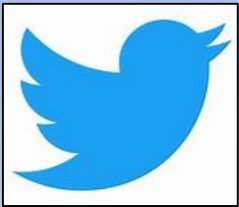


Ectopic Pregnancy

For the reluctant obstetrician...

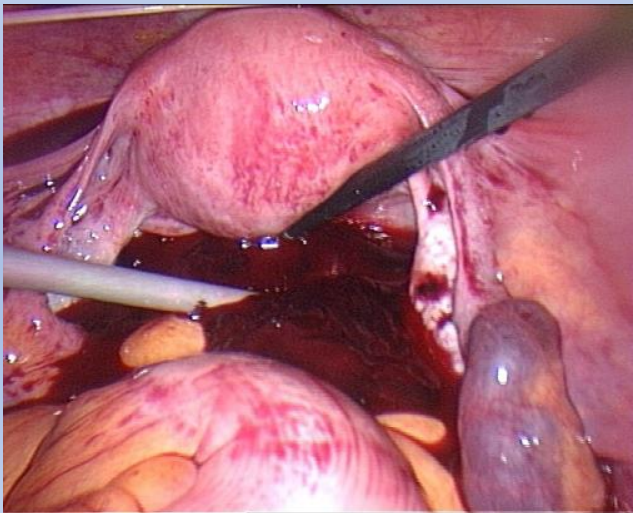


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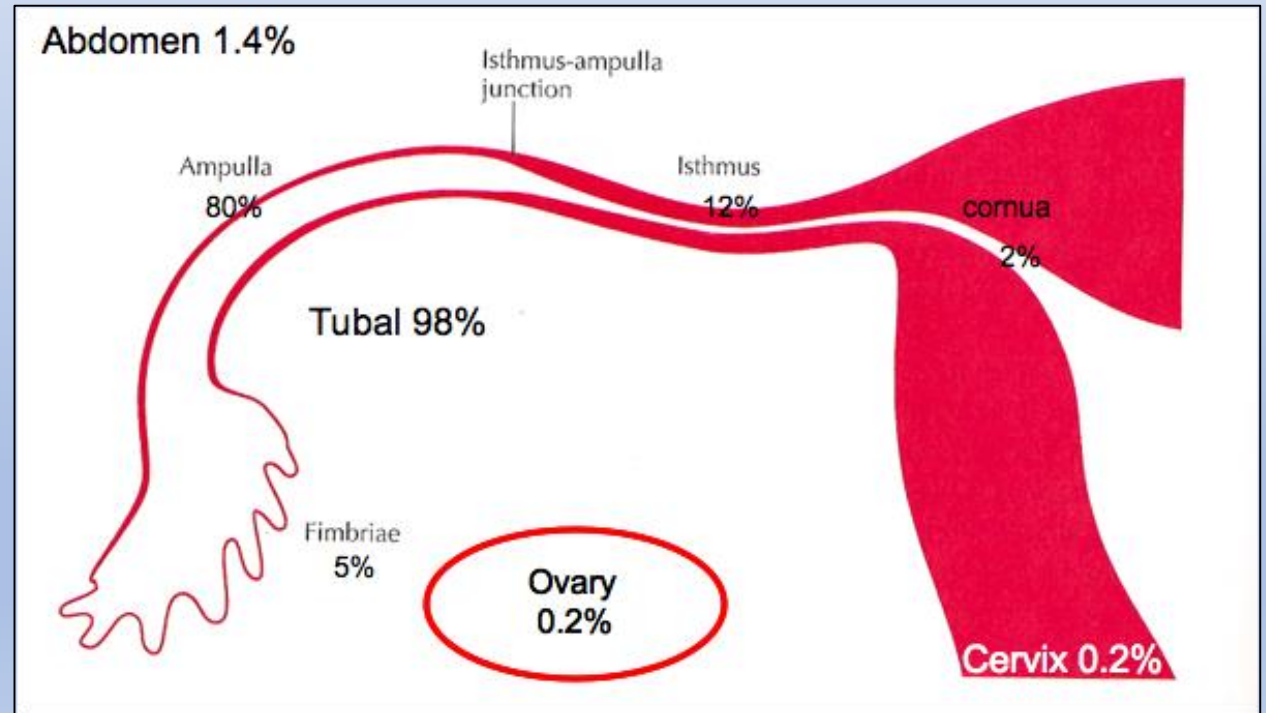


