ECTOPIC PREGNANCY pdf

1: About Your Privacy on this Site

An ectopic pregnancy occurs when an embryo implants somewhere other than the uterus, such as in one of the fallopian tubes. Learn more from WebMD about the symptoms, causes, and treatment of an.

December 1, By Rebecca Davis Leave a Comment Being aware of the early signs associated with an ectopic pregnancy can help you assess your symptoms if you think you may be experiencing this. An ectopic pregnancy is extremely serious and demands immediate medical attention as well as support from those close to you. Being aware of the first signs and symptoms can ensure your health and well being, and potentially save a life. What You Need to Know 1. Ectopic Pregnancy Basics The main difference between a normal pregnancy and an ectopic pregnancy lies in the fertilized egg. During a normal pregnancy the fertilized egg goes through the fallopian tube. Its endpoint is the uterus where the egg embeds itself in the lining of the uterus. This is where the egg will grow and thrive for the next 9 months. Often, ectopic pregnancies turn into tubal pregnancies. This is when the fertilized egg attaches to the fallopian tube. There are also rare occasions where the egg implants in the cervix or the ovary. When an egg tries to grow in the wrong spot, painful, and even life threatening, risks arise. Fallopian tubes may burst and severe hemorrhage and bleeding may occur. If medical attention is not sought immediately, your life could be in jeopardy. Jessica shares her story in latest WFB podcast. In addition to this, other factors may come into play as well. One example is smoking. Pregnant women who are avid smokers hold a higher risk of having an ectopic pregnancy. Pregnant women who suffer from pelvic inflammatory diseases are also at a higher risk for ectopic pregnancies. Endometriosis is another main suspect in ectopic pregnancies. Scar tissue builds up in the fallopian tubes during endometriosis. This prevents the fertilized egg from entering the uterus and therefore, keeps the egg from embedding in the optimal position. First Symptoms Early signs of ectopic pregnancy are similar to the signs of a non-ectopic pregnancy including a missed period, nausea, fatigue, and sore breasts. However, there are also a few key indicators of a possible ectopic pregnancy. Pregnant women should pay special attention to belly or pelvic pain and vaginal bleeding. These are what doctors consider early red flags. Progression of Symptoms The initial pelvic or belly pain increases as the pregnancy progresses. What was once a sharp pain on one side of the belly or pelvis may spread. Movement may also cause an increased pain as well. Heavy vaginal bleeding will accompany the pain. Pregnant women may also experience pain upon intercourse, pelvic exams, and regular movement. In addition to this, women suffering from an ectopic pregnancy may experience pain that is not local to the abdomen, such as shoulder or back pain. This is due to the abdomen bleeding and affecting the diaphragm. The internal bleeding may also lead to lightheadedness, dizziness, and fainting. Want to know more about ectopic pregnancy symptoms? Press play in the video below: The key to monitoring ectopic pregnancy symptoms is to remain observant. Recognize the changes your body may be experiencingâ€” both outside and inside. Have additional questions about ectopic pregnancy symptoms? Leave them in the comments section below.

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2: Ectopic pregnancy - Symptoms and causes - Mayo Clinic

An ectopic pregnancy occurs when the fertilized egg attaches itself in a place other than inside the uterus. Almost all ectopic pregnancies occur in the fallopian tube and are thus sometimes called tubal pregnancies. The fallopian tubes are not designed to hold a growing embryo; thus, the.

The first warning signs of ectopic pregnancy may include: Mild pain in the abdomen or pelvis. Mild cramping on one side of the pelvis. If you have any of these symptoms, you should call your doctor. As an ectopic pregnancy grows, it may rupture. Then you may experience more serious symptoms. Sudden, severe pain in the abdomen or pelvis. Feeling weak, faint, or dizzy. If you experience these symptoms, get medical help right away. An infection or inflammation in the tube can cause it to be partially or completely blocked. This is commonly caused by pelvic inflammatory disease PID. Another common reason tubes get blocked is endometriosis. This is when cells from the lining of the uterus grow outside the uterus. The cells can grow inside the fallopian tube and cause blockages. Scar tissue from previous abdominal surgery or fallopian tube surgery can also block the tube. Anyone who can get pregnant can have an ectopic pregnancy. But you are more likely to have one if: Ectopic pregnancies can be hard to diagnose because the first symptoms are the same as a normal pregnancy. If your doctor thinks you may have an ectopic pregnancy, he or she may do the following: Perform a pelvic exam to check the size and shape of your uterus. Order a urine test and a blood test to check your levels of human chorionic gonadotropin hCG. This is a hormone that is produced by the placenta. If you have an ectopic pregnancy, you may have a low hCG level. A sonogram uses sound waves to make pictures of organs in the body. This will allow your doctor to see where the pregnancy is growing. Prevention Can an ectopic pregnancy be prevented or avoided? Before getting pregnant, use a condom when having sex. This can help prevent sexually transmitted infections, such as chlamydia and gonorrhea, which can cause PID. If you are at higher risk of having an ectopic pregnancy, talk to your doctor. He or she may take extra steps to detect an ectopic pregnancy early. This could include checking your hormone levels or scheduling an early sonogram. Treatment How is an ectopic pregnancy treated? If a pregnancy is ectopic, the egg cannot develop. This can be done with medicine or surgery. If an ectopic pregnancy is discovered early, your doctor can give you a shot of medicine called methotrexate. This medicine stops cells from growing and ends the pregnancy. Your body then absorbs the ectopic tissue. Some ectopic pregnancies require surgery. These include those that are not discovered early enough, or that cause a pelvic organ to rupture. Surgery is usually done with laparoscopy. This procedure uses a tiny camera that is inserted into your body through small cuts in your abdomen. Special tools are used to remove the pregnancy. If your fallopian tube or another organ has burst, your doctor may remove that, as well. Whether you are treated with medicine or surgery, your doctor will want to see you regularly afterward. He or she will monitor your hCG levels to make sure they go back down to 0. This can take several weeks. Living with ectopic pregnancy How will I feel after treatment? Whether you are treated with medicine or surgery, your recovery may take several weeks. You may feel tired and have abdominal pain or discomfort. You also might still feel pregnant for a while. It takes a while for the hCG levels in your body to drop. It will probably take a few cycles before your periods go back to normal. Will I have an ectopic pregnancy if I get pregnant again? If you have had an ectopic pregnancy, you are more likely to have another one. You also may have trouble getting pregnant again. You should give yourself time to heal before you try to get pregnant after having an ectopic pregnancy. Where is the ectopic pregnancy located? What treatment do you recommend? Will I need surgery? Is there someone I could talk to? Am I at risk for another ectopic pregnancy? Is there anything I can do to minimize my risk?

