



Saint Mary's Managed Clinical Service
Division of Gynaecology

PATIENT INFORMATION LEAFLET

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 autoimmune conditions and cancer. It is used in cancer as 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. 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.

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. 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 at risk to infection (e.g. if you meet 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 that the treatment may not work, and the pregnancy will continue to develop.

If this happens there is a risk that the ectopic pregnancy 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 an 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 Services (EGU/GAU) if:

- You experience any increase in pain.
- You develop 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 to manage your pain.

These could be a sign of a ruptured ectopic 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 hour) please contact EGU/GAU.

We realise it can be frightening being at home during a course of treatment. Please do not hesitate to contact EGU/GAU 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 MY 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.

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.


If you require any further information or clarification of terminology, please do not hesitate to talk to one of the doctors or nurses, who will be happy to discuss your concerns.


CONTACT DETAILS

Should you require any additional information or help please contact:

-  **Emergency Gynaecology Unit (EGU)**
(0161) 291 2561 (24 hours)
EGU is located at Wythenshawe Hospital (enter via entrance 15)
The department operates a telephone triage service you must call and speak with a specially trained nurse before attending to plan your care
There are no emergency gynaecology services at Saint Mary's Hospital, Oxford Road

-  **Gynaecology Assessment Unit (GAU/F5)**
(0161) 720 2010 GAU Reception / (0161) 604 5130 GAU Nurses
Monday to Friday - 07.30 - 20.30
Saturday & Sunday - 08:30 – 16:30
GAU is located at North Manchester Hospital (Ward F5, via Entrance 1 / main entrance)
To be seen in GAU a referral from your GP, Midwife, A&E or other health care professional is required. GAU is not a self-referral unit.

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

-  **Counselling Service (confidential)**
(0161) 276 4319: Monday - Friday 8.30 am – 4.30 pm – answerphone available



<https://mft.nhs.uk/saint-marys/services/gynaecology/emergency-gynaecology/>

USEFUL ADDRESSES

The Ectopic Pregnancy Trust: <https://ectopic.org.uk/>

The Miscarriage Association: www.miscarriageassociation.org.uk
Tel: (01924) 200799

Cradle Charity: <https://cradlecharity.org/>
Phone: 0333 443 4630
Email: info@cradlecharity.org