Ectopic Pregnancy

- 1-2% of pregnancies are extrauterine
 - Incidence is rising
- Vast majority are tubal, 2-5% are outside tube
- Increased in IVF
 - But becoming similar to spontaneous pregnancy



- Heterotropic = IUP + Ectopic ~1:4000
Higher in assisted fertility



Risk Factors

- Risk factors with $OR > 4.0$
 - Prior tubal surgery
 - Prior ectopic pregnancy
 - Sterilisation
 - Use of IUD
- Risk factors with $OR > 2.0$
 - Current or ascending infection
 - Cigarette smoking
 - >1 sexual partner
 - Tubal pathology



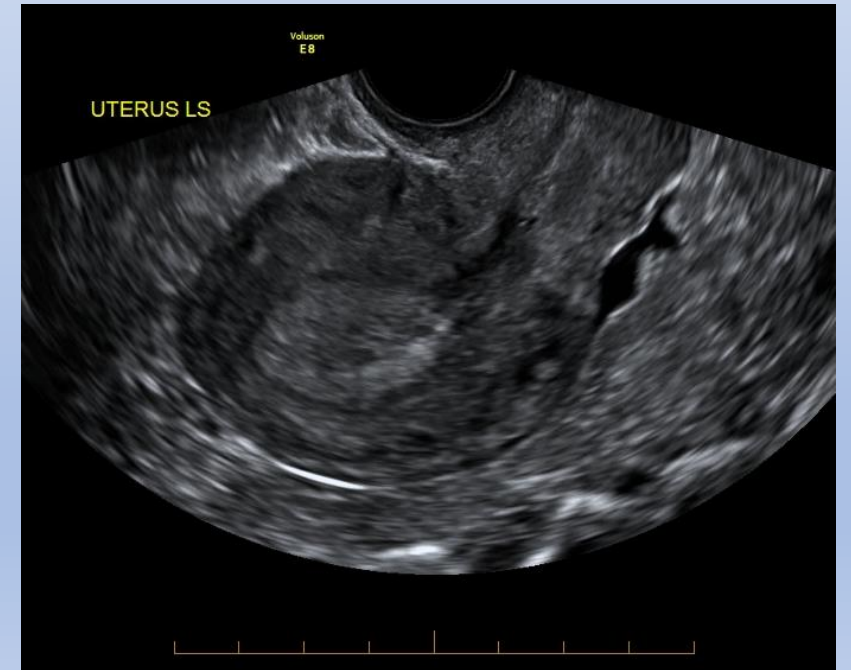
Assessment

- Hx
 - General and Obstetric Hx
 - Exploration of symptoms / risk factors
- Exam
 - Haemodynamic status
 - Localised abdominal findings / Peritonism
 - Role of PV/Spec controversial
- PoCUS
 1. Free fluid?
 2. IUP present?
 3. Viability?
- Ix
 - Bloods: Hb, Group & Hold, BhCG
 - Imaging: Pelvic Ultrasound