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3: Ectopic Pregnancy Symptoms - Signs, Pain, Tests, & More | What to Expect

Causes. A tubal pregnancy â€" the most common type of ectopic pregnancy â€" happens when a fertilized egg gets stuck on its way to the uterus, often because the fallopian tube is damaged by inflammation or is misshapen.

Mild cramping on one side of the pelvis No periods Pain in the lower belly or pelvic area If the area around the abnormal pregnancy ruptures and bleeds, symptoms may get worse. Fainting or feeling faint Intense pressure in the rectum Low blood pressure Pain in the shoulder area Severe, sharp, and sudden pain in the lower abdomen Exams and Tests The health care provider will do a pelvic exam. The exam may show tenderness in the pelvic area. A pregnancy test and vaginal ultrasound will be done. Human chorionic gonadotropin hCG is a hormone that is produced during pregnancy. Checking the blood level of this hormone can detect pregnancy. When hCG levels are above a certain value, a pregnancy sac in the uterus should be seen with ultrasound. If the sac is not seen, this may indicate that an ectopic pregnancy is present. Treatment Ectopic pregnancy is life threatening. The pregnancy cannot continue to birth term. If the ectopic pregnancy has not ruptured, treatment may include: Medicine that ends the pregnancy , along with close monitoring by your doctor You will need emergency medical help if the area of the ectopic pregnancy breaks open ruptures. Rupture can lead to bleeding and shock. Treatment for shock may include: Blood transfusion Fluids given through a vein Keeping warm Oxygen Raising the legs If there is a rupture, surgery is done to stop blood loss and remove the pregnancy. In some cases, the doctor may have to remove the fallopian tube. Outlook Prognosis One out of three women who have had one ectopic pregnancy can have a baby in the future. Another ectopic pregnancy is more likely to occur. Some women do not become pregnant again. The likelihood of a successful pregnancy after an ectopic pregnancy depends on: Abnormal vaginal bleeding Lower abdominal or pelvic pain Prevention Most forms of ectopic pregnancy that occur outside the fallopian tubes are probably not preventable. You may be able to reduce your risk by avoiding conditions that may scar the fallopian tubes. Practicing safer sex by taking steps before and during sex, which can prevent you from getting an infection Getting early diagnosis and treatment of all STIs Stopping smoking Tubal pregnancy; Cervical pregnancy; Tubal ligation - ectopic pregnancy Images.

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4: Ectopic Pregnancy - ACOG

The cause of an ectopic pregnancy isn't always clear. In some cases, the following conditions have been linked with an ectopic pregnancy: inflammation and scarring of the fallopian tubes from a.

Glossary What is ectopic pregnancy? An ectopic pregnancy occurs when a fertilized egg grows outside of the uterus. As the pregnancy grows, it can cause the tube to burst rupture. A rupture can cause major internal bleeding. This can be a life-threatening emergency that needs immediate surgery. What are the risk factors for ectopic pregnancy? The risk factors for ectopic pregnancy include the following: Sexually active women should be alert to changes in their bodies, especially if they experience symptoms of an ectopic pregnancy. What are the symptoms of ectopic pregnancy? At first, an ectopic pregnancy may feel like a typical pregnancy with some of the same signs, such as a missed menstrual period, tender breasts, or an upset stomach. Other signs may include abnormal vaginal bleeding mild pain in the abdomen or pelvis mild cramping on one side of the pelvis At this stage, it may be hard to know if you are experiencing a typical pregnancy or an ectopic pregnancy. Abnormal bleeding and pelvic pain should be reported to your obstetricianâ€"gynecologist ob-gyn or other health care professional. As an ectopic pregnancy grows, more serious symptoms may develop, especially if a fallopian tube ruptures. Symptoms may include the following: Sudden, severe pain in the abdomen or pelvis Shoulder pain Weakness, dizziness, or fainting A ruptured fallopian tube can cause life-threatening internal bleeding. If you have sudden, severe pain; shoulder pain; or weakness, you should go to an emergency room. How is ectopic pregnancy diagnosed? If you do not have the symptoms of a fallopian tube rupture but your ob-gyn or other health care professional suspects you may have ectopic pregnancy, he or she may perform a pelvic exam perform an ultrasound exam to see where the pregnancy is developing test your blood for a pregnancy hormone called human chorionic gonadotropin hCG How is ectopic pregnancy treated? An ectopic pregnancy cannot move or be moved to the uterus, so it always requires treatment. There are two methods used to treat an ectopic pregnancy: Several weeks of follow-up are required with each treatment. What medication is used to treat ectopic pregnancy? The most common drug used to treat ectopic pregnancy is methotrexate. This drug stops cells from growing, which ends the pregnancy. The pregnancy then is absorbed by the body over 4â€"6 weeks. This does not require the removal of the fallopian tube. When is medication used to treat ectopic pregnancy? Methotrexate may be used if the pregnancy has not ruptured a fallopian tube. Several factors go into the decision to use methotrexate. One of the most important factors is your ability to follow up with blood tests that check your blood levels of hCG. You will not be able to use methotrexate if you are breastfeeding or have certain health problems. How is methotrexate given? Methotrexate often is given by injection in one dose. Before you take methotrexate, blood tests will be done to measure the level of hCG and the functions of certain organs. If hCG levels have not decreased enough after the first dose, another dose of methotrexate may be recommended. You will have careful follow-up over time until hCG is no longer found in your blood. What are possible side effects and risks of taking methotrexate? Taking methotrexate can have some side effects. Most women have some abdominal pain. Vaginal bleeding or spotting also may occur. Other side effects may include nausea diarrhea dizziness It is important to follow up with your ob-gyn or other health care professional until your treatment with methotrexate is complete. The risk of a fallopian tube rupture does not go away until your treatment is over. Seek care right away if you have symptoms of a rupture, including sudden abdominal pain, shoulder pain, or weakness. Is there anything I should avoid while taking methotrexate? Yes, during treatment with methotrexate you should avoid the following: Heavy exercise Sexual intercourse Alcohol Vitamins and foods that contain folic acid, including fortified cereal, enriched bread and pasta, peanuts, dark green leafy vegetables, orange juice, and beans Prescription pain medication and nonsteroidal anti-inflammatory drugs NSAIDs , such as ibuprofen. These medications can affect the way methotrexate works in the body. Foods that produce gas, which can cause discomfort and mask the pain of a possible rupture of a fallopian tube Prolonged exposure to sunlight. Methotrexate can cause sun sensitivity. When is surgery used to treat ectopic pregnancy? If the ectopic pregnancy has ruptured a tube, emergency surgery is needed. Sometimes surgery is needed even if the

