

TREATMENT OF ECTOPIC PREGNANCY IN YOUR UNIT.	HOSPITAL	Homerton
In relation to the last 12 months:	Yes/No/%	Comments / explanation
Do you offer systemic methotrexate as a first-line treatment to women who are able to return for follow-up and who have all of the following: • no significant pain, and an un-ruptured ectopic pregnancy with an adnexal mass smaller than 35 mm with no visible heartbeat • a serum hCG level less than 1500 IU/litre?	Yes	
Do you offer the choice of either methotrexate or surgical management to women with an ectopic pregnancy who have a serum hCG level of at least 1500 IU/litre and less than 5000 IU/litre, who are able to return for follow-up and who meet all of the following criteria: • no significant pain and an un-ruptured ectopic pregnancy with an adnexal mass smaller than 35 mm with no visible heartbeat?	Yes	
What percentage of women have surgical treatment of their ectopic pregnancy performed by laparotomy?	1%	
What percentage of women have surgical treatment of their ectopic pregnancy completed laparoscopically?	97%	
What percentage of women have surgical treatment of their ectopic pregnancy initiated laparoscopically and converted to laparotomy?	2%	
Do you always have the correct equipment available to allow the laparoscopic treatment of ectopic pregnancy?	Yes	
Do you perform salpingectomy for women with an ectopic pregnancy and no clear risk factors for infertility?	Yes	
Do you perform salpingotomy for women with risk factors for infertility?	Yes	If only one tube or other tube damaged
Please estimate the % of surgeons operating on ectopic pregnancies who you think can competently and confidently perform a salpingotomy?	80%	Always another surgeon available
What equipment / organizational / training issues could improve the laparoscopic treatment of your patients with an ectopic pregnancy?		n/a
Thank you. This information will be used to inform the current national status of ectopic pregnancy treatment, and help units provide more comprehensive laparoscopic treatment for their women. Jim Clark. BSGE May 2016. RSVP to james.clark6@nhs.net .		