Patient Information for Consent

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OG28 Surgery for Ectopic Pregnancy

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COVID-19 (Coronavirus)

On 11 March 2020 the World Health Organization confirmed COVID-19 (coronavirus) has now spread all over the world (this means it is a 'pandemic'). Hospitals have very robust infection control procedures. If you catch the coronavirus, this could affect your recovery and might increase your risk of pneumonia and even death. Talk to your healthcare team about the balance of risk between waiting until the pandemic is over (this could be many months) and going ahead with your procedure. If your procedure is routine (rather than urgent), your doctor may recommend a delay.

Please visit the World Health Organization website: https://www.who.int/ for up-to-date information.

What is an ectopic pregnancy?

In a normal pregnancy, the egg (ovum) moves from your ovary into your fallopian tube where it is fertilised by a sperm, and then it embeds in the wall of your uterus (womb). An ectopic pregnancy is where a pregnancy happens outside your womb, usually in a fallopian tube (see figure 1). An ectopic pregnancy happens in 1 in 100 pregnancies. 98 in 100 ectopic pregnancies happen in a fallopian tube. Sometimes an ectopic pregnancy can happen in an ovary, your cervix, the scar tissue from a previous caesarean section, or elsewhere in your abdomen.

You are more likely to have an ectopic pregnancy if you smoke, take oral contraception, use an intra-uterine device or intra-uterine system (an IUD that contains a synthetic form of the hormone progesterone), are on IVF treatment (in vitro fertilisation) or have had pelvic infections or problems with your fallopian tubes.

Problems with your fallopian tubes are usually caused by conditions such as endometriosis (where the lining of your womb grows outside your womb) and pelvic infection. You have a higher risk of having an ectopic pregnancy if you had surgery to a fallopian tube to reverse a sterilisation.

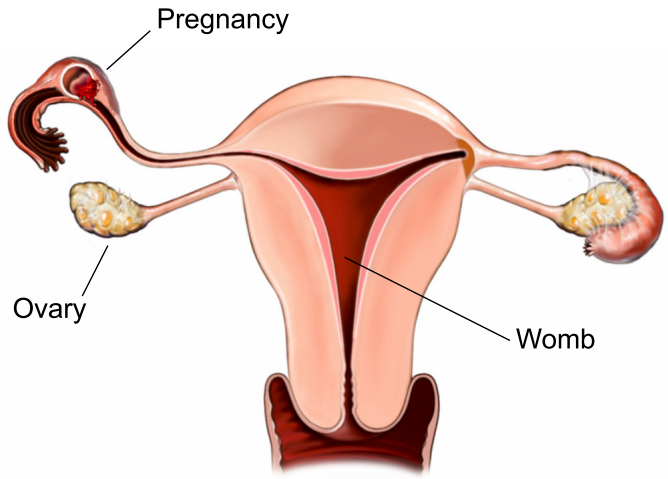

Figure 1
An ectopic pregnancy in a fallopian tube

Your gynaecologist has recommended an operation to remove the ectopic pregnancy. However, it is your decision to go ahead with the operation or not.

This document will give you information about the benefits and risks to help you to make an informed decision. If you have any questions that this document does not answer, ask your gynaecologist or the healthcare team.

What are the benefits of surgery?

An ectopic pregnancy will not develop properly and if left untreated can cause life-threatening complications.

You will usually notice bleeding and pain early on in your pregnancy and you may have had a blood test to find out if your hormone levels show that there may be a problem. The diagnosis is usually confirmed by an ultrasound scan. It is important to find out as early as possible if you have an ectopic pregnancy as the pregnancy can come apart (rupture), causing heavy internal bleeding.

Are there any alternatives to surgery?

It is sometimes possible for your body's own natural defences to break down and absorb the pregnancy. However, an ectopic pregnancy can rupture at any time and cause life-threatening complications.

If your hormone levels are low and it is likely the pregnancy has stopped naturally, your gynaecologist may recommend regular ultrasound scans and blood tests to monitor your hormone levels.

Your gynaecologist may recommend an injection of a strong drug called methotrexate to prevent the pregnancy from developing any further and allow your body's own natural defences to break down and absorb the pregnancy. You will have regular blood tests to monitor your hormone levels. This option is suitable only for some women.

What will happen if I decide not to have the operation?

Your gynaecologist may recommend treatment with methotrexate or that you wait to see if your pregnancy stops naturally.

An ectopic pregnancy can be life-threatening. If you decide not to have the operation, you should discuss this carefully with your gynaecologist.

What does the operation involve?

The healthcare team will carry out a number of checks to make sure you have the operation you came in for and on the correct side. You can help by confirming to your gynaecologist and the healthcare team your name and the operation you are having.

The operation is performed under a general anaesthetic and usually takes 20 to 30 minutes. You may be given antibiotics during the operation to reduce the risk of infection.

Your gynaecologist may need to examine your vagina. They may also need to place an instrument in your womb so they can move your womb and fallopian tubes to help them find, and remove, the ectopic pregnancy.