fallopian tube has not ruptured. In these cases, the ectopic pregnancy can be removed from the tube, or the entire tube with the pregnancy can be removed. How is surgery performed? Surgery typically is done with laparoscopy. This procedure uses a slender, lighted camera that is inserted through small cuts in the abdomen. It is done in a hospital with general anesthesia. What are the possible side effects and risks of surgery? Your ob-gyn or other health care professional will talk with you about the possible side effects and risks of surgery for ectopic pregnancy. These may include pain, fatigue, bleeding, and infection. How will I feel after treatment? Whether you were treated with methotrexate or surgery, you may feel tired for several weeks while you recover. You may feel abdominal discomfort or pain. If you have pain that does not respond to over-the-counter medication, talk with your ob-gyn or other health care professional. It can take time for the level of hCG in your body to drop after treatment for an ectopic pregnancy. You may continue to feel pregnant for a while. It may take a few cycles for your periods to return to normal. How can I get emotional support after an ectopic pregnancy? For some women, ectopic pregnancy can be traumatic. You may be dealing with many emotions after an ectopic pregnancy, even if you were not planning to become pregnant. Take time to work through your feelings. Counseling may be helpful. Ask your ob-gyn or other health care professional to recommend a counselor. Online forums also can be a place to get support from other women who have had ectopic pregnancies. Can an ectopic pregnancy affect future pregnancies? Once you have had an ectopic pregnancy, you are at higher risk of having another one. During future pregnancies, be alert for signs and symptoms of ectopic pregnancy until your ob-gyn or other health care professional confirms the next pregnancy is growing in the right place. Glossary Assisted Reproductive Technology: A group of infertility treatments in which an egg is fertilized with a sperm outside the body; the fertilized egg then is transferred to the uterus. A condition in which tissue that lines the uterus is found outside of the uterus, usually on the ovaries, fallopian tubes, and other pelvic structures. Tube through which an egg travels from the ovary to the uterus. The use of drugs that produce a sleep-like state to prevent pain during surgery. A substance made in the body by cells or organs that controls the function of cells or organs. A surgical procedure in which an instrument called a laparoscope is inserted into the pelvic cavity through a small incision. The laparoscope is used to view the pelvic organs. Other instruments can be used with it to perform surgery. An infection of the uterus, fallopian tubes, and nearby pelvic structures. Infections that are spread by sexual contact, including chlamydia, gonorrhea, human papillomavirus HPV , herpes, syphilis, and human immunodeficiency virus HIV, the cause of acquired immunodeficiency syndrome [AIDS]. A test in which sound waves are used to examine internal structures. During pregnancy, it can be used to examine the fetus. A muscular organ located in the female pelvis that contains and nourishes the developing fetus during pregnancy. If you have further questions, contact your obstetricianâ€”gynecologist. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate.

ECTOPIC PREGNANCY pdf

5: Ectopic Pregnancy (+ 8 Natural Ways to Help Recovery) - Dr. Axe

Ectopic pregnancy is a complication of pregnancy in which the embryo attaches outside the uterus. Signs and symptoms classically include abdominal pain and vaginal bleeding.

