



PATIENT INFORMATION

Information for Women Receiving Methotrexate

You having been experiencing problems in your pregnancy and the Doctor or Nurse is considering, or has diagnosed that you have an ectopic pregnancy. After assessment and discussion with you it has been decided that the best course of treatment is by 'medical management' using the drug methotrexate.

You should only consent to this treatment if you are willing and able to continue weekly blood tests and follow-up for several weeks. After the first week if your hormone levels are reducing satisfactorily we can arrange for the test to be done at your own surgery if you would prefer.

Methotrexate is given to resolve your ectopic pregnancy. Methotrexate temporarily interferes with metabolism of folic acid (an important nutrient) in the body. This has the effect of killing off rapidly growing cells like those found in the placenta and those in the ectopic pregnancy without the need for an operation. The drug stops the pregnancy developing any further and it is gradually reabsorbed by the body over the next few weeks.

Before treatment you will have blood tests to rule out any undiagnosed liver or blood disorder. The correct dose will then be calculated and given by a single injection (day 1) into a muscle (eg usually in the buttock). You will then be allowed home and repeat blood tests ordered on days 4 and 7 (these need to be done at the hospital) to monitor the treatments effectiveness. Follow up is with weekly blood tests (hCG) for 1-2 months.

If the treatment has not been effective on day 7 then you will be asked to come back to the hospital for review. We will either recommend a further injection or surgery at that point. Up to 90% of treatments are successful after the initial injection but surgery may still be required (10%) either for failed treatment or ectopic rupture (7%).

During the week after the injection (usually 3-7 days) it is possible you will get colicky abdominal discomfort. Mostly this can be managed at home with simple pain killers.

However if the pain is severe, you are experiencing shortness of breath, pain in your shoulder tips or you are worried then you can call Forrest ward at any time. You may be advised to come in to for review to exclude the possibility of ectopic rupture. You will probably experience some vaginal bleeding, this may continue for up to 6 weeks, it is important **not** to use tampons during this time.

The side effects of single dose methotrexate are usually minor and short-lived. Other more serious side effects such as changes in liver function and white blood cell numbers are extremely rare at the dosage used and are reversible. As methotrexate may make you more sensitive to the sun you can also reduce the risk of skin rashes by staying out of the sun for this week too. This is particularly true if you have psoriasis and you should tell the doctor dealing with you.

Some women experience some side effects after treatment with Methotrexate, but this is more common when you have had more than one dose. You may experience some, all or none of them, but so that you are able to recognise them, here is a list of possible side effects:

Nausea (feeling sick)	Mouth and lip ulcers
Vomiting	Skin Rash
Diarrhoea	Sensitivity to light
Colicky abdominal discomfort	Tiredness and/or exhaustion

Other more serious side effects such as changes in liver function and white blood cell numbers are extremely rare at the dosage used and are reversible.

Here are some 'Do's and Don'ts' that you need to be aware of:

Don'ts

You **MUST** not take folic acid or multivitamins containing folic acid as this reduces the effectiveness of the treatment.

You should avoid eating "wind" producing foods e.g. broccoli, cabbage, leeks which may make the abdominal discomfort worse.

You should not have any alcohol until your follow up is clear as it may affect your liver.

You should not use tampons, have sex intercourse or have any internal examinations as this may cause rupture of the ectopic pregnancy.

You should not do any heavy lifting.

Do not work out in the gym or take part in strenuous exercise. Gentle walking is okay but not jogging or running.

You should not take aspirin or brufen like drugs (non-steroidal anti-inflammatories) for pain relief for the first week after treatment as they may reduce effectiveness of the treatment. You may take Paracetamol alone or in combination drugs.

Do not take antibiotics within 2 days of any methotrexate injection.

You should not get pregnant for 3 months following a single injection or 6 months if 2 injections are required. Early pregnancy risks physical abnormalities in the baby so you will need to ensure that you use an effective method of contraception.

Do's

Remember you should only consent to this treatment if you are willing and able to continue weekly blood test follow-up for several weeks.

You have direct access to the gynaecology team on the numbers below.

You should drink plenty of fluids.

Avoid direct sun for the first week

Ideally you will be given the 'all clear' on the blood tests and then start taking folic acid tablets for three months before stopping contraception.

Methotrexate does not reduce the risk of another ectopic pregnancy (approximate risk 1 in 10) and you will need an early scan at 6 weeks in any subsequent pregnancy, to ensure the pregnancy is developing in the right place. You can arrange this yourself with the Early Pregnancy Unit (EPMS).

Contact Telephone Numbers

Forrest Ward 01803 655507 for advice and possible gynaecological review.
EPMS 01803 654607 Monday – Friday (excluding Bank Holidays) 8.45am to 4pm.

Support organisations e.g. the Ectopic Pregnancy Trust (020 7733 2653)
www.ectopic.org.uk