

Gynaecology and reproductive medicine

Treating ectopic pregnancy with methotrexate

Information for patients, relatives and carers

Introduction

This leaflet has been provided to help answer some of the questions you or those who care for you may have about treating ectopic pregnancy with methotrexate. This leaflet does not replace the consultation between you and your medical team, but aims to help you understand more about what you discussed together. If you have any further questions, please contact us using the numbers on page 3.

What is methotrexate?

Methotrexate is a medicine that can be used to treat a variety of conditions, including cancer and some rheumatoid and inflammatory conditions. In particular cases, it can also be used to successfully treat an ectopic pregnancy without the need for surgery.

What are the advantages of taking methotrexate?

Methotrexate treatment for ectopic pregnancy has a very good success rate (over 95 per cent) and, in small doses, is safe to use with few side effects. It also avoids the use of a general anaesthetic and the need for surgery.

What are the disadvantages?

Following methotrexate treatment you must return to either the gynaecology emergency room or early pregnancy assessment unit (EPAU), depending on where you are being treated, at regular intervals for close monitoring and observation. If this is not convenient for you, then treatment with methotrexate is not advisable and you should consider an alternative form of treatment.

How does methotrexate work?

An ectopic pregnancy cannot develop into a normal pregnancy and is a serious condition which may be life threatening. Methotrexate works by blocking the enzymes in the body that maintain the pregnancy. It stops the tissue from growing bigger and prevents it from rupturing (bursting). The pregnancy tissue is then gradually reabsorbed by the body.

What happens after I take methotrexate?

When you come for your appointment we will check your height and weight to work out the right dose for you. We will inject the methotrexate into a muscle in your buttocks, which may be uncomfortable. Usually one dose will be enough but, very rarely, a second dose might be needed.

A few days after receiving methotrexate you will experience bleeding from your vagina. This is normal and is caused by your womb shedding its lining as the ectopic pregnancy falls away.

Are there any risks?

With any medical treatment there is a risk of failure. If methotrexate does not work, your ectopic pregnancy will still be there and could burst. If, after your treatment, you have stomach pain that does not go away or you feel generally unwell, you must call us (see the contact details on page 3) to arrange an appointment. If you have sudden pain, dizziness or nausea, go to A&E immediately.

Are there any side effects from taking methotrexate?

There are generally very few side effects, though some women experience some. Methotrexate is an anti-cancer drug, but it is important to know you do not have cancer. We use much smaller doses of methotrexate than are used in cancer treatment, so the risk of side effects is quite small. They could include feeling sick, tiredness, sensitivity to light or having a skin rash or mouth ulcers. You should also avoid alcohol in the first two weeks following the injection of methotrexate. You should also stop multivitamins and folic acid for the duration of treatment.

What follow-up will I have?

We will give you regular blood tests to make sure your pregnancy hormone levels are falling. You will need these every couple of days at first, and then every week. On the 7th day after the methotrexate we will also check your full blood count and liver function to make sure they are unaffected by the treatment. If they are abnormal, it is usually short lasting but we need to repeat the tests to make sure they return to normal. Once your levels are back to normal, we will discharge you from our care.

Planning for the future

You must not get pregnant for three months after having the last dose of methotrexate to allow it to completely clear from your body. Methotrexate can severely affect a developing embryo and cause abnormalities. You must use contraception during this time.

During these months, do not take folic acid or non-steroidal anti-inflammatory drugs such as aspirin, ibuprofen, Nurofen[®] or Diclofenac. However, you can take paracetamol and codeine for pain relief.

After three months, any future pregnancies will not be affected by the methotrexate and it does not increase the risk of you having a miscarriage. However, following an ectopic pregnancy, you have a 10 -18 per cent chance of having another one.

Therefore, it is very important to have an early ultrasound scan at about six weeks if you fall pregnant again, to check that everything is normal. Please call your GP surgery and ask them to arrange this.

Where can I get help or information?

- St Mary's Hospital's gynaecology emergency room: **020 3312 2185** (Monday to Friday 09.00 to 17.00):
- Queen Charlotte's & Chelsea Hospital's early pregnancy assessment unit (EPAU): **020 3313 5131** (Monday to Friday 09.00 to 17.00): If you need out-of-hours attention, go to your nearest A&E

Useful contacts

- **The Ectopic Pregnancy Trust**
Telephone: 020 7733 2653
www.ectopic.org.uk
- **The Miscarriage Association**
Telephone: 01924 200 799
www.miscarriageassociation.org.uk
- **Tommy's**
Telephone: 0800 0147 800
www.tommys.org

How do I make a comment about my visit?

We aim to provide the best possible service and staff will be happy to answer any of the questions you may have. If you have any **suggestions** or **comments** about your visit, please either speak to a member of staff or contact the patient advice and liaison service (**PALS**) on **020 3313 0088** (Charing Cross, Hammersmith and Queen Charlotte's & Chelsea hospitals), or **020 3312 7777** (St Mary's and Western Eye hospitals). You can also email PALS at imperial.pals@nhs.net The PALS team will listen to your concerns, suggestions or queries and is often able to help solve problems on your behalf.

Alternatively, you may wish to complain by contacting our complaints department:

Complaints department, fourth floor, Salton House, St Mary's Hospital, Praed Street
London W2 1NY

Email: ICHC-tr.Complaints@nhs.net

Telephone: **020 3312 1337 / 1349**

Alternative formats

This leaflet can be provided on request in large print or easy read, as a sound recording, in Braille or in alternative languages. Please email the communications team:
imperial.communications@nhs.net

Wi-fi

Wi-fi is available at our Trust. For more information visit our website: www.imperial.nhs.uk

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