This information is designed as an educational resource to aid clinicians in providing obstetric and gynecologic care, and use of this information is voluntary. This information should not be considered as inclusive of all proper treatments or methods of care or as a statement of the standard of care. It is not intended to substitute for the independent professional judgment of the treating clinician. Variations in practice may be warranted when, in the reasonable judgment of the treating clinician, such course of action is indicated by the condition of the patient, limitations of available resources, or advances in knowledge or technology. The American College of Obstetricians and Gynecologists reviews its publications regularly; however, its publications may not reflect the most recent evidence. Any updates to this document can be found on www. ACOG does not guarantee, warrant, or endorse the products or services of any firm, organization, or person. Neither ACOG nor its officers, directors, members, employees, or agents will be liable for any loss, damage, or claim with respect to any liabilities, including direct, special, indirect, or consequential damages, incurred in connection with this publication or reliance on the information presented. This Practice Bulletin is updated as highlighted to clarify the guidance on the assessment of hCG levels after uterine aspiration in women with a pregnancy of unknown location. The most common site of ectopic pregnancy is the fallopian tube. Most cases of tubal ectopic pregnancy that are detected early can be treated successfully either with minimally invasive surgery or with medical management using methotrexate. However, tubal ectopic pregnancy in an unstable patient is a medical emergency that requires prompt surgical intervention. The purpose of this document is to review information on the current understanding of tubal ectopic pregnancy and to provide guidelines for timely diagnosis and management that are consistent with the best available scientific evidence. However, the true current incidence of ectopic pregnancy is difficult to estimate because many patients are treated in an outpatient setting where events are not tracked, and national surveillance data on ectopic pregnancy have not been updated since 1. Despite improvements in diagnosis and management, ruptured ectopic pregnancy continues to be a significant cause of pregnancy-related mortality and morbidity. In â€", ruptured ectopic pregnancy accounted for 2. An ectopic pregnancy also can co-occur with an intrauterine pregnancy, a condition known as heterotopic pregnancy. The risk of heterotopic pregnancy among women with a naturally achieved pregnancy is estimated to range from 1 in 4, to 1 in 30,, whereas the risk among women who have undergone in vitro fertilization is estimated to be as high as 1 in 5 , 6. Risk Factors One half of all women who receive a diagnosis of an ectopic pregnancy do not have any known risk factors 3. Women with a history of ectopic pregnancy are at increased risk of recurrence. Other important risk factors for ectopic pregnancy include previous damage to the fallopian tubes, factors secondary to ascending pelvic infection, and prior pelvic or fallopian tube surgery 3, 7. Among women who become pregnant through the use of assisted reproductive technology, certain factors such as tubal factor infertility and multiple embryo transfer are associated with an increased risk of ectopic pregnancy 8 , 9. Women with a history of infertility also are at increased risk of ectopic pregnancy independent of how they become pregnant 7. Other less significant risk factors include a history of cigarette smoking and age older than 35 years 7. Women who use an intrauterine device IUD have a lower risk of ectopic pregnancy than women who are not using any form of contraception because IUDs are highly effective at preventing pregnancy. Factors such as oral contraceptive use, emergency contraception failure, previous elective pregnancy termination, pregnancy loss, and cesarean delivery have not been associated with an increased risk of ectopic pregnancy 3, 7, 11 , Clinical Considerations and Recommendations How is an ectopic pregnancy diagnosed? The minimum diagnostic evaluation of a suspected ectopic pregnancy is a transvaginal ultrasound evaluation and confirmation of pregnancy. Serial evaluation with transvaginal ultrasonography, or serum hCG level measurement, or both, often is required to confirm the diagnosis. Women with clinical signs and physical symptoms of a ruptured ectopic pregnancy, such as hemodynamic instability or an acute abdomen, should be evaluated and treated urgently. Early

diagnosis is aided by a high index of suspicion. Every sexually active, reproductive-aged woman who presents with abdominal pain or vaginal bleeding should be screened for pregnancy, regardless of whether she is currently using contraception 13 , Women who become pregnant and have known significant risk factors should be evaluated for possible ectopic pregnancy even in the absence of symptoms. Transvaginal Ultrasonography Ultrasonography can definitively diagnose an ectopic pregnancy when a gestational sac with a yolk sac, or embryo, or both, is noted in the adnexa 15 , 16 ; however, most ectopic pregnancies do not progress to this stage Although an early intrauterine gestational sac may be visualized as early as 5 weeks of gestation 17 , definitive ultrasound evidence of an intrauterine pregnancy includes visualization of a gestational sac with a yolk sac or embryo Visualization of a definitive intrauterine pregnancy eliminates ectopic pregnancy except in the rare case of a heterotopic pregnancy. Serum Human Chorionic Gonadotropin Measurement Measurement of the serum hCG level aids in the diagnosis of women at risk of ectopic pregnancy. Accurate gestational age calculation, rather than an absolute hCG level, is the best determinant of when a normal pregnancy should be seen within the uterus with transvaginal ultrasonography 23 , An intrauterine gestational sac with a yolk sac should be visible between 5 weeks and 6 weeks of gestation regardless of whether there are one or multiple gestations 25 , In the absence of such definitive information, the serum hCG level can be used as a surrogate for gestational age to help interpret a nondiagnostic ultrasonogram. The absence of a possible gestational sac on ultrasound examination in the presence of a hCG measurement above the discriminatory level strongly suggests a nonviable gestation an early pregnancy loss or an ectopic pregnancy. However, the utility of the hCG discriminatory level has been challenged 24 in light of a case series that noted ultrasonography confirmation of an intrauterine gestational sac on follow-up when no sac was noted on initial scan and the serum hCG level was above the discriminatory level 30â€” Women with a multiple gestation have higher hCG levels than those with a single gestation at any given gestational age and may have hCG levels above traditional discriminatory hCG levels before ultrasonography recognition Serial hCG concentration measurements are used to differentiate normal from abnormal pregnancies 21, 22, 33 , When clinical findings suggest an abnormal gestation, a second hCG value measurement is recommended 2 days after the initial measurement to assess for an increase or decrease. Subsequent assessments of hCG concentration should be obtained 2â€”7 days apart, depending on the pattern and the level of change. Guidelines regarding the minimal increase in hCG for a potentially viable intrauterine pregnancy have become more conservative ie, slower increase 21, 22 and have been demonstrated to be dependent on the initial value There is a slower than expected increase in serum hCG levels for a normal gestation when initial values are high. However, even hCG patterns consistent with a growing or resolving gestation do not eliminate the possibility of an ectopic pregnancy Decreasing hCG values suggest a failing pregnancy and may be used to monitor spontaneous resolution, but this decrease should not be considered diagnostic. A woman with decreasing hCG values and a possible ectopic pregnancy should be monitored until nonpregnant levels are reached because rupture of an ectopic pregnancy can occur while levels are decreasing or are very low. A pregnancy of unknown location should not be considered a diagnosis, rather it should be treated as a transient state and efforts should be made to establish a definitive diagnosis when possible A woman with a pregnancy of unknown location who is clinically stable and has a desire to continue the pregnancy, if intrauterine, should have a repeat transvaginal ultrasound examination, or serial measurement of hCG concentration, or both, to confirm the diagnosis and guide management 22, Follow-up to confirm a diagnosis of ectopic pregnancy in a stable patient, especially at first clinical encounter, is recommended to eliminate misdiagnosis and to avoid unnecessary exposure to methotrexate, which can lead to interruption or teratogenicity of an ongoing intrauterine pregnancy 16, 38 , The first step is to assess for the possibility that the gestation is advancing. When the possibility of a progressing intrauterine gestation has been reasonably excluded, uterine aspiration can help to distinguish early intrauterine pregnancy loss from ectopic pregnancy by identifying the presence or absence of intrauterine chorionic villi. If chorionic villi are found, then failed intrauterine pregnancy is confirmed and no further evaluation is necessary. If chorionic villi are not confirmed, hCG levels should be monitored, with the first measurement taken 12â€”24 hours after aspiration. A plateau or increase in hCG postprocedure suggests that evacuation was incomplete or there is a nonvisualized ectopic pregnancy, and