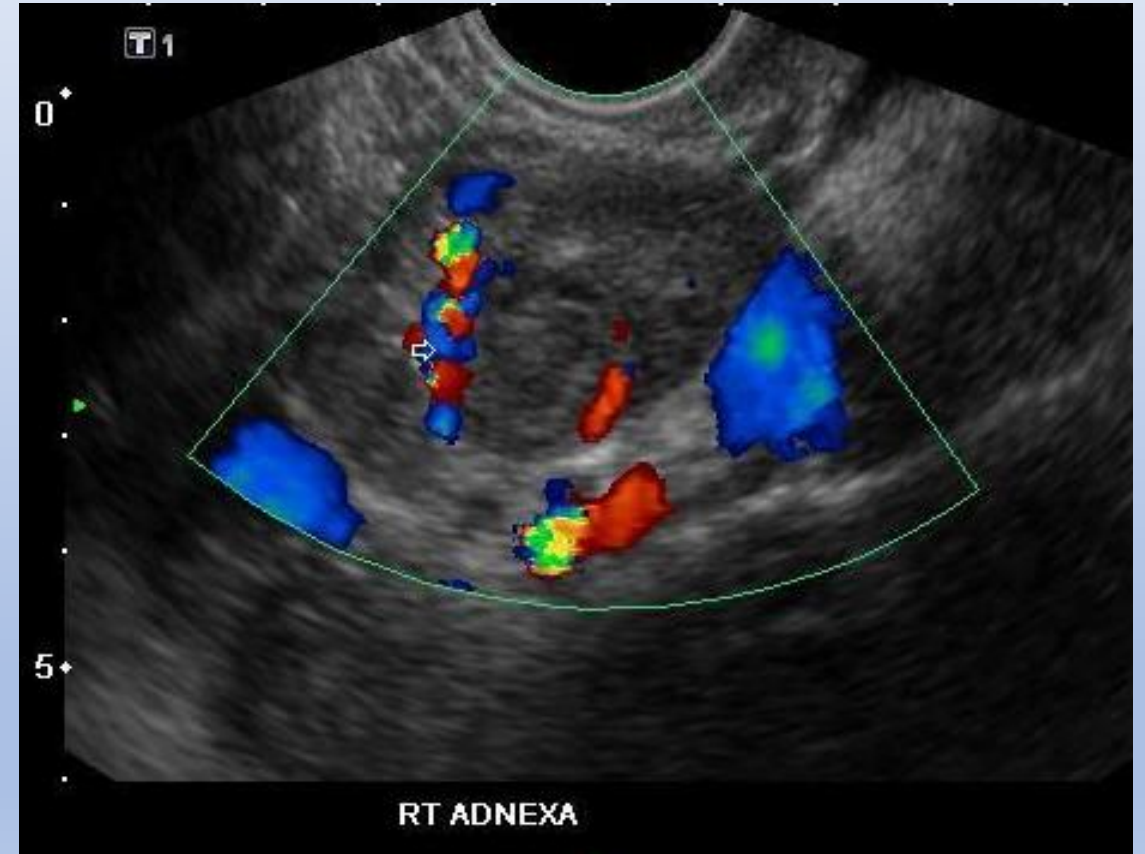
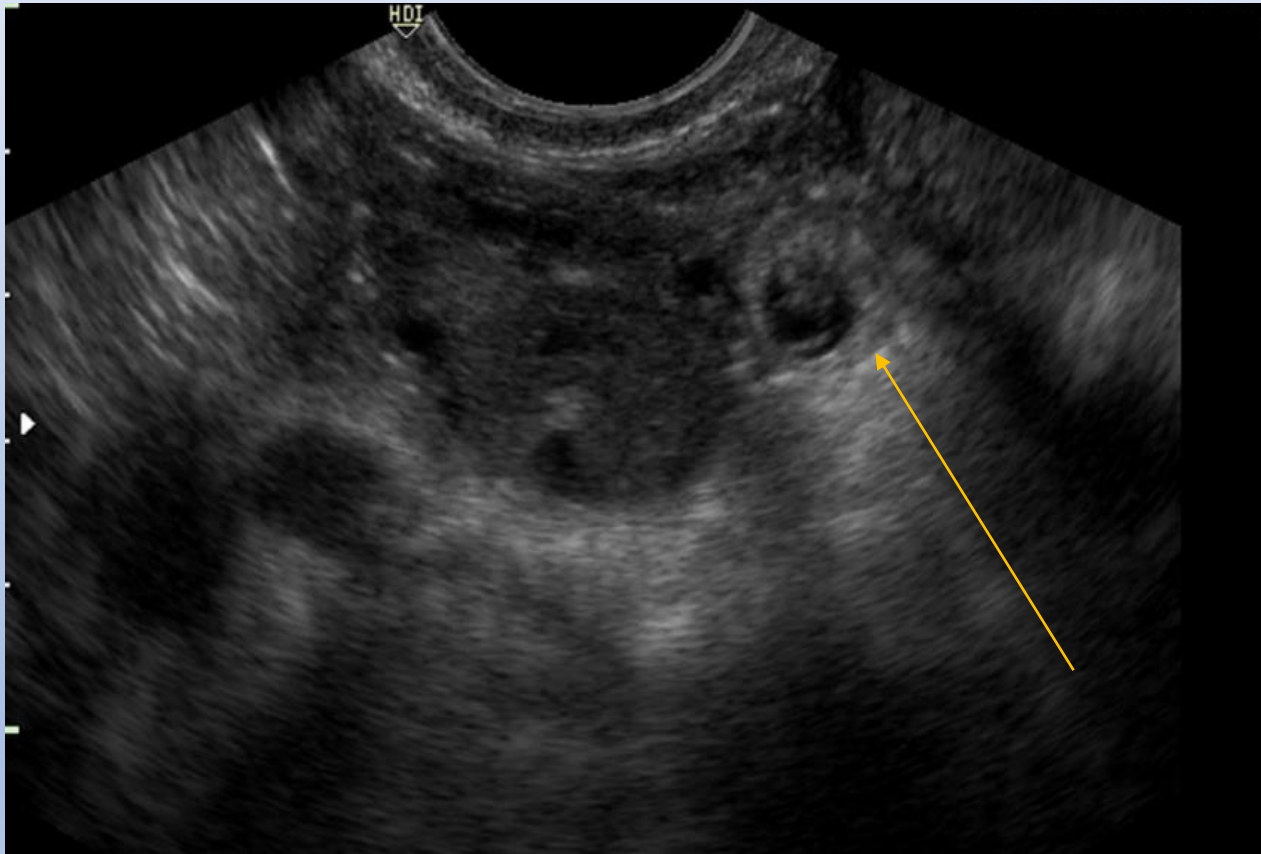


