

Pregnancy: Ectopic

Site Applicability

VGH, UBCH

Background Information

Ectopic pregnancy is an implantation of the blastocyst (fertilized ovum) in a site other than the endometrial lining of the uterine cavity. A number of factors can prevent or slow the fertilized ovum from traveling down the fallopian tube. Factors include: Women 35 years of age and older, history of Pelvic Inflammatory Disease (PID), previous pelvic or tubal surgery, hormonal factors that impede ovum transport, tubal atony or spasm, previous ectopic pregnancy, IVF, and certain types of contraceptives.

The tube site is the most common place of implantation. Less common sites include the cervix, cornua, ampulla or (dilated distal end of the uterine tube), ovary, and abdomen. Symptoms include: Abdominal pain, vaginal bleeding, shoulder tip pain, bladder and bowel problems such as: pain and feeling pressure in the bowels, dizziness, pallor, and nausea. Diagnosis is made by transvaginal ultrasound. Treatment includes:

1. Methotrexate, a teratogenic drug that interferes with DNA synthesis and cell growth of the blastocyst.
2. Laparoscopic removal of the blastocyst.
3. Laparotomy and segmental resection and/or removal of the entire fallopian tube if it has ruptured.

Problems / Interventions

SHOCK	<ul style="list-style-type: none"> • assess and document vital signs on admission, q4h and prn. Call physician stat if BP falls, Pulse increases, Respirations increase. • start IV on admission as ordered using a #20 or larger gauge catheter. • maintain bedrest. • assess vaginal bleeding. • monitor urine output.
PAIN	<ul style="list-style-type: none"> • assess pain and monitor the effect of pain relief measures q4h and prn. • notify the physician immediately if intensity or character of pain changes.
EMOTIONAL TRAUMA	<ul style="list-style-type: none"> • assess for: distress, ineffective individual and family coping; impaired physical mobility, depression, coping with loss.

Goal

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Discharge Planning

1. Check results of Rh factor blood work and administer Rhogam to Rh(-ve) mothers post-operatively as ordered.
2. Explain or reinforce:
 - Need to use adequate birth control as hormonal levels and ovulation are not affected by the condition or treatment.
 - Need to have Beta Hcg bloodwork completed upon discharge.
 - Indications of Methotrexate treatment. Cytotoxic precautions.
 - Need to follow medical advise regarding future pregnancies; usually a waiting period is required.
 - Need to seek early medical attention whenever pregnancy is suspected.
 - Monitor and seek medical attention for post-operative complications such as bleeding or infection.

References

Sowter, M., & Farquhar, C. (2004). Ectopic pregnancy: an update. *Current Opinion in Obstetrics and Gynecology*, 16(4), 289-293.

Abbott, L. (2004). Ectopic pregnancy: symptoms, diagnosis and management. *Nursingtimes*, 100(6), 32-33.

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Alternate Search Terms

Tubal Pregnancy