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We help patients to become better patients! We can help you understand your health and medical problems better so you can get better care in partnership with your Doctor.

OUR VISION

We think patients are the largest untapped healthcare resource and that Information therapy is the most Powerful Medicine !

OUR GOALS

1. Encouraging health insurance companies to invest in patient education.
2. Advocating information therapy.
3. Setting up a national network of patient education centers.
4. Developing patient educational materials in Indian Languages for the web.

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For More Info: ASK A LIBRARIAN



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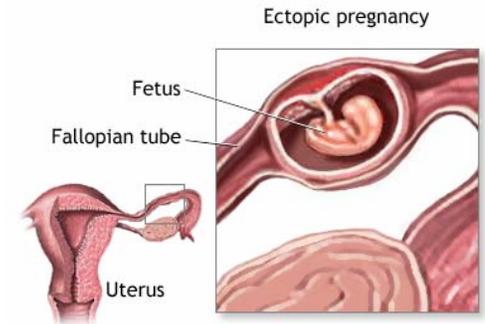
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Ectopic Pregnancy



**LET'S HELP
ERADICATE
IGNORANCE**

Introduction: An ectopic pregnancy is an abnormal pregnancy that occurs outside the uterus (womb). The baby cannot survive.

Causes: An ectopic pregnancy occurs when baby starts to develop outside the womb (uterus). The most common site for an ectopic pregnancy is within a fallopian tube. However, in rare cases, ectopic pregnancies can occur in the ovary, the stomach area, and the cervix. An ectopic pregnancy is usually caused by a condition that blocks or slows the movement of a fertilized egg through the fallopian tube to the uterus. This may be caused by a physical blockage in the tube.



Most cases are a result of scarring caused by a past infection in the fallopian tubes, surgery of the fallopian tubes, or a previous ectopic pregnancy. Some ectopic pregnancies can be due to birth defects of the fallopian tubes, endometriosis, complications of a ruptured appendix, or scarring caused by previous pelvic surgery. In a few cases, the cause is unknown.

Sometimes, a woman will become pregnant after having her tubes tied (tubal sterilization). The risk of an ectopic pregnancy due to this procedure may reach 60%. Women who have had successful surgery to reverse tubal sterilization in order to become pregnant also have an increased risk of ectopic pregnancy. Taking hormones, specifically estrogen and progesterone (such as those in birth control pills), can slow the normal movement of the fertilized egg through the tubes and lead to ectopic pregnancy.

Women who have in vitro fertilization or who have an intrauterine device (IUD) using progesterone also have an increased risk of ectopic pregnancy. The "morning after pill" (emergency contraception) has been linked to some cases of ectopic pregnancy.

Symptoms and signs: Abnormal vaginal bleeding (usually spotting), Amenorrhea (missed period), Breast tenderness, Low back pain, Mild cramping on one side of the pelvis, Nausea, Pain in lower abdomen or pelvic area. If the area of the abnormal pregnancy ruptures and bleeds, symptoms may get worse. They may include: Feeling faint or actually fainting, Referred pain to the shoulder area, Severe, sharp, and sudden pain in the lower abdominal area. Internal bleeding due to a rupture may lead to shock. Shock is the first symptom of nearly 20% of ectopic pregnancies.

Treatment: Ectopic pregnancies cannot continue to term (birth), so the developing cells must be removed to save the mother's life.

Emergency medical help is needed if the area of the ectopic pregnancy ruptured. Rupture can lead to shock, an emergency condition. Treatment for shock may include keeping the woman warm, raising her legs, and giving oxygen. Fluids given through a vein and a blood transfusion may be needed. If there is a rupture, surgery (laparotomy) is done to stop blood loss. This surgery is also done to confirm the diagnosis of ectopic pregnancy, remove the abnormal pregnancy, and repair any tissue damage. In some cases, removal of the fallopian tube may be necessary.

A mini-laparotomy and laparoscopy are the most common surgical treatments for an ectopic pregnancy that has not ruptured. In cases where the doctor does not think a rupture will occur, the woman may be given a medicine called methotrexate is given and monitored. Blood tests and liver function tests may be done.

Outlook (Prognosis): Most women who have had one ectopic pregnancy are later able to have a normal pregnancy. A repeated ectopic pregnancy may occur in 10 - 20% of cases. Some women do not become pregnant again, while others become pregnant and have a miscarriage during the first 3 months.

Prevention: Most forms of ectopic pregnancy that occur outside the fallopian tubes are probably not preventable. However, a tubal pregnancy (the most common type of ectopic pregnancy) may be prevented in some cases by avoiding conditions that might scar the fallopian tubes.

The following may reduce your risk:

Avoiding risk factors for pelvic inflammatory disease (PID) such as multiple sexual partners, intercourse without a condom, and sexually transmitted diseases (STDs), Early diagnosis and treatment of STDs, Early diagnosis and treatment of salpingitis and PID.