Your gynaecologist will examine your pelvic organs. If the ectopic pregnancy is in a damaged or blocked fallopian tube, or in a tube where you have previously had an ectopic pregnancy, your gynaecologist will usually remove the tube. Otherwise, they may simply remove the pregnancy and leave the tube in place.

If the ectopic pregnancy is in an ovary, it is usually possible for your gynaecologist to simply remove the pregnancy and leave your ovary in place.

Your gynaecologist may place a catheter (tube) in your bladder to help you to pass urine. They may insert a drain (tube) in your abdomen to drain away fluid that can sometimes collect.

Laparoscopic (keyhole) surgery

Your gynaecologist may use keyhole surgery as this is associated with less pain, less scarring and a faster return to normal activities.

An instrument called a manipulator might be inserted through the neck of the womb (cervix) and into your womb by your gynaecologist to help them perform the surgery. The manipulator allows them to move your womb during the laparoscopy so that they can get a good view of your pelvic area.

Your gynaecologist will make a small cut, usually on or near your umbilicus (belly button), so they can insert an instrument in your abdominal cavity to inflate it with gas (carbon dioxide). They will usually make a further cut on your 'bikini' line and a cut on each side of your abdomen above your hips so they can insert tubes (ports) into your abdomen. Your gynaecologist will insert instruments through the ports along with a telescope so they can see inside your abdomen and remove the ectopic pregnancy (see figure 2).

Sometimes it will not be possible to complete the operation using keyhole surgery. The operation will be changed (converted) to open surgery.

Your gynaecologist will remove the instruments and close the cuts.

If your blood group is rhesus negative, you will be given an injection of Anti-D to avoid problems in future pregnancies.

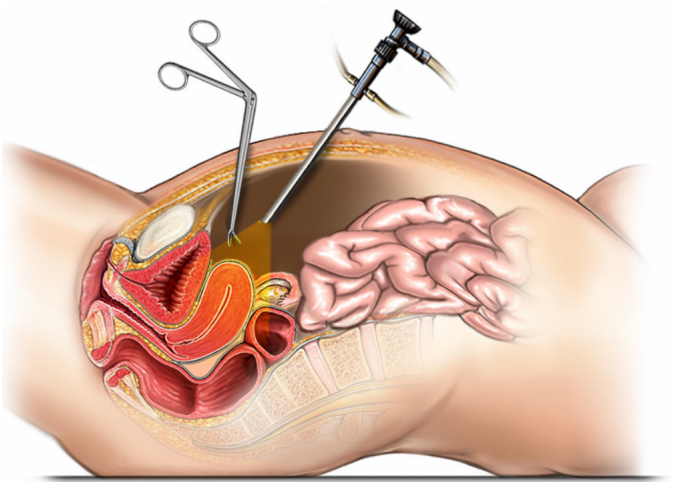

Figure 2
Laparoscopic surgery

Open surgery

If the operation is technically difficult or your gynaecologist is concerned that the pregnancy has ruptured, they will perform the operation through a larger cut, usually on your 'bikini' line.

What should I do about my medication?

Let your gynaecologist know about all the medication you take and follow their advice.

What can I do to help make the operation a success?

You can reduce your risk of infection in a surgical wound.

- In the week before the operation, do not shave or wax the area where a cut is likely to be made.
- Try to have a bath or shower either the day before or on the day of the operation.
- Keep warm around the time of the operation. Let the healthcare team know if you feel cold.

What complications can happen?

The healthcare team will try to make the operation as safe as possible but complications can happen. Some of these can be serious and can even cause death (risk: 3 to 8 in 1,000).

Using keyhole surgery means it may be more difficult for your gynaecologist to notice some complications that may happen during the operation.

When you are recovering, you need to be aware of the symptoms that may show that you have a serious complication. You should ask your doctor if there is anything you do not understand.

Any numbers which relate to risk are from studies of women who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

Your anaesthetist will be able to discuss with you the risks of having an anaesthetic.

General complications of any operation

- Feeling or being sick. Most women have only mild symptoms and feel better within 1 to 2 days without needing any medication.
- Pain. The healthcare team will give you medication to control the pain and it is important that you take it as you are told so you can move about and cough freely. After keyhole surgery, it is common to have some pain in your shoulders because a small amount of carbon dioxide gas may be left under your diaphragm. Your body will usually absorb the gas naturally over the next 24 hours, which will ease the symptoms.
- Bleeding during or after the operation. You may need a blood transfusion or another operation.
- Infection of the surgical site (wound). It is usually safe to shower after 2 days but you should check with the healthcare team. Let the healthcare team know if you get a high temperature, notice pus in your wound, or if your wound becomes red, sore or painful. An infection usually settles with antibiotics but you may need another operation.
- Developing a hernia in the scar, if you have open surgery, caused by the deep muscle layers failing to heal. This appears as a bulge or rupture called an incisional hernia. If this causes problems, you may need another operation.
- Blood clot in your leg (deep-vein thrombosis – DVT). This can cause pain, swelling or redness in your leg, or the veins near the surface of your leg to appear larger than normal. The healthcare team will assess your risk. They will encourage you to get out of bed soon after the operation and may give you injections, medication, or special stockings to wear. Let the healthcare team know straightaway if you think you might have a DVT.
- Blood clot in your lung (pulmonary embolus), if a blood clot moves through your bloodstream to your lungs. Let the healthcare team know straightaway if you become short of breath, feel pain in your chest or upper back, or if you cough up blood. If you are at home, call an ambulance or go immediately to your nearest Emergency department.
- Unsightly scarring of your skin.