further treatment is warranted. Large decreases in hCG levels are more consistent with failed intrauterine pregnancy than ectopic pregnancy. One study 29 noted The other patients had resolving hCG levels, and were presumed to have failed intrauterine pregnancies. There is debate among experts about the need to determine pregnancy location by uterine aspiration before providing methotrexate 42 , Proponents cite the importance of confirming the diagnosis to avoid unnecessary exposure to methotrexate and to help guide management of the current pregnancy and future pregnancies 37, Arguments against the need for a definitive diagnosis include concern about the increased risk of tubal rupture because of delay in treatment while diagnosis is established and the increased health-care costs associated with additional tests and procedures However, with close follow-up during this diagnostic phase, the risk of rupture is low. In one large series with serial hCG measurement of women with pregnancies of unknown location, the risk of rupture of an ectopic pregnancy during surveillance to confirm diagnosis was as low as 0. In addition, presumptive treatment with methotrexate has not been found to confer a significant cost savings or to decrease the risk of complications The choice of performing a uterine aspiration before treatment with methotrexate should be guided by a discussion with the patient regarding the benefits and risks, including the risk of teratogenicity in the case of an ongoing intrauterine pregnancy and exposure to methotrexate. Who are candidates for medical management of ectopic pregnancy? Medical management with methotrexate can be considered for women with a confirmed or high clinical suspicion of ectopic pregnancy who are hemodynamically stable, who have an unruptured mass, and who do not have absolute contraindications to methotrexate administration These patients generally also are candidates for surgical management. The decision for surgical management or medical management of ectopic pregnancy should be guided by the initial clinical, laboratory, and radiologic data as well as patient-informed choice based on a discussion of the benefits and risks of each approach. Women who choose methotrexate therapy should be counseled about the importance of follow-up surveillance. Methotrexate Methotrexate is a folate antagonist that binds to the catalytic site of dihydrofolate reductase, which interrupts the synthesis of purine nucleotides and the amino acids serine and methionine, thereby inhibiting DNA synthesis and repair and cell replication. Methotrexate affects actively proliferating tissues, such as bone marrow, buccal and intestinal mucosa, respiratory epithelium, malignant cells, and trophoblastic tissue. Systemic methotrexate has been used to treat gestational trophoblastic disease since and was first used to treat ectopic pregnancy in There are no recommended alternative medical treatment strategies for ectopic pregnancy beyond intramuscular methotrexate. Although oral methotrexate therapy for ectopic pregnancy has been studied, the outcomes data are sparse and indicate that benefits are limited Contraindications Box 1 lists absolute and relative contraindications to methotrexate therapy Before administering methotrexate, it is important to reasonably exclude the presence of an intrauterine pregnancy. In addition, methotrexate administration should be avoided in patients with clinically significant elevations in serum creatinine, liver transaminases, or bone marrow dysfunction indicated by significant anemia, leukopenia, or thrombocytopenia. Because methotrexate affects all rapidly dividing tissues within the body, including bone marrow, the gastrointestinal mucosa, and the respiratory epithelium, it should not be given to women with blood dyscrasias or active gastrointestinal or respiratory disease. However, asthma is not an exclusion to the use of methotrexate. Methotrexate is directly toxic to the hepatocytes and is cleared from the body by renal excretion; therefore, methotrexate typically is not used in women with liver or kidney disease. Relative contraindications for the use of methotrexate Box 1 do not serve as absolute cut-offs but rather as indicators of potentially reduced effectiveness in certain settings. For example, a high initial hCG level is considered a relative contraindication. Systematic review evidence shows a failure rate of What methotrexate regimens are used in the management of ectopic pregnancy, and how do they compare in effectiveness and risk of adverse effects? There are three published protocols for the administration of methotrexate to treat ectopic pregnancy: The single-dose regimen is the simplest of the three regimens; however, an additional dose may be required to ensure resolution in up to one quarter of patients 54 , The two-dose regimen was first proposed in in an effort to combine the efficacy of the multiple-dose protocol with the favorable adverse effect profile of the single-dose regimen The two-dose regimen adheres to the same hCG monitoring schedule as the single-dose regimen, but a second dose of methotrexate is administered on day 4 of treatment. The multiple-dose

methotrexate regimen involves up to 8 days of treatment with alternating administration of methotrexate and folinic acid, which is given as a rescue dose to minimize the adverse effects of the methotrexate. Resolution of an ectopic pregnancy may depend on the methotrexate treatment regimen used and the initial hCG level. However, there is no clear consensus in the literature regarding the optimal methotrexate regimen for the management of ectopic pregnancy. The choice of methotrexate protocol should be guided by the initial hCG level and discussion with the patient regarding the benefits and risks of each approach. In general, the single-dose protocol may be most appropriate for patients with a relatively low initial hCG level or a plateau in hCG values, and the two-dose regimen may be considered as an alternative to the single-dose regimen, particularly in women with an initial high hCG value. Am J Obstet Gynecol ;

ECTOPIC PREGNANCY pdf

6: Ectopic pregnancy - Wikipedia

Ectopic pregnancy is when a pregnancy grows outside of your uterus, usually in your fallopian tube. Ectopic pregnancies are rare but serious, and they need to be treated.

