

Information for Patients

Medical Management of Ectopic Pregnancy

If you have been diagnosed with an ectopic pregnancy we understand this may be a very distressing time and we are sorry for your loss.

Your doctor has suggested that it is appropriate to treat your ectopic pregnancy with a drug called Methotrexate. This leaflet aims to give you some general information about Methotrexate and its use in the management of ectopic pregnancy, and help to answer some of the questions you may have. It is intended as a guide and there will be an opportunity for you to talk to your nurse and doctor about your care and treatment.

What is Methotrexate?

Methotrexate is a chemotherapy drug that has been used for many years in the treatment of cancer because it affects cells that are rapidly dividing. In your case it stops the embryonic cells from dividing and multiplying and is a non-surgical way of ending a pregnancy in its early stages. Within a few days or weeks of receiving an injection of methotrexate, the pregnancy ends through an experience similar to an early miscarriage. This drug has been studied for its use in ectopic pregnancy with many patients and found to be safe and very effective.

Therefore although the manufacturer's license for this drug does not specifically cover its use in ectopic pregnancy, your doctor is happy to recommend its use.

Why have I been offered this treatment?

The incidence of ectopic pregnancy is increasing; undoubtedly more cases are currently being diagnosed because of improved diagnostic facilities such as ultrasound and hormone blood tests. In the past many of these ectopic pregnancies may have resolved naturally.

On the basis of your tests we think this is unlikely to happen in your case. However we do think that you are likely to respond to this treatment, rather than have surgery which may mean removal of the fallopian tube.

What are the advantages of Methotrexate?

If your ectopic pregnancy is not too far advanced, or ruptured it is an appropriate treatment because:

- It has a good success rate for treating early ectopic pregnancy (more than 90%).
- Avoids surgery and the associated risks of having an anaesthetic.
- It is less likely than surgery to cause further fallopian tube damage.
- It offers the best chance of maintaining fertility after treatment.
- You do not have to stay in hospital.

What are the disadvantages of Methotrexate?

- It can take a few weeks to complete treatment.
- You may experience side effects from the drug itself, such as nausea, vomiting and diarrhoea.
- There may be some mild, temporary, abnormalities to your liver function blood tests which you are unlikely to be aware of. However you may require further blood tests during your treatment.
- Repeated visits to the hospital are essential including blood tests.
- You may require a second dose of the drug.
- You are advised to wait at least 3 months before trying for another pregnancy.
- You are more vulnerable to infection (if you come into contact with someone who has a cold or flu).

Is the treatment suitable for everyone?

You will not be able to have this treatment if you have any of the following:

- Active infection,
- Severe anaemia or shortage of any other blood cells,
- Liver problems,
- Kidney problems,
- HIV/AIDS or immunodeficiency,
- Peptic ulcer or ulcerative colitis.

How successful is it?

On average women require only one treatment, but in approximately 15% of cases a further injection may be necessary, and approximately 7% of women will need surgery after treatment with Methotrexate.

There is a chance however that the treatment may not work and the pregnancy will continue to develop. If this happens there is a risk that the tube could rupture and surgery will be needed.

It is important that you contact us if your symptoms increase as you may need to be admitted for further care.

What investigations are needed before treatment?

You will require a HCG pregnancy hormone level to be taken, a vaginal ultrasound scan will be performed and after a discussion and examination with a doctor you will be assessed for your suitability for methotrexate. You will then need to have some further blood tests performed before the treatment can be given. If these results are satisfactory arrangements will be made for you to have the Methotrexate injection.

How is the treatment given?

It is administered by a nurse or doctor into the large muscle of the buttock or thigh. Each patient's dose is individually calculated and mixed by the pharmacy department. You will be given a date when you should return to the hospital for your injection.

Will I experience any pain?

Yes, you might have some lower pelvic pain or backache at any time during the course of the treatment, although most patients usually find they have some pain day around day 3 or 4. If required you can take Paracetamol. (Always read the label/instructions before taking them and do not exceed the maximum daily dose).



Whilst at home it is important to notify the Emergency Gynaecology Unit (EGU) or Ward 62 if:

- You experience any increase in pain.
- Pain somewhere you have not previously had it, for example, shoulder tip pain or rectal pain (pain in your bottom).
- You feel faint or dizzy.
- Paracetamol is not sufficient for any pain you are experiencing.

As these could be a sign of a ruptured pregnancy.

Will I experience any vaginal bleeding?

Yes, this can vary from dark brown spotting to heavier bright red loss. Use sanitary towels rather than tampons to reduce the risk of infection. If you are concerned that the bleeding is excessive (changing pads every half hour) please contact us.

We realise it can be frightening being at home during a course of treatment. Please do not hesitate to contact EGU or the Gynaecology ward if you are concerned about your pain or bleeding.

What about side effects?

Most women experience no side effects after treatment however occasional side effects (affecting up to 15% of people) include nausea, vomiting, indigestion, sore mouth, and extreme tiredness.

Should I be off work during the treatment?

This is an individual decision. However it is stressful undergoing treatment and you are recovering from the loss of your baby which can be a very distressing event in a women's life. Many women feel that at least a few days off work are necessary especially in the first week when frequent visits to hospital are required. You can self-certify for the first week, alternatively the staff in the hospital can issue you with a sick note.

What follow-up is needed?

