The Ectopic Pregnancy Trust

Surgical Management

We are sorry that your healthcare professional has informed you that you have an ectopic pregnancy.

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 large, or significant internal bleeding has been seen on your scan, doctors cannot consider less invasive treatments because your health may be at immediate risk and therefore surgery becomes the only route available. Surgery may also be performed if expectant management or medical management has not been effective.

When is surgery most appropriate?

Doctors will suggest that operating to remove the ectopic pregnancy is the best treatment for you if:

- Your hormone being made by the pregnancy (beta hCG) is high;
- Your scan shows that the ectopic pregnancy is large; or
- Significant internal bleeding has been seen on your scan.

If you have any of these symptoms, the 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/rupture or a lot of scar tissue and is performed in an emergency situation.

In most circumstances, the type of operation is through a technique called laparoscopy (keyhole surgery). This involves inserting a camera through the navel (belly button) and inserting instruments through two small cuts in the lower abdomen (tummy).

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 the surgeon and the one chosen 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 that the Fallopian tube with the ectopic pregnancy is removed (salpingectomy). If the other Fallopian tube is not as expected then the most likely operation is to remove the ectopic pregnancy from the Fallopian tube by making a small cut, leaving the tube in place (salpingotomy).

Unfortunately, however, it is not always possible to do a salpingotomy when there are concerns about the other Fallopian tube. With a salpingotomy, there is a small risk that some of 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 a very small number of cases, treatment with a drug called methotrexate may also be required, or a further operation needed if hCG levels are not decreasing.

Your medical team should discuss what happens to the pregnancy that has been removed. The pregnancy tissue is usually sent to a laboratory for investigations called a histopathology which includes checking for a rare type of pregnancy called a molar pregnancy. Once the laboratory has done this, the remains will be sensitively disposed of, according to your wishes and options available at your hospital.

How long will I stay in hospital?

You are likely to stay in hospital for one or occasionally two days after surgery 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 slower 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 move or go to a different hospital at any time in the future so you can share them with your medical team.

How will my doctors keep me monitored?

If you had a salpingotomy (Fallopian tube left in place), or if there was any doubt that all of the pregnancy tissue was removed, your doctors will usually test your hCG levels to ensure that they are dropping. In this instance, it may 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 Fallopian 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, your doctor/ GP would 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?

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 had to have a blood transfusion, you may also be offered iron tablets which will turn you stools (poo) 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.

What can I do to help me recover from the surgery?

In the first days after surgery, it is important to try to keep moving gently. Make sure you walk around regularly and increase the short distances you walk as each day passes.

Your nurses will tell you anything you need to know about managing your wound sites, for example, if the stitches are dissolvable or if you need to return to have them removed and when.

Keep your wound site clean. You can shower regularly and you can safely take a bath 48 hours after the operation unless you have been told otherwise. It is a good idea to make sure you have someone with you in the house when you first take a bath in case you need help to get out again.

You should not do any heavy lifting or vigorous housework for around two weeks and should only undertake gentle exercise such as walking, and possibly gentle swimming, once the wound sites on the skin have healed.

The staff at the hospital should also advise you about pelvic floor (Kegel) exercises, as these can greatly help you to recover your normal tummy and bladder tone in the weeks to come.

In the first few days, it is important to take the painkillers that have been prescribed for you, as they will help you to manage your pain and feel more comfortable after an operation.

Most people take time off from work initially and do not return to work for at least two weeks to give their body and emotions time to heal after keyhole surgery and this timeframe increases to approximately six weeks for major abdominal surgery. Our website has information about ectopic pregnancy and the workplace.

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 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.