Severe abdominal pain Shock Seek emergency medical attention immediately if your symptoms are severe as heavy internal bleeding can result in death. It is most often related to a problem inside the fallopian tube. A malformed fallopian tube, inflammation or scarring can prevent the egg from traveling to the uterus. However, the following risk factors are associated with ectopic pregnancies: Smoking is believed to increase the risk by causing scarring or general tubal dysfunction. A history of or a current case of gonorrhea or chlamydia is associated with an increased risk of ectopic pregnancy. Sexually transmitted diseases can cause inflammation and infection in the reproductive system, including the fallopian tubes. Pelvic inflammatory disease or history of pelvic infections. Endometriosis In vitro fertilization treatments and other types of fertility treatments can increase the risk for an ectopic pregnancy. It is estimated that between 2 percent and 5 percent of pregnancies that occur from IVF treatments are ectopic. If you have had the permanent birth control procedure, a tubal ligation, and you become pregnant, it can be ectopic pregnancy. Certain surgical procedures to repair or correct a damaged fallopian tube can increase your risk for an ectopic pregnancy. Being over the age of To diagnose an ectopic pregnancy, your doctor will conduct a variety of tests including: Pelvic examination Pregnancy test Ultrasound Blood tests to check for blood loss, anemia and to verify blood type in the event you need a blood transfusion. Treatment for an ectopic pregnancy is to remove the embryo; a fertilized egg cannot develop properly unless it is in the uterus. The severity of symptoms as well as at what stage the ectopic pregnancy is diagnosed, will determine how the embryo and tissue are removed. This medication stops cell growth while dissolving existing ectopic tissue. This conventional ectopic pregnancy treatment is only suitable in the early stages. A small incision is made and a tube with a camera is inserted to locate and remove the ectopic pregnancy. The fallopian tube may be repaired or removed, depending on the severity of the damage. Surgery may be required if symptoms are severe. Heavy internal bleeding can cause the death of the mother, and the ruptured tube or tissue must be removed. Incorporate natural treatments for your physical and emotional symptoms and remember to be gentle and kind to yourself throughout the healing process. Talking to other women who have experienced a loss of pregnancy may help you navigate the feelings of grief, anger, fear and solitude. Groups focus on positive resolution of grief through emotional, physical, social and spiritual healing. Losing a baby is hard on both partners. In fact, according to the American Psychological Association, men grieve over the loss of a pregnancy more than researchers once believed. Attending a counseling session with your partner may help resolve feelings of guilt or blame and draw the two of you closer together while learning to overcome the grief. An ectopic pregnancy causes hormones to be in constant flux leading to symptoms of depression including anger, sadness, fear, grief and guilt. For example, diffusing lavender oil , or including it in massages, can help promote a sense of calm and peace by relieving emotional stress and reducing anxiety. A small pilot study published in the journal Complementary Therapies in Clinical Practice found that an essential oil blend that included lavender and rose oils helped reduce anxiety and depression in postpartum women. Vitamin B12 especially helps to produce serotonin naturally and may help relieve depression symptoms. This report also discusses the importance of folate in the role of depression and recommends a dose of micrograms daily. Recovering from an ectopic pregnancy takes time. If you had surgery, follow all guidelines for wound care, rest and fluids. It is also important to follow the recommendations for pelvic rest by refraining from sexual intercourse, tampon use and douching as directed. According to the Ectopic Pregnancy Trust, drinking alcohol is not advised after taking the drug methotrexate as they both are metabolized in the liver. The drug can still be present up to days after a dose. Drinking alcohol can make you feel ill and potentially damage your liver. If you were given methotrexate, it is important to restore folate levels. Methotrexate is known to reduce the level of this essential nutrient in your body. A folate deficiency can cause fatigue, poor immune function, poor digestion, anemia and changes in mood. Low levels of folate are also associated with depression, and as mentioned above, micrograms daily is recommended for

depression symptoms. If you had surgery, treat scars naturally topically and internally. A healthy diet, drinking eight to 10 glasses of fresh water daily and topical application of moisturizing oils can help reduce the appearance of a scar after surgery. A recent clinical study published in International Journal of Molecular Sciences cites several natural plant oils that can help with wound healing. Two of note from this study include coconut oil and avocado oil. In addition, researchers note that it has strong antiviral, antifungal and antibacterial activity making it a healthy option for helping to treat surgical scars. But researchers have now identified it as an effective topical treatment for wounds. It is recognized for increasing collagen and decreasing inflammatory cells in animal models and can provide much-needed moisture to a scar. Only after given the all-clear from your medical team should you begin exercising. If you had surgery, it may be four to eight weeks before exercise is advised. Even then, avoiding weights and any jarring exercises will likely be recommended if you had a more aggressive surgery. However, when you are able, start to incorporate gentle stretching, tai chi, yoga, Pilates, walking and even swimming when your wounds are healed. Exercise is a great way to heal not only physically, but it can help reduce anxiety and depression symptoms. Precautions An ectopic pregnancy can be life-threatening if left untreated. As the egg grows, it can rupture, damaging tissue and lead to heavy internal bleeding. If you suspect an ectopic pregnancy, seek emergency medical attention immediately. Key Points about Ectopic Pregnancy An ectopic pregnancy occur in 1 out of every 40 pregnancies. It is caused by a fertilized egg becoming implanted in an area other than the uterus. The embryo cannot survive outside of the uterus, and must be removed conventionally through an ectopic pregnancy surgery or injection of methotrexate. Left untreated, an ectopic pregnancy can cause severe internal bleeding resulting in death. Find a support group. Engage with others women who have experienced a loss of pregnancy. Attend counseling sessions with your partner to help resolve grief, guilt, anger and blame. Diffuse lavender oil, and take a high-quality B12 supplement and folic acid each day. Treat scars with coconut oil. Exercise when the doctor clears you.

