge that there was nothing you could have done to stop the ectopic pregnancy from happening and that it is not your fault. You had no choice other than to be treated for your ectopic pregnancy as it could have risked your life if you had not had treatment.

For more than half of the UK’s ectopic pregnancies, there are no known risks or factors to cause the ectopic pregnancy.

Your partner’s emotions
Partners can also be impacted by ectopic pregnancy. As well as trying to process what has happened for themselves, they can at the same time be trying to provide you with support after seeing you go through such a physical and emotional ordeal.

Your partner may or may not have connected with the pregnancy. They may be trying to deal with their own emotional response to the loss of the pregnancy and witnessing your physical and emotional trauma. For some, a partner’s focus may be on you rather than the lost pregnancy and this could be a point of disagreement.

Sometimes your partner may find it difficult to understand your feelings and you may think that your partner is not supporting you in the way that you would like. Partners can try to “fix things” or they may want to avoid talking about what has happened or bringing up the painful topic. This is not because they do not care but rather that they want to “make things better”. With much of the focus being on you, they can also feel left out and ignored. Partners can also experience psychological difficulties after ectopic pregnancy such as post traumatic stress.

It is important that, when you feel able to, you talk to your partner both about your feelings and theirs. We are also here to support partners through the ordeal of ectopic pregnancy.

How The Ectopic Pregnancy Trust can provide support
The Ectopic Pregnancy Trust provides information and support to those experiencing early pregnancy loss, through ectopic pregnancy. At the EPT, many of us have been through the physical and emotional trauma of ectopic pregnancy so we understand and empathise with how you and your loved ones may be feeling right now. You may be feeling lonely, confused, and overwhelmed. You may have questions about the experience and what may be ahead, physically and emotionally. We are here to support you.

Our website has further information on physical recovery and emotional recovery after an ectopic pregnancy. The website has medically-overseen content and also includes information on our various support services where you can share your experiences and ask questions. If you think we can help you, please visit our website, email or call.

Please visit ectopic.org.uk for more information and support.
management has not been effective.

It can be an emotionally and physically difficult time and you will probably have some questions about your treatment and what is happening to you.

There are different ways an ectopic pregnancy can be treated so, in this handout, we will cover only questions that relate to surgical management of ectopic pregnancy.

You can find further information and support at www.ectopic.org.uk

What is surgical management?

Surgical management is the most established form of treatment and means performing an operation to remove the ectopic pregnancy while you are under general anaesthetic.

If the hormone being made by the pregnancy (beta hCG) is high, the ectopic pregnancy is, or becomes the only route available.

Because your health may be at risk, doctors cannot consider less invasive treatments for you because your health may be at risk.

What will surgery involve?

Historically, surgery involved laparotomy (an open cut) on the lower abdomen, just above the bikini line.

This type of surgery is still occasionally needed if there is heavy internal bleeding which is not due to the pregnancy tissue and is performed in an emergency situation.

In most circumstances, the type of operation is done through a technique called laparoscopy (keyhole surgery).

This involves inserting a camera through the navel and using instruments through two small cuts in the lower abdomen (lumbar). A small amount of gas is put into your abdominal cavity to inflate it to enable the surgeon to see inside the abdomen.

Both techniques will enable the surgeon to examine the abdominal cavity but keyhole surgery means a quicker recovery. If there is extensive bleeding, a blood transfusion may be needed.

How will the ectopic pregnancy be treated?

There are then two courses of action for your surgeon and the treatment that will depend upon the damage to the affected Fallopian tube and the condition of the other Fallopian tube.

If the unaffected Fallopian tube is as expected, the most likely operation is:

- the Fallopian tube with the ectopic pregnancy is removed (salpingectomy).

If either Fallopian tube is expected then the most likely operation is to remove the ectopic pregnancy from the Fallopion tube by making a small cut, leaving the tube in place (salpingostomy).

Unfortunately, however, it is not possible to do a salpingostomy when there are concerns about the other Fallopian tube. With a salpingectomy, there is always a risk that small amounts of tissue from the pregnancy tissue remains in the Fallopian tube and you will be advised to have weekly blood tests to monitor hCG levels as they decrease and the pregnancy is fully resolved.

In some cases, you may be given a copy of your operation notes for your own records. These can also be very useful to keep in case you need to go to a different hospital at any time in the future so you can share them with your medical team.

How will the ectopic pregnancy be removed?

The ectopic pregnancy can be treated so, in this handout, we will cover only questions that relate to surgical management of ectopic pregnancy.

Most people experience pain during the first 1-2 weeks after surgery which can be treated with painkillers.

You will feel tired, particularly if you lost a lot of blood during the procedure.

If you have had a laparoscopy, you may also be offered iron tablets which will turn your stools (poos) black coloured and may make you a little constipated (find it hard to poo).

If you had a laparoscopy, you are likely to feel bloated for the first week with pain similar to trapped wind. This is due to the gas which is used during the surgery.

Some hospitals ask you to return for a post-operative check to make sure that you are healing well.

They may offer you a follow-up appointment after about two weeks to check your hCG levels if your pregnancy test is still positive. This is to make sure that the ectopic pregnancy has totally been removed and resolved.

How long will I stay in hospital?