This varies for every woman, but you will need to attend the hospital at least weekly until the pregnancy hormone level (hCG) has returned to normal. This usually takes anywhere between 2-8 weeks. If you do not attend for one of your follow-up appointments without informing us we will try to contact you in order to complete your monitoring. It is important that you understand only one attempt will be made to contact you.

As it is very important that you attend your follow-up appointments - we will not administer any treatments unless you commit to attending for them. If you do not feel you can commit, please discuss a different option with your nurse or doctor.

Is there anything else I should know?

Yes, it is important you avoid the following for the duration of the treatment:

- Alcohol.
- Smoking.
- Vitamin preparations containing folic acid.

- Non-steroidal anti-inflammatory drugs (NSAIDs) such as Aspirin, Ibuprofen or Diclofenac. Regular Paracetamol is safe to use (please read manufacturer's instructions for dosage and use, and do not exceed the maximum daily dose).
- Direct exposure to sun/sunlamps.
- Avoid sexual intercourse, as this may cause the ectopic pregnancy to rupture.
- Avoid pregnancy for at least 3 months after the injection, as Methotrexate could potentially harm a baby conceived during this period. We advise you to use condoms during this time. Further contraceptive advice can be sought from your doctor or family planning clinic.
- Herbal remedies.

We would also advise an adequate fluid intake to avoid dehydration.

When can I expect a menstrual period?

Every woman is different regarding how soon after treatment to expect a period, however sometime in the next 6 weeks is considered usual.

Often this first period may be different than normal (heavier or lighter). Again this is nothing to be concerned about, unless the bleeding is very heavy in which case, contact your GP or the Emergency Gynaecology Unit (EGU) directly.

Do I need to inform anyone of my ectopic pregnancy?

If you have booked your antenatal care at Saint Mary's Hospital, staff will have written to your GP and community midwife and any scans or appointments will have been cancelled so you do not need to worry about doing this. Unfortunately if you have booked care at another hospital we are unable to cancel appointments but a letter will still be sent to your GP.

What about future pregnancies?

Studies have shown that there is a 7 in 10 (70%) chance of a normal pregnancy in the future irrespective of whether women are treated with Methotrexate or by surgery. There is however a 1 in 10 (10%) chance that you may have a further ectopic pregnancy in the future. If you have any signs or symptoms similar to those experienced on this occasion, please contact the Emergency Gynaecology Unit (EGU) at Saint Mary's Hospital.

If you are otherwise well, your GP will arrange for you to have an early ultrasound scan at approximately 6 weeks to ensure the pregnancy is in the womb.

It is perfectly safe to start trying for another pregnancy once you have waited for 3 months after your treatment and you and your partner feel ready.

You should remember the following preconception care:

- Taking folic acid.
- Reducing your alcohol and caffeine intake.
- Stopping smoking.

If you are unsure whether you wish to try for a future pregnancy, it is advisable to consider your contraceptive needs during this time.

Emotions

Reaction to a pregnancy loss is very variable and in addition to the grief you may feel, your body will be undergoing lots of hormonal changes. At times you may feel a sense of relief that your health is no longer in danger, although these feelings can be closely followed by intense sadness for your loss. It is important to remember that the pregnancy could not have continued without causing a serious risk to your health.

Until your doctor is confident that your pregnancy has ended, it can be difficult to think about the future or for your emotions to surface properly. Being managed medically can be a worrying time, and until the hormone level drops (which may take several weeks) you may still 'feel' pregnant.

We are all different and we all react and recover in different ways—there is no right or wrong way. All of these feelings are normal and a part of processing your experiences. The feelings of low mood usually ease with time, talking about your feelings with friends and relatives can help considerably. If after 6 weeks you feel you cannot return to your normal daily activities we would recommend you seek further support through your GP, the Early Pregnancy Loss Specialist Nurse or support charities such as The Ectopic Pregnancy Trust.

Although it is important to know you can access support sooner if you feel you need it. However traumatic your experience of an ectopic pregnancy has been, it may help to know that the possibility of a normal pregnancy next time is much greater than the possibility of having another ectopic pregnancy.

Your partner

An ectopic pregnancy can put strain on a relationship but it can also bring you closer together. Partners may find it difficult to understand your emotions and be focused on the relief of you being safe. On the other hand they may feel that no one is considerate of their feelings, as most of the care is focused toward you despite them losing a pregnancy too. Either way your partner is most likely to be suffering too. It can be helpful to try and communicate with each other rather than holding back thoughts and emotions to protect each other.

Certificates

As there is no official national recognition at this time of pregnancy's lost less than 24 weeks' gestation, Saint Mary's offers certificates of remembrance. If you would like to know more please ask your nurse.

Saint Mary's Hospital contact numbers:

Should you require any additional information or help please contact:

Emergency Gynaecology Unit (EGU): **(0161) 276 6204**
(7 Days 08:00 – 21:30)

Gynaecology Ward 62: **(0161) 276 6518** or **(0161) 276 6410**
(24 hours)

Early Pregnancy Loss Specialist Nurse: Maxine: **(0161) 276 6571**
(Monday –Thursday, variable hours – answerphone available)

Counselling Service (confidential): **(0161) 276 6283**
(Monday - Friday 8.30 am – 4.30 pm – answerphone available)

Other useful contact numbers and website addresses:

The Ectopic Pregnancy Trust: www.ectopic.org.uk

The Miscarriage Association: 01924 2000799 www.miscarriageassociation.org.uk

NHS Choices: www.nhs.uk