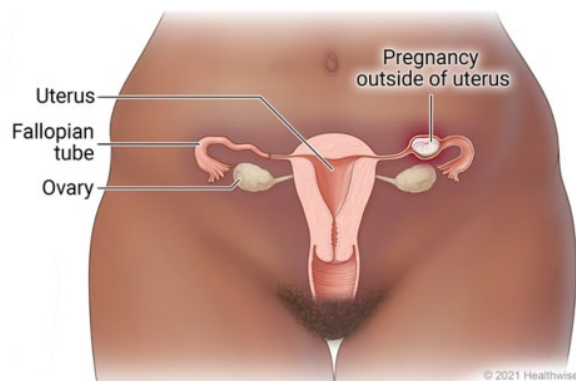


## Ectopic Pregnancy

During ovulation an egg is released from an ovary into the fallopian tube. Conception occurs when the egg is fertilized by a sperm. The two quickly start to develop into a group of cells called an **embryo**.

During a normal pregnancy, the fertilized egg (fetus) grows in the uterus. A pregnancy is considered **ectopic** if the fertilized egg begins to grow in the fallopian tube or another abdominal organ.



### Dangers of an Ectopic Pregnancy

An ectopic pregnancy is very dangerous and should be treated right away. The fallopian tube is very narrow and its wall is thin. As the fertilized egg grows in the fallopian tube, it can cause the tube to rupture. If this happens, it causes major internal bleeding and can be life threatening.

Embryos that attach somewhere other than the uterus usually do not develop normally. Ectopic pregnancies rarely resolve on their own.

### Symptoms

Ectopic pregnancy symptoms usually happen early. Sometimes you may have symptoms before you even know you're pregnant.

Common symptoms of ectopic pregnancy include:

- **Abnormal vaginal bleeding** – may be lighter or heavier than usual or not at the normal time of your menstrual period
- **Abdominal or pelvic pain** – may be sudden or may come and go, may occur on just one side
- **Weakness, dizziness or fainting** – this can happen due to blood loss

Over half of those with ectopic pregnancy have no symptoms until the fallopian tube ruptures. When it ruptures, you may feel severe pain and some may have vaginal bleeding. Some may have a drop in blood pressure, feel lightheaded or dizzy, and even may faint.

### Treatment Options

Treatment should be started as soon as an ectopic pregnancy is confirmed. A “wait and watch” approach puts the woman’s life at risk. There are two treatment options for ectopic pregnancy:

- Medicine
- Surgery

In either case, the patient will need several weeks of follow-up care.

### Medicine

If the pregnancy is small and has not ruptured the fallopian tube, the doctor may prescribe a drug called **methotrexate**. Methotrexate is given as a shot. It stops the growth of the pregnancy and allows the body to absorb the pregnancy tissue over time. This option also allows you to keep your fallopian tube. You may have some pain or cramps after methotrexate.

If you have pain:

- Take acetaminophen (Tylenol)
- **Do not** take nonsteroidal anti-inflammatory pain medicine such as ibuprofen (Advil® or Motrin®) or naprosyn/naproxen/anaprox because they interact with methotrexate.

If you received methotrexate, you are still at risk for fallopian tube rupture. Call your provider if you have any of these symptoms:

- Sudden, severe abdominal pain
- Major increase in abdominal pain
- Heavy vaginal bleeding
- Dizziness, fainting or rapid heartbeat

### **Surgery**

If the pregnancy is small and the tube has not ruptured, a surgeon can sometimes remove the pregnancy. This involves laparoscopic surgery in the hospital under general anesthesia.

If the pregnancy is large or blood loss is a concern, a larger incision or emergency surgery may be needed. In some cases, part or all of the fallopian tube needs to be removed along with the pregnancy.

Sometimes, the embryo is pushed out of the fallopian tube before it ruptures. This is called a “tubal abortion.” Those who have a tubal abortion may need surgery if their bleeding is severe.

### **Getting Pregnant Again**

If you wish to become pregnant again, talk to your health care provider first. After you have had an ectopic pregnancy, you are at higher risk for having another one.

You may find it helpful to meet with a counselor or your health care provider to discuss your feelings. It is often best to wait until you have had at least one normal menstrual period before trying to become pregnant again.