Specific complications of this operation

Keyhole surgery complications

- Surgical emphysema (crackling sensation in your skin caused by trapped carbon dioxide gas), which settles quickly and is not serious.
- Damage to structures such as your bowel, bladder or blood vessels when inserting instruments into your abdomen (risk: less than 3 in 1,000). The risk is higher if you have had previous surgery to your abdomen. If an injury does happen, you may need open surgery. About 1 in 3 of these injuries is not obvious until after the operation.

- Making a hole in your womb or cervix with possible damage to a nearby structure during placement of the manipulator (risk: less than 8 in 1,000). You may need to stay overnight for close observation in case you develop complications. You may need another operation (risk: less than 1 in 1,000).
- Developing a hernia near one of the cuts used to insert the ports (risk: 1 in 100). Your gynaecologist will try to reduce this risk by using small ports (less than a centimetre in diameter) where possible or, if they need to use larger ports, using deeper stitching to close the cuts.

Ectopic surgery complications

- Continued trophoblastic growth in a fallopian tube, if your gynaecologist did not remove your fallopian tube and some of the pregnancy tissue is left behind (risk: less than 1 in 5). You will usually have a blood test after about a week to check your hormone levels. You may need further medication.

How soon will I recover?

In hospital

After the operation you will be transferred to the recovery area and then to the ward.

You may be given fluid through a drip (small tube) in a vein in your arm. If you had open surgery, you will be given strong painkillers for 1 to 2 days, usually through the drip (patient-controlled analgesia) or by an injection. Your pain will then be controlled with tablets or suppositories (tablets placed in your back passage).

If you have a drip, or a catheter or drain, they are usually removed some time over the next day or so. The healthcare team will allow you to start drinking and to eat light meals. Drink plenty of fluid and increase the amount of fibre in your diet to avoid constipation.

The healthcare team may recommend exercises to help you to recover.

You should expect a slight discharge or bleeding from your vagina. Let the healthcare team know if this becomes heavy. Use sanitary pads, not tampons.

You may have a blood test to check that the level of pregnancy hormone has returned to zero.

You should be able to go home the next day if you had keyhole surgery or after 3 to 4 days if you had open surgery. However, your doctor may recommend that you stay a little longer.

You need to be aware of the following symptoms as they may show that you have a serious complication.

- Pain that gets worse over time or is severe when you move, breathe or cough.
- A heavy discharge or bleeding from your vagina.
- A high temperature or fever.
- Dizziness, feeling faint or shortness of breath.
- Feeling sick or not having any appetite (and this gets worse after the first 1 to 2 days).
- Not opening your bowels and not passing wind.
- Swelling of your abdomen.
- Difficulty passing urine.

If you do not continue to improve over the first few days, or if you have any of these symptoms, let the healthcare team know straightaway. If you are at home, contact your gynaecologist or GP. In an emergency, call an ambulance or go immediately to your nearest Emergency department.

Returning to normal activities

To reduce the risk of a blood clot, make sure you follow carefully the instructions of the healthcare team if you have been given medication or need to wear special stockings.

For the first few days at home (2 weeks if you had open surgery) rest and continue to do the exercises that you were shown in hospital.

You should continue to improve. It is important to let your doctor know if you have heavy bleeding, increasing pain or shortness of breath.

Try to take a short walk every day, eat healthily, drink plenty of fluid and rest when you need to.

Do not have sex for at least 6 weeks and until any bleeding or discharge has stopped. It is not unusual to have some discomfort at first or need to use a lubricant.

Do not stand for too long or lift anything heavy. You can return to work once your doctor has said you are well enough to do so.

You should be feeling more or less back to normal after 2 weeks if you had keyhole surgery and after 6 weeks if you had open surgery.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Do not drive until you are confident about controlling your vehicle and always check your insurance policy and with your doctor.

The future

If you choose to become pregnant again, you have a higher risk of having another ectopic pregnancy (risk: 1 in 15 or higher, depending on the surgery you have). You should have an ultrasound scan early on in any future pregnancy (about 6 weeks) to check that your pregnancy is normal.

Summary

An ectopic pregnancy is where a pregnancy happens outside your womb. An ectopic pregnancy will not develop into a healthy baby and if left untreated can cause serious complications.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Acknowledgements
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