

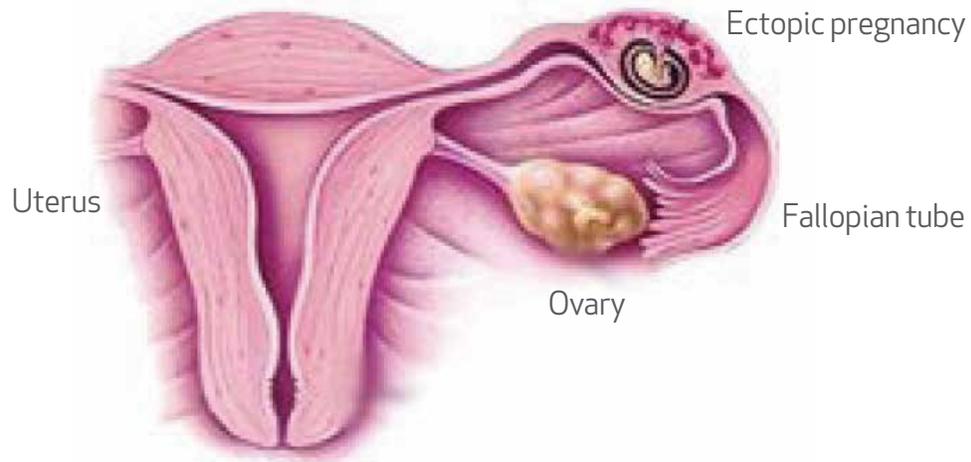


Ectopic Pregnancy

What is an Ectopic Pregnancy?

An Ectopic Pregnancy is a pregnancy that develops outside the uterus or womb, which is the usual site the embryo implants and grows. Ectopic Pregnancies usually occur in the Fallopian tubes, but, more rarely, they may develop in the ovaries, abdominal cavity, or cervical canal.

The ectopic pregnancy may spontaneously resolve, but more often the embryo will grow to a size large enough to rupture the Fallopian tube or damage other body parts. The rate of occurrence of ectopic pregnancies in the United States is 1-2 %.



What are risk factor for Ectopic Pregnancy?

- Tubal surgery such as sterilization, reversal of sterilization, and tubal surgery for a previous ectopic.
- Previous ectopic: About 20% of women who had a previous ectopic pregnancy will experience another.
- Pelvic Inflammatory Disease: Past infections that can affect the Fallopian tubes (Gonorrhea, Chlamydia, etc.).
- Termination: a history of 2 or more terminations increases the risk for ectopic, especially if there was an infection.
- DES exposure: women whose mothers took this medication during their pregnancy are more likely to have defects in their Fallopian tubes.

What are Ectopic Precautions?

Patients with a positive pregnancy test routinely have an obstetrical ultrasound performed by the doctor at around 2-3 weeks after initial pregnancy test to confirm the location of the em-bryo, the number of embryonic sacs (number of babies), the presence and quality of cardiac activity (heartbeat).

There are times during such visits, that an embryo cannot be located in the uterus, in spite of a positive pregnancy test. The doctor will often repeat the ultrasound at a later date because each pregnancy may develop at a slightly different rate or there may be an error in the calculation of gestational age. Since the possibility of an Ectopic Pregnancy exists in such cases, the doctor may advise you to maintain Ectopic Pregnancy precautions.

Ectopic Pregnancy Precautions

Patients should immediately report to the doctor:

- Any continuous pain on either side of your abdomen. Sometimes this pain may extend to the shoulders.
- Very sharp pain or a marked increase in pain when pressing abdomen while lying flat.
- Dizziness
- Light headedness
- Weakness

Patients under Ectopic Pregnancy precautions are advised to:

- Avoid sexual relations (pelvic rest)
- Avoid traveling out of town
- If you call the office to report acute symptoms and you do not receive a call-back within 20 minutes, please call the office again. Patients should page the doctor after office hours. In the event your call is not answered after several attempts, go directly to the Emergency room.

How are Ectopic Pregnancies treated?

Ectopic pregnancies cannot be moved from their location and placed in the uterus. Consequently, they must be terminated to avoid major complications and even death. There are two modes of treatment: medical and surgical.

Methotrexate

Methotrexate is a drug used to treat certain rapidly growing cancers since it is toxic to fastgrowing cells. This medication is also used to dissolve the pregnancy tissue of ectopic pregnancies that are detected early. Methotrexate is given as a single intramuscular injection in the doctor's office. Blood tests are performed just before the injection to check your blood count, chemistry, and pregnancy hormone level. Subsequent blood tests will be done to monitor the gradual drop of pregnancy hormone until levels are undetectable. In certain cases, a second dose of Methotrexate is necessary to treat the ectopic pregnancy.

Methotrexate side effects:

- Mild abdominal pain can be experienced.
- Occasionally (15% of patients) may have nausea, indigestion, vomiting, and fatigue.
- Rarely the liver and blood counts can be affected. If this occurs, the effects are usually mild and temporary.

After receiving Methotrexate there are certain precautions you need to follow.

- Avoid use of prenatal vitamins and other vitamins containing Folic Acid until pregnancy hormone is back to zero.
- Avoid Aspirin and Motrin/Ibuprofen until pregnancy hormone levels begin to fall.

Surgical Intervention

Surgical treatment is more common for Ectopic Pregnancies that are past 8 weeks gestation. Every effort is made to preserve the Fallopian tube, however, if damage is extensive, the Fallopian tube may need to be removed. There are two types of surgical procedures that can be performed: Laparoscopy and Laparotomy.

Laparoscopy involves making tiny incisions through which surgical instruments are inserted to perform the procedure. This method of surgery is preferred whenever possible because of its shorter recovery and minimal invasiveness.

Laparotomy involves making an incision in the abdomen to reach the Fallopian tube and remove the Ectopic Pregnancy.



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