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7: Tubal Ectopic Pregnancy - ACOG

What is an ectopic pregnancy? An ectopic pregnancy results when a fertilized egg implants outside the uterus. Unfortunately, there's no way to transplant an ectopic pregnancy into your uterus, so ending the pregnancy is the only option. About 2 percent of pregnancies are ectopic. Because ectopic.

Print Diagnosis A pelvic exam can help your doctor identify areas of pain, tenderness, or a mass in the fallopian tube or ovary. Levels of this hormone increase during pregnancy. This blood test may be repeated every few days until ultrasound testing can confirm or rule out an ectopic pregnancy â€" usually about five to six weeks after conception. Ultrasound Transvaginal ultrasound Transvaginal ultrasound During a transvaginal ultrasound, your doctor or a medical technician inserts a wandlike device transducer into your vagina while you are positioned on an exam table. The transducer emits sound waves that generate images of your uterus, ovaries and fallopian tubes. A transvaginal ultrasound allows your doctor to see the exact location of your pregnancy. For this test, a wandlike device is placed into your vagina. It uses sound waves to create images of your uterus, ovaries and fallopian tubes, and sends the pictures to a nearby monitor. Abdominal ultrasound, in which an ultrasound wand is moved over your belly, also may be used to confirm your pregnancy or evaluate for internal bleeding. Other blood tests A complete blood count will be done to check for anemia or other signs of blood loss. To prevent life-threatening complications, the ectopic tissue needs to be removed. Depending on your symptoms and when the ectopic pregnancy is discovered, this may be done using medication, laparoscopic surgery or abdominal surgery. Medication An early ectopic pregnancy without unstable bleeding is most often treated with a medication called methotrexate, which stops cell growth and dissolves existing cells. The medication is given by injection. After the injection, your doctor will order another HCG test to determine how well treatment is working, and if you need more medication. Laparoscopic procedure In other cases, an ectopic pregnancy can be treated with laparoscopic surgery. In this procedure, a small incision is made in the abdomen, near or in the navel. Next, your doctor uses a thin tube equipped with a camera lens and light laparoscope to view the tubal area. The ectopic pregnancy is removed and the tube is either repaired salpingostomy or removed salpingectomy. Which procedure you have depends on the amount of bleeding and damage and whether the tube has ruptured. Emergency surgery If the ectopic pregnancy is causing heavy bleeding, you might need emergency surgery through an abdominal incision laparotomy. In some cases, the fallopian tube can be repaired. Typically, however, a ruptured tube must be removed salpingectomy. Recognize the loss, and give yourself time to grieve. Talk about your feelings and allow yourself to experience them fully. Rely on your partner, loved ones and friends for support. You might also seek the help of a support group, grief counselor or other mental health provider. Many women who have an ectopic pregnancy go on to have a future, healthy pregnancy. The female body normally has two fallopian tubes. If one is damaged or removed, an egg may join with a sperm in the other tube and then travel to the uterus. If both fallopian tubes have been injured or removed, in vitro fertilization IVF might still be an option. With this procedure, mature eggs are fertilized in a lab and then implanted into the uterus. Early blood tests and ultrasound testing quickly spot an ectopic pregnancy or provide peace of mind that the pregnancy is developing normally. The doctor might recommend an office visit or immediate medical care. Seek emergency medical help if you develop any signs or symptoms of an ectopic pregnancy, including: Severe abdominal or pelvic pain accompanied by vaginal bleeding Extreme lightheadedness Fainting Call or your local emergency number or go to the hospital if you have the above symptoms. What you can do It can be helpful to jot down your questions for the doctor before your visit. Here are some basic questions you might want to ask your doctor: What kinds of tests do I need? What are the treatment options? What are my chances of having a healthy pregnancy in the future? How long should I wait before trying to become pregnant again? Will I need to follow any special precautions if I become pregnant again? Ask a loved one or friend to come with you, if possible. Sometimes it can be difficult to remember all of the information provided, especially in an emergency situation. Menstruation When was your last period? Did you notice anything unusual about it? Pregnancy Have you taken a pregnancy test? If so, was the test positive? Have you been pregnant before? If

so, what was the outcome of each pregnancy? Have you ever had fertility treatments? Do you plan to become pregnant in the future? Symptoms Are you in pain? If so, where does it hurt? Do you have vaginal bleeding? If so, is it more or less than your typical period? Are you lightheaded or dizzy? Health history Have you ever had reproductive surgery, including getting your tubes tied a reversal? Have you had a sexually transmitted infection? Are you being treated for any other medical conditions? What medications do you take?

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8: Ectopic Pregnancy | Cigna

In a normal pregnancy, the egg is fertilized in your fallopian www.enganchecubano.com then travels through the tube and lands in the uterus, where it starts growing. But in an ectopic pregnancy, the egg doesn.

