

Ectopic Pregnancy in Epsom and St Helier Hospital: An Audit of Diagnosis and Management

Sasha Ang, Hassan Shehata, Emma Doherty, Asli Ucyigit, Nadia Amokrane

Introduction

- An ectopic pregnancy is defined as any pregnancy implanted outside of the endometrial cavity
- The incidence is 11/1000 pregnancies in the UK
- with an estimated 11 000 ectopic pregnancies diagnosed each year
- The incidence of ectopic pregnancy in women attending early pregnancy units is 2–3%
- Risk factors include tubal damage following surgery or infection, smoking and IVF

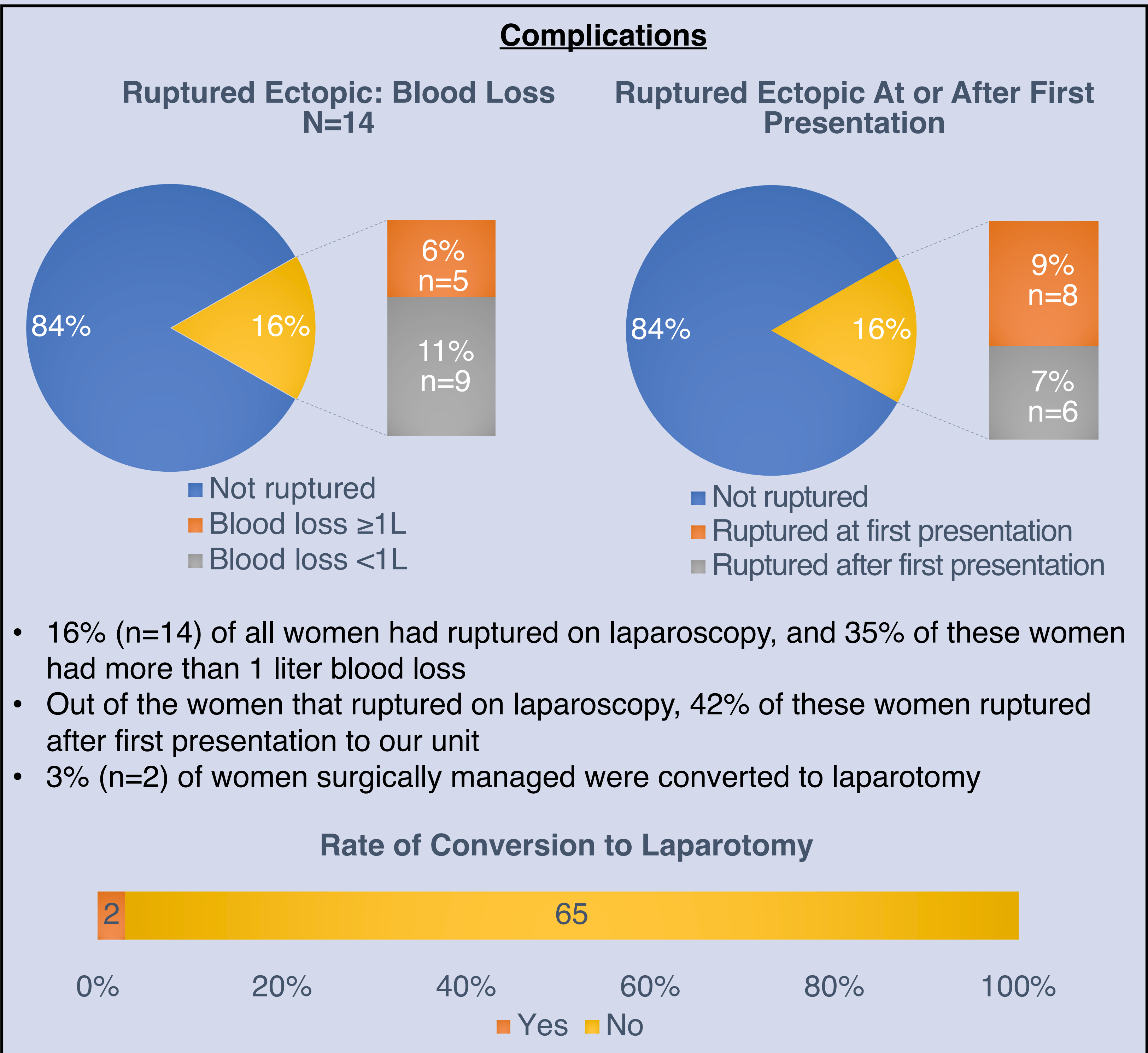
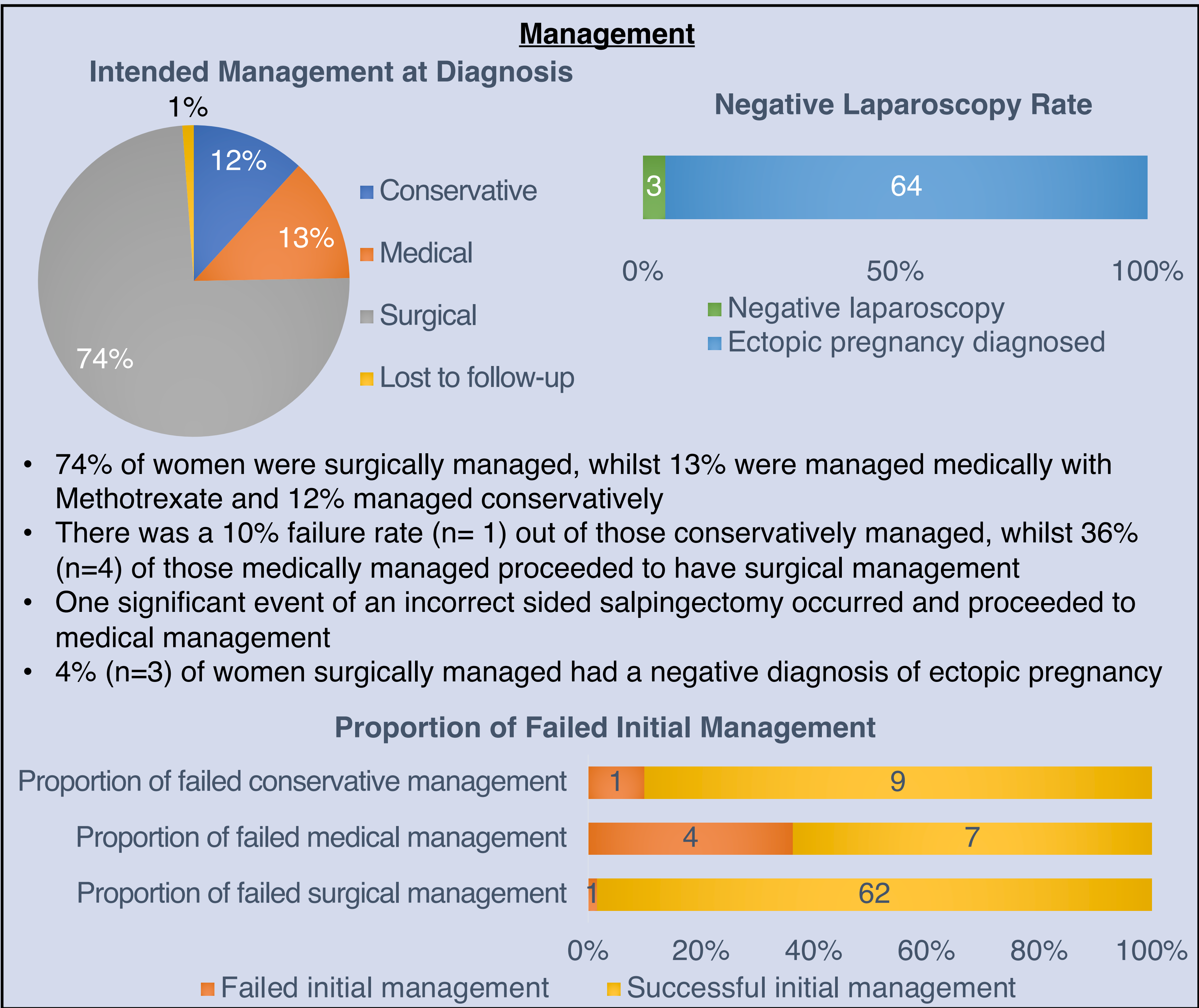
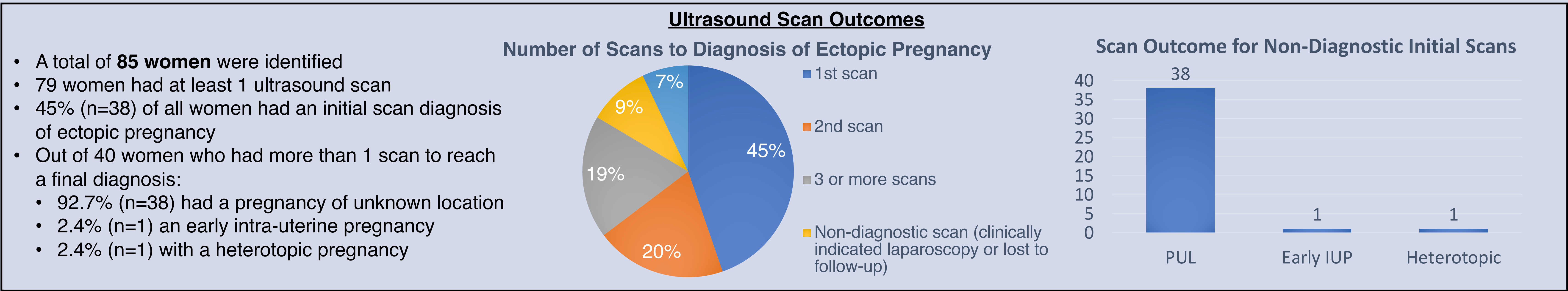
Aims

