Methotrexate treatment for ectopic pregnancy

Information and advice for patients

Early Pregnancy Assessment Unit

You have been told you have an ectopic pregnancy, which needs treatment. This leaflet aims to help you understand what is happening and what your treatment involves. It may not answer all your questions but medical and nursing staff are available to provide support and answer your questions.

What is an ectopic pregnancy?

In a normal pregnancy the fertilised egg grows in the womb. In an ectopic pregnancy the fertilised egg grows outside the womb, usually in the fallopian tube (the tube that transports the egg from the ovary to the womb). It is not possible for this fertilised egg to continue to grow and survive outside the womb. As it gets bigger it can cause pain. Sometimes the developing egg (embryo) becomes big enough to tear the tube (rupture) where it is growing. This can be dangerous and possibly life threatening and surgery is needed.

You have therefore been advised to have methotrexate treatment to help us deal with this abnormally sited pregnancy.

What is methotrexate?

Methotrexate is a drug that is used to treat ectopic pregnancy. It attacks fast growing cells, stopping them from developing. The embryo contains the fastest growing cells in your body. Methotrexate stops these cells growing; they die and then dissolve.

Methotrexate can be used if:

- Pregnancy hormone levels are low
- There is no foetal heart is seen on ultrasound scan
- The size of the pregnancy is smaller than 3 cm
- There is no bleeding into the abdomen
- The fallopian tube is not ruptured

Methotrexate cannot be used if:

- The criterion is not fulfilled as above
- You are breast feeding
- You have liver/kidney disease
- You have anaemia
- You have impaired immunity

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What are the benefits of methotrexate?

The benefit of Methotrexate is that it may help us to treat you medically and avoid surgery. If the ectopic pregnancy is small and hormone levels are not high there is 9 in 10 chance that this is the only treatment you will need. Surgery can sometimes cause scarring so methotrexate treatment avoids this. Although this is a new treatment, studies have shown that it is quite safe and has successful outcomes in future pregnancy.

What are the risks of this treatment?

- Failure: The success rate is 9 out of 10.
- Overall 1 in 10 women will need surgical treatment.
- 14 in 100 women treated with a single injection require a second injection.
- There is a less than 1 in 10 risk of rupture to the fallopian tube which would then need to be surgically removed.
- Methotrexate can affect your bone marrow and lead to a reduction in blood cells which can cause problems such as anaemia. This is rare (less than 1 in 1000 women) as the amount of methotrexate you are given is very low.

What are the alternatives to this treatment?

The alternative is to have surgical treatment of ectopic pregnancy or sometimes you can wait for the pregnancy to resolve naturally.

Before receiving methotrexate treatment

You do not need any special preparation before receiving the injection. The doctor will assess your suitability for the treatment depending on scan finding and level of pregnancy hormone. Blood tests will be done to measure full blood count and liver function tests.

On arrival at hospital you will be seen by the emergency gynaecology assessment unit specialist nurse who will explain the procedure. You will be reviewed by a doctor (consultant/ registrar) who will ensure suitability of Methotrexate treatment. They will explain the protocols and risks. Verbal/ written consent will be obtained.

How is methotrexate given?

It is given as a single injection into the thigh muscle in the leg. It may sting for a while where the injection was given. The dose depends on your weight. You will need to stay in hospital for 1-2 hours after your injection to make sure you do not feel unwell.

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What can I expect after the injection of Methotrexate?

About 2-7 days after the injection you will probably have some pain in your lower abdomen. It should not be severe and lasts 4-12 hours.

You can also expect to have vaginal bleeding which is light or like a period. This lasts a few days but you may have a brown discharge for 2-3 weeks.

Other occasional side effects are: feeling tired, nausea and vomiting, diarrhoea, sore mouth or you may sunburn easily for a few days after treatment.

What else do I need to know?

- You can carry on with your normal day to day activities, but we advise you not to do heavy physical work or exercise until blood levels are normal.
- If you have vaginal bleeding you should use sanitary towels not tampons and avoid vaginal intercourse until blood levels are normal.
- Avoid taking Aspirin or Ibuprofen for 1 week after treatment. Paracetamol or Cocodamol are safe alternatives.
- Do not drink alcohol or take anything containing folic acid until the pregnancy hormone has dropped to the normal level. You will be informed when this has happened by the nurse or doctor at your follow up appointment.
- You should not become pregnant for 3 months after your injection of Methotrexate as it may affect the development of the baby. It is important that you use adequate contraception.

Follow-up

You will be given a follow-up appointment to check the pregnancy hormone level in your blood to see if the treatment has worked. This is repeated weekly until the level has dropped to a normal none pregnant level. It is important that you keep these follow up appointments.

If you have any problems

If you have severe pain or heavy vaginal bleeding or other problems you are concerned about please contact the Early Pregnancy Assessment Unit.

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Early Pregnancy Assessment Unit

Contact details

Clinical nurse specialist - Early Pregnancy Assessment Unit City Hospital - 0121 507 5329 Monday – Friday 8.30am – 4.30pm

Emergency Gynaecology Assessment 0121 507 4925 7.30am – 8.00pm

Further information

The Ectopic Pregnancy Trust www.ectopic.org.uk

Royal College of Obstetricians and Gynaecologists *www.rcog.org.uk*

Association of Early Pregnancy Units www.aepu.org.uk

The Miscarriage Association www.miscarriageassociation.org.uk

(All websites checked and accessed 29 October 2020)

If you would like to suggest any amendments or improvements to this leaflet please contact SWB Library Services on ext 3587 or email *swbh.library@nhs.net*.



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