

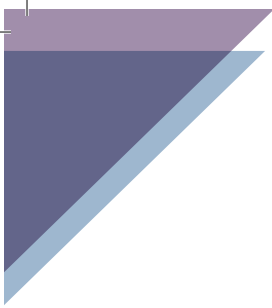
HÔPITAL UNIVERSITAIRE
DE BRUXELLES
ACADEMISCH ZIEKENHUIS
BRUSSEL



Early Pregnancy Unit (EPU)

Patient information sheet

Department of Gynaecology and Obstetrics



What is the EPU?

The Early Pregnancy Unit is a consultation specialised in the global care of pathologies occurring in the first trimester of pregnancy. A vaginal ultrasound is carried out and depending on the diagnosis appropriate care is proposed.

Who is the EPU for?

Patients may be referred by their GP or gynaecologist/midwife. The EPU is also indicated for patients with a history of repeated nonviable pregnancies (miscarriages) or ectopic pregnancies.

What are the possible diagnoses?

Pregnancy of Unknown Location (GLI)

- ▶ positive test
- ▶ pregnancy too early to be detected

Too early to confirm the location and development: *EPU at 48h (+/- 96h) with blood test*

Normally sited (Intra-Uterine):

The pregnancy is in the uterus

- 1 live pregnancy:** the heartbeats of the future baby are visible
- 2 early pregnancy:** pregnancy seen but
 - ▶ gestational sac only
 - ▶ heartbeats of the future baby are not visible

Too early to predict development: *EPU 1-2 weeks later*

3

Pregnancy unable to continue (miscarriage): Although the pregnancy is advanced, the heartbeats of the future baby are not audible or the gestational sac is still the same after at least 2 weeks.

The pregnancy has stopped developing and the reason is often unknown

➤ **EXPECTANT MANAGEMENT:**

Expulsion of pregnancy tissue by vaginal bleeding: this usually translates into very abundant periods with blood clots. This is not abnormal but it can be impressive. The bleeding usually lasts for 2 to 3 days before subsiding but can sometimes continue for several weeks, probably less profusely.

- Do not hesitate to take painkillers

EPU 2 weeks later

➤ **MEDICAL INDUCTION:**

- 1 tablet of mifepristone 200 mg
- 4 x Cytotec® vaginally in a single administration (also possible orally)
- Do not hesitate to take painkillers 1 h before the misoprostal and as necessary

Telephone appointment at 2 weeks and EPU 4 weeks later

➤ **SURGICAL METHOD:**

An aspiration of the uterine cavity contents (through the vagina), is carried out in the operating theatre of the Day Hospital under sedation. It is done as delicately as possible so not to arm.

- The pain and bleeding usually don't last much
- Do not hesitate to take painkillers
- Avoid the swimming pool (or baths), tampons and sexual intercourse for 10 days after the intervention

EPU 4 weeks later

Ectopic Pregnancy (EP):

In order to develop under good conditions a pregnancy must be located inside the uterus. If not this is an ectopic (or extra-uterine) pregnancy. An EP is dangerous for the health of the mother as it brings a risk of internal haemorrhage.

Diagnosis is not easy and requires several consultations. The suspicion is based on a comparison of ultrasound images with the results of a series of blood tests taken at close intervals.

It is rare to determine the exact cause

› MEDICAL TREATMENT

- Intramuscular injection of methotrexate: an agent that halts the development of the EP
- Weekly blood tests until the pregnancy hormone (hCG) disappears completely
- You may experience pain at the injection site and in the lower abdomen or bleeding, nausea and/or fatigue
- A second injection is sometimes necessary, and more rarely surgery

Telephone appointment for blood test results + EPU at time of negativation

Advice during monitoring:

- Avoid sexual intercourse
- Avoid exposure to the sun
- Avoid foods such as animal livers, hazelnuts, walnuts, almonds, spinach, lettuce, broccoli, eggs, cauliflower, beans
- Do not hesitate to take painkillers

› SURGICAL TREATMENT:

This is a surgical intervention by laparoscopy, under general anesthesia. It is possible that the EP will be extracted with the fallopian tube (the ovary remains in place!) if it is too badly damaged. You will usually be hospitalised for one night.

- The pain and bleeding usually don't last much
- Do not hesitate to take painkillers
- Avoid the swimming pool (or baths), tampons and sexual intercourse for 10 days after the intervention

EPU 4 weeks later

› EXPECTANT MANAGEMENT:

In rare cases the body spontaneously eliminates the EP. Close monitoring remains necessary.

Telephone appointment for blood test results + EPU at time of negativation

After an EP, it remains possible to be pregnant and to have a normally sited pregnancy. In this case, an early ultrasound is recommended at about 6 weeks amenorrhea.

Retention:

Some of the pregnancy tissue have not been expelled and are present in the uterine cavity. This is not dangerous and in very rare cases may give rise to infections and abundant bleeding.

› EXPECTANT MANAGEMENT:

Tissues can be expelled itself within one month on average, but it is sometimes necessary to wait several months. If it is still present after 3 months, surgery is proposed.

EPU 4 weeks later

› MEDICAL TREATMENT:

- 4 x Cytotec® vaginally in a single administration (also possible orally)
- Do not hesitate to take painkillers

EPU 4 weeks later

It is sometimes necessary to wait several periods before the retention is expelled. Surgery is suggested if the retention is still present after 3 months.

➤ **SURGICAL METHOD:**

By means of vaginal hysteroscopy the retention is removed as delicately as possible. This is done at the Day Hospital under sedation.

EPU 4 weeks later

General advice

Go to emergency unit if you experience:

- ▶ abundant vaginal bleeding
- ▶ unbearable pain
- ▶ a temperature above 38.5°C

Abundant bleeding: If you bleed continuously, more than in the case of very heavy periods without being able to stop the bleeding

Unbearable pain: If the pain does not improve after taking a maximum permitted dose of painkillers or if you lose consciousness

Painkillers to take (without prescription):

- ▶ Paracetamol 1g max 4 x daily
- ▶ Buscopan® 10 mg max 3 x daily
- ▶ Ibuprofen 400 mg max 3 x daily (with meals)

Contacts

If you have any questions please contact us:

- ▶ every day between 1 pm and 5 pm on +32 (0)2 555 38 64
(preferably)
- ▶ the gynaecologist on call 24/24 on + 32(0)2 555 53 80
(in an emergency)



HÔPITAL UNIVERSITAIRE
DE BRUXELLES
ACADEMISCH ZIEKENHUIS
BRUSSEL



Erasmus Hospital
Route de Lennik 808
1070 Bruxelles
www.erasme.ulb.ac.be

Department of Gynaecology and Obstetrics