- To audit the diagnosis and management of ectopic pregnancies in the Early Pregnancy Unit (EPU) in Epsom and St Helier University Hospitals
- To compare our management against the auditable standards listed in the RCOG Greentop Guideline 21 for Ectopic Pregnancy

Methods

- All women with an ultrasound scan diagnosis of ectopic pregnancy or ectopic pregnancy diagnosed at laparoscopy from January to December 2022 were retrospectively identified from electronic records in Epsom and St Helier Early Pregnancy Units and theatre records
- The management of all cases were assessed against auditable standards listed in the RCOG Greentop Guideline 21 for Ectopic Pregnancy
- Data was collected on Excel, analysed and checked by 2 doctors

Results



Conclusion: Positives

- All women offered appropriate management
- Women suitable for laparoscopic management were managed laparoscopically
- Overall, only 3% (2/67) of women were managed via laparotomy
- Number of cases where methotrexate given for a false-positive diagnosis of ectopic pregnancy was 0%
- Negative laparoscopy rate after positive identification of ectopic pregnancy on scan was only 4%

Conclusion: Standards Not Met

- Diagnosis of ectopic achieved on first scan (45%):
 - 6 patients (7%) ruptured after the first visit
 - Delayed diagnosis will result in more follow-up visits and have a negative impact on patient anxiety
- Percentage of women provided with information containing support group details is not known

Recommendations

- In order to improve on initial scan diagnosis:
 - Aim for 2 opinions for all non-diagnostic scans in EPU cross-site
 - Increased consultant presence in EPU cross-site
 - Follow-up and oversight of complex patients in EPU and of patients with a diagnosis of pregnancy of unknown location
 - Multi-disciplinary approach to unusual cases
- Important to inform women when counselling them on the management options to consider the following:
 - Overall, 90% patients who had initial planned conservative management were successful
 - 36% patients who started with medical management ended up having surgical management