Normal and ectopic pregnancy Normal and ectopic pregnancy In a healthy pregnancy, the fertilized egg attaches itself to the lining of the uterus. In an ectopic pregnancy, the egg attaches itself somewhere outside the uterus â€" usually to the inside of the fallopian tube. An ectopic pregnancy occurs when a fertilized egg implants and grows outside the main cavity of the uterus. Pregnancy begins with a fertilized egg. Normally, the fertilized egg attaches to the lining of the uterus. An ectopic pregnancy most often occurs in a fallopian tube, which carries eggs from the ovaries to the uterus. This type of ectopic pregnancy is called a tubal pregnancy. Sometimes, an ectopic pregnancy occurs in other areas of the body, such as the ovary, abdominal cavity or the lower part of the uterus cervix , which connects to the vagina. Symptoms You may not notice anything at first. However, some women with an ectopic pregnancy have the usual early signs or symptoms of pregnancy â€" a missed period, breast tenderness and nausea. If you take a pregnancy test, the result will be positive. Signs and symptoms increase as the fertilized egg grows in the improper place. Early warning of ectopic pregnancy Often, the first warning sign of an ectopic pregnancy is pelvic pain. Light vaginal bleeding may also occur. If blood leaks from the fallopian tube, you may feel increasing abdominal pain, an urge to have a bowel movement or pelvic discomfort. If heavy bleeding hemorrhaging occurs, you may feel shoulder pain as blood fills your pelvis and abdomen. Your specific symptoms depend on where the blood collects and which nerves are irritated. Emergency symptoms If the fertilized egg continues to grow in the fallopian tube, it can cause the tube to rupture. Heavy bleeding inside the abdomen is likely. Symptoms of this life-threatening event include extreme lightheadedness, fainting, severe abdominal pain and shock. When to see a doctor Seek emergency medical help if you have any signs or symptoms of an ectopic pregnancy, including: Severe abdominal or pelvic pain during pregnancy Abnormal vaginal bleeding.

9: How Early Can Ectopic Pregnancy Symptoms Start?

An ectopic pregnancy is a pregnancy located outside the inner lining of the uterus.; The Fallopian tubes are the most common locations for an ectopic pregnancy. The characteristic three symptoms of ectopic pregnancy are.

What is an ectopic pregnancy? Scientifically, tubal pregnancy is an Ectopic pregnancy. For conception to occur, an egg released from the ovaries into the fallopian tubes where it stays for 24 hours waits for a sperm to fertilize it. Fertilized egg remains in the fallopian tubes for days and then makes its way to the uterus. Fertilized egg embeds itself into the lining of the uterus and continues to grow there. But if the process of implantation occurs elsewhere like in your fallopian tubes, then you have an Ectopic pregnancy. A Tubal pregnancy occurs in one out of 50 pregnancies. In some cases, the egg implants in the cervix, ovary or belly. A chemical pregnancy or miscarriage is the result of ectopic pregnancy. It is one of the causes of chemical pregnancy. Thus, an Ectopic pregnancy is an extra-uterine pregnancy. Again as in the case of chemical pregnancy, Ectopic pregnancy has all pregnancy hormones. What to do to treat ectopic pregnancy? These cases require immediate attention. Sadly, there is no way to save an ectopic pregnancy. Doctors have to end it there by surgical processes. Otherwise, the fetus will keep growing, and the tubes will burst. It can lead to profuse bleeding that can potentially kill you. What causes an ectopic pregnancy? An ectopic pregnancy occurs because of damaged Fallopian tubes. Due to this the egg is not able to travel into the uterus and implants itself in the Fallopian tubes. Things that can cause tubal pregnancy by damaging your fallopian tubes are: The more you smoke, the more you are at risk of having an ectopic pregnancy. Smoking disturbs the pregnancy processes and thus can cause this problem. Endometriosis leads to the formation of scar tissue in or near the Fallopian tubes. Endometriosis is the invasion of other organs by uterine tissues. It leads to the formation of sessile tumors. They are endometrial polyps. Endometrial polyps can also cause ectopic pregnancy. Inflammation and infection in the uterus and surrounding areas can cause ectopic pregnancy. Infection can damage the walls and lining of the uterus. If the lining of the uterus is not sufficient enough to be able to sustain a pregnancy, then the embryo will implant in the tubes causing Tubal pregnancy. Any surgical procedure of the Fallopian tubes can cause ectopic pregnancy. If you undergo any operation of the Fallopian tubes and even if the doctor was an expert there are chances that you get scars. These can even hamper your fertility. Similarly, uterine scars from any surgery or abortion procedures can cause Tubal pregnancy. Fertility therapies involve the use of hormone-boosting injections. They can alter normal reproductive processes and cause pregnancy abnormalities. One of these abnormalities is an ectopic pregnancy. Birth defects in the developing baby might lead to Tubal pregnancy. If the baby is not developing normally, it can implant in the wrong place. Chromosome faults can lead to first term miscarriages. Similarly, they can cause other complications like Tubal pregnancy. If your body is not producing the right pregnancy hormones then it can cause ectopic pregnancy. The pregnancy hormones such as progesterone sustain the pregnancy. They build up the vaginal blood vessels and are responsible for preparing it for pregnancy. Ectopic Pregnancy Risk Factors When mothers over the age of conceive. The mothers who previously had an ectopic pregnancy. Women who underwent several induced abortions. Women who had a pelvic or abdominal surgery. Conceiving after removal of an IUD or tubectomy Women who smoke a lot. Females who are undergoing fertility treatments like in vitro fertilization. Women with a history of sexually transmitted diseases like chlamydia and gonorrhea Women whose mother took the drug DES during pregnancy. Ectopic Pregnancy Symptoms The symptoms of start to appear within the first few weeks of pregnancy. They are similar to the ones that a lady experiences during normal pregnancy. Pelvic pain and vaginal bleeding are the first symptoms one experiences. Pelvic pain starts from one side of the belly and then radiates to the entire pelvic region. The pain is sharp and varies in intensity. Other symptoms of tubal pregnancy include:

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