If there are concerns about the other Fallopian tube and the one chosen for the surgeon and the one chosen by laparoscopy (keyhole) or for two to three days after a laparotomy (cut to lower tummy). If your blood group is Rhesus negative then you will be given an injection of anti D to prevent future babies becoming anaemic during pregnancy.

When you are discharged, the ward staff will give you advice on aftercare, exercise and diet. Stitches are usually dissolvable and should dissolve completely after a week. Sometimes they dissolve slowly and if they are irritating you, they can be removed after a week. You are entitled to ask for a copy of your operation notes for your own records. These can also be very useful to keep in case you need to go to a different hospital at any time in the future so you can share them with your medical team.

How will I feel after the surgery?

You will feel tired, particularly if you lost a lot of blood during the procedure. As each day passes, you will be able to do more. You are likely to feel bloated for the first week with pain similar to trapped wind. This is due to the gas which is used during the surgery.

Most people experience pain during the first 1-2 weeks after surgery which can be treated with painkillers.

Most people experience pain during the first 1-2 weeks after surgery which can be treated with painkillers.

If you had a salpingostomy (Fallopian tube left in place), or if there was any doubt that the pregnancy tissue was removed, your doctors will usually test your hCG levels to ensure that they are dropping. In the first two weeks after surgery, it will be necessary to check your blood hCG levels again after a week, and possibly beyond.

If you had a salpingectomy (Fallopian tube removed), no follow-up is usually needed although sometimes no placental tissue is seen when the Fallopion tube is checked under the microscope, in which case you will need to have a blood test for hCG levels if your pregnancy test is still positive. This is to make sure that the ectopic pregnancy has totally been removed and resolved.

Some hospitals ask you to return for an outpatient appointment about six weeks after surgery to ensure that your abdomen has healed properly, and to answer any questions you may have. If you are not offered a follow-up appointment or if you think you should probably like to see you at around six weeks, or before you return to work, to undertake a post-operative check to make sure that you are healing well.

How will I feel after the surgery?

You will feel tired, particularly if you lost a lot of blood during the procedure. If you have had a laparoscopy, you may also be offered iron tablets which will turn your stools (poos) black coloured and may make you a little constipated (find it hard to poo).

If you have had a laparoscopy, you are likely to feel bloated for the first week with pain similar to trapped wind. This is due to the gas which is used during the surgery.

If you have had a salpingostomy (Fallopian tube left in place), or if there was any doubt that the pregnancy tissue was removed, your doctors will usually test your hCG levels to ensure that they are dropping. In the first two weeks after surgery, it will be necessary to check your blood hCG levels again after a week, and possibly beyond.

If you had a salpingostomy (Fallopian tube removed), no follow-up is usually needed although sometimes no placental tissue is seen when the Fallopion tube is checked under the microscope, in which case you will need to have a blood test for hCG levels if your pregnancy test is still positive. This is to make sure that the ectopic pregnancy has totally been removed and resolved.

Some hospitals ask you to return for an outpatient appointment about six weeks after surgery to ensure that your abdomen has healed properly, and to answer any questions you may have. If you are not offered a follow-up appointment or if you think you should probably like to see you at around six weeks, or before you return to work, to undertake a post-operative check to make sure that you are healing well.

How will I feel after the surgery?

You will feel tired, particularly if you lost a lot of blood during the procedure. If you have had a laparoscopy, you may also be offered iron tablets which will turn your stools (poos) black coloured and may make you a little constipated (find it hard to poo).

If you have had a salpingostomy (Fallopian tube left in place), or if there was any doubt that the pregnancy tissue was removed, your doctors will usually test your hCG levels to ensure that they are dropping. In the first two weeks after surgery, it will be necessary to check your blood hCG levels again after a week, and possibly beyond.

If you had a salpingostomy (Fallopian tube removed), no follow-up is usually needed although sometimes no placental tissue is seen when the Fallopion tube is checked under the microscope, in which case you will need to have a blood test for hCG levels if your pregnancy test is still positive. This is to make sure that the ectopic pregnancy has totally been removed and resolved.

Some hospitals ask you to return for an outpatient appointment about six weeks after surgery to ensure that your abdomen has healed properly, and to answer any questions you may have. If you are not offered a follow-up appointment or if you think you should probably like to see you at around six weeks, or before you return to work, to undertake a post-operative check to make sure that you are healing well.

How will I feel after the surgery?

You will feel tired, particularly if you lost a lot of blood during the procedure. If you have had a laparoscopy, you may also be offered iron tablets which will turn your stools (poos) black coloured and may make you a little constipated (find it hard to poo).

If you have had a salpingostomy (Fallopian tube left in place), or if there was any doubt that the pregnancy tissue was removed, your doctors will usually test your hCG levels to ensure that they are dropping. In the first two weeks after surgery, it will be necessary to check your blood hCG levels again after a week, and possibly beyond.

If you had a salpingostomy (Fallopian tube removed), no follow-up is usually needed although sometimes no placental tissue is seen when the Fallopion tube is checked under the microscope, in which case you will need to have a blood test for hCG levels if your pregnancy test is still positive. This is to make sure that the ectopic pregnancy has totally been removed and resolved.

Some hospitals ask you to return for an outpatient appointment about six weeks after surgery to ensure that your abdomen has healed properly, and to answer any questions you may have. If you are not offered a follow-up appointment or if you think you should probably like to see you at around six weeks, or before you return to work, to undertake a post-operative check to make sure that you are healing well.