Ultrasound Findings

- 88% of ectopic pregnancies are identifiable by:
 1. No IUP
 2. Adnexal mass
- Dx confirmed if: yolk sac, fetus seen in ectopic tissue
- Rupture can be suspected if:
 - Free fluid Pouch of Douglas
 - Free fluid in Morrisons pouch
 - Increases urgency of OT



Ultrasound Findings



Ultrasound Findings



Management - Unstable

1. Resuscitation: Fluid resuscitation, Early O Neg +/- MTP
2. Supportive Care: Analgesia
3. Specific Care: OT for Salpingectomy

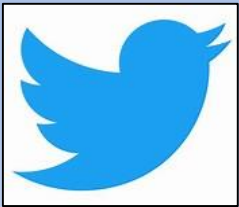


Management - Stable

Conservative Mx	Medical Mx	Surgical Mx
<p>Close follow up via Early Pregnancy Clinic with strict return precautions</p> <p>Strict indications</p> <p>48hrly BhCG x3-4 then weekly until negative</p>	<p>Methotrexate IM</p> <p>Close follow up via Early Pregnancy Clinic with strict return precautions</p> <p>Ideal indications:</p> <ul style="list-style-type: none">• No instability or pain• Reliable follow up / not isolated• <3cm size, no fetal cardiac activity• BhCG <5000• No significant comorbidities	<p>Salpingectomy v Salpingostomy <u>Laparoscopy</u> v Laparotomy</p> <p>Indications:</p> <ul style="list-style-type: none">• Rupture• Haemodynamic instability• Persistent Bleeding• Patient preference• Not suitable for medical or expectant Mx

Ectopic Pregnancy

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