

Patient information from BMJ

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Ectopic pregnancy: what treatments work?

An ectopic pregnancy happens when a fertilised egg starts to develop in a part of a woman's body other than the womb. Without treatment, ectopic pregnancy can be dangerous for the mother.

What treatments work?

In a healthy pregnancy an egg fertilised with sperm travels from the woman's ovary, along one of her two fallopian tubes, to the womb (uterus) where it develops into a fetus. But sometimes the egg starts to develop in the wrong place, usually the fallopian tube.

The main danger of ectopic pregnancy is that, as the egg grows, it will rupture (break) the wall of the fallopian tube. This can cause internal bleeding that, in some cases, can be fatal for the woman.

For more background information, see our leaflet *Ectopic pregnancy: what is it?*

The treatment you need will depend on whether your doctor thinks you are at risk of internal bleeding from damage to your fallopian tube.

Expectant management

If you are otherwise healthy and your doctor thinks that your pregnancy will probably end by itself, he or she might recommend what's called expectant management.

This means that your doctor will keep a close eye on you, but you won't have any medical treatment unless there are signs that your pregnancy is not going to end by itself.

You will need to have regular blood tests until these show that you aren't pregnant any more. In most women who agree to this approach, the pregnancy ends by itself without any problems.

Drug treatment

The main treatment for ending a dangerous ectopic pregnancy is a drug called methotrexate. This is given by injection.

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Many women just need one injection, but some women will need to have several injections a few days apart for the treatment to work. After the first injection you will need regular blood tests to make sure that the treatment is working.

Some women are not able to have methotrexate injections, including women who have:

- problems with their immune systems
- severe liver disease
- severe kidney disease
- serious lung problems
- some blood diseases, including anaemia and leukopenia (where people don't have enough white blood cells, which makes them less able to fight infections).

If you have any of these problems you may need to have surgery to end your ectopic pregnancy.

Surgery

The aim of surgery is usually to remove the pregnancy before it becomes large enough to damage the fallopian tube. You will need to have surgery if:

- methotrexate has not worked or if you can't have methotrexate because of another medical problem
- the ectopic pregnancy is large enough that it is likely to damage your fallopian tube
- your fallopian tube has already been damaged.

In the operation, which is done under general anaesthetic, the surgeon will pass a tiny camera through a small cut in your abdomen. The camera will show if there is any damage to the fallopian tube.

If the fallopian tube is damaged, or if you have had an ectopic pregnancy before in the same tube, the surgeon will probably need to remove the tube along with the pregnancy. But if your other fallopian tube is still healthy you might still be able to become pregnant in the future.

If the fallopian tube is not damaged the surgeon will probably be able to remove just the pregnancy.

What will happen?

You will need to have weekly blood tests, and possibly urine tests, until your doctor is sure that your pregnancy has ended and all the tissue has passed out on its own or been properly removed during surgery.

If you become pregnant again after having had an ectopic pregnancy you should see your doctor as soon as possible to check that the pregnancy is growing normally and in the right place.

Women who have had one ectopic pregnancy have an increased chance of having another. But most women are able to have a healthy pregnancy in the future.

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