7. What about recurrence of tubal pregnancy after it occurred once?

The recurrent ectopic rate is about 10-12%. The subsequent delivery rate after ectopic is 55%. After 2 or more ectopics and conservative surgery, subsequent delivery rate is about 25%.

8. If both tubes are removed, How do I get pregnant?

Invitro fertilisation is the way of getting a patient pregnant if she has had tubal pregnancy in past. Ovum and sperm are fused outside the body, embryo is formed and introduced directly into the uterine cavity and fallopian tubes here are not needed for conception. It has very low risk of ectopic.
1. What is Tubal pregnancy?
Tubal pregnancy also called ectopic pregnancy is a complication of pregnancy in which embryo attaches outside the uterus in the fallopian tube.

2. How is it diagnosed?
Signs and symptoms of tubal pregnancy include abdominal pain, vaginal bleeding, absence of menses. Detection of tubal pregnancy is typically by blood tests for Human Chorionic Gonadotropin (Beta-hCG) and ultrasound. This may require testing more than one occasion. Trans vaginal USG is best to get the clue of tubal pregnancy.

3. Does it need admission?
Tubal pregnancy can show spectra of presentations depending on which patient needs admission. Patient with ruptured ectopic pregnancy can present with abdominal distention, tenderness, peritonitis and hypovolemic shock & will need immediate admission and surgery to stop the bleeding. Patient who is stable, with unruptured ectopic pregnancy can be monitored and if tubal gestational size < 3.5 cm with absent foetal heart beat, with serum beta hcg < 5000 IU/L , with normal Liver function tests can be treated with injectable methotrexate under supervision on an outpatient basis.

4. Can it be treated with medicines?
Yes early treatment of ectopic pregnancy in haemodynamically stable patient is a viable alternative to surgical treatment. If tubal pregnancy gestational sac is unruptured, < 3.5 cm in size without heart beat, I/M Methotrexate can be given, dose adjusted according to body surface area of patient under supervision. Beta hCG is serially monitored for its fall for successful treatment of tubal pregnancy. Patient should be compliant for regular follow ups average upto 35 days.

5. What is surgery for Tubal pregnancy?
If the tube is ruptured or mass > 3.5 cm, then that tube is removed- called Salpingectomy. If the mass is unruptured, then the affected tube is incised and pregnancy only is removed. This procedure is called salpingostomy. The tube is left open without suturing and heals by itself by secondary intent. It can be done laparoscopically.

6. What are the chances of pregnancy after removing the tube?
Though statistically removing one fallopian tube reduces chances of conceiving by 50 %, if the woman’s other fallopian tube is healthy & functioning normally, then a woman should be able to get pregnant fairly easily.