

Service:
Gynaecology

Use of methotrexate to treat pregnancy of unknown location and ectopic pregnancy



Introduction

The aim of this leaflet is to help you by:

- Explaining the treatment advised for you by medical staff.
- Providing sources of further information and support.

An ectopic pregnancy is a pregnancy loss, and is naturally an emotional time, and we wish to support you as much as we can. This leaflet helps to explain treatment and includes additional places for you to access information and support.

Whilst we are treating you, it is very important to let us know if your symptoms change. Some women develop worsening pain; shoulder pain; diarrhoea, heavy bleeding or dizziness. An ectopic pregnancy whilst being closely monitored can increase in size and cause you to be unwell, so we may need to reassess you – this is why it is important to let us know of any change in your health.

Medical treatment (Methotrexate)

Medical treatment of ectopic pregnancies is widely used and avoids the need for surgery, but it has specific guidance for use, and is not always the correct treatment. It cannot be used:

- In ruptured ectopic pregnancies
- In larger ectopic pregnancies
- Where hormones are above the suggested limit for using medical treatment
- Where your liver and kidney function are not normal
- Where your blood count / blood results are not normal (e.g. where you are anaemic)
- In any cases where you would be unable to attend for the necessary follow up after treatment

What is Methotrexate?

It is from the family of cytotoxic (chemotherapy) drugs and is used for a number of conditions e.g. arthritis, cancer etc.

Although it is a chemotherapy drug, in early pregnancy it is used in very small doses. The injection works by destroying cells that grow quickly (in your case - stopping the cells of the pregnancy) leading to the pregnancy being absorbed. We assess this by your clinical symptoms (how you feel physically) and watching hormone results drop after treatment. In some instances where we cannot be clear that the ectopic is resolving, you may require a second dose of medication.

What are the advantages of Methotrexate?

- It has a good success rate for treating small ectopic pregnancies (more than 90 in 100).
- Avoids surgery & the associated risks of having a general anaesthetic.
- 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 several weeks to complete the treatment.
- Side effects of the drug itself can occur (though rarely), such as:
 - Nausea
 - Vomiting
 - Diarrhoea

- Abdominal cramps 3-7 days after treatment, and some vaginal bleeding are common side effects after having methotrexate.
- There may be some mild, temporary, abnormalities in liver function blood tests which you are unlikely to be aware of.
- Repeated visits to the hospital are essential (for blood tests)
- You may require a second dose of the drug.
- You are advised to wait a minimum of 3 months before trying for a future pregnancy.
- You are sometimes more vulnerable to infection (if you come into contact with someone with the flu/common cold etc).

Why have I been offered this treatment?

On the basis of your tests we think that your problem is unlikely to resolve without further treatment. We do, however, think it is likely that you will respond to this particular form of treatment.

How is the drug given?

It is administered by a suitably trained doctor or nurse into the large muscle of the buttock or thigh.

After the drug has been given

Provided you are feeling well, you will be allowed home shortly after having the drug.

A small number of women require a further dose of the drug, and this would be given in the same way.

After you go home it is important to notify us with any changes in how you feel; especially if you have:

- Any increase in pain.
- Pain somewhere you have not previously had it, or paracetamol does not help your pain.
- You feel faint or dizzy, or develop shoulder tip pain.

Is there anything I must avoid for the duration of my treatment?

Yes. It is important you avoid the following:

- Unprotected sexual intercourse.
- Alcohol
- Folic acid and vitamins, as they may interfere with treatment.
- Exposure to the sun/sunlamps.
- Herbal remedies should be discussed with your doctor.

N.B. If Methotrexate is not successful, or if you become more unwell, then surgery may be required.

Why should I avoid alcohol?

The liver metabolises (sorts out) toxic (strong) drugs, which includes alcohol. The liver will already be working hard, and it is important to make its job as easy as possible, especially as the drug you are being given needs the liver to work well.

It is important to avoid alcohol for a minimum of 7 days, at which point your liver function will be checked. However, as methotrexate has been found in the liver for up to 100 days after treatment, some research suggests that it is sensible to avoid alcohol until you are discharged after treatment.

Why must I avoid the sun exposure / sun lamps?

Use of methotrexate can cause dermatitis - a skin condition, and this would be worse if exposed to the sun or sun lamps. These should be avoided for about 4 weeks, by which time the drug should be minimally active with minimal risk to skin reactions.

Follow up:

You will need close observation for several weeks, including blood tests on days 4 and 7.

At this point we will know if the medicine has helped. There may be times when a second injection is needed. As soon as your blood tests show that the hormone (HCG) is dropping well, a weekly blood test is needed until the hormones return to normal. Follow up does vary in number of visits required as the blood tests can go back to normal quickly, or more slowly.

We understand that sometimes it can be frightening being at home. Please do not hesitate to contact us on the numbers at the end of this leaflet if you are unwell or have any questions.

Frequently asked Questions

Will I have any vaginal bleeding?

Yes. This can vary from dark brown spotting to heavier bright red loss. Use sanitary towels rather than tampons whilst you are bleeding, to reduce the risk of any infection.

If you are concerned that the bleeding is excessive (requiring you to change a sanitary pad every half an hour) please telephone the ward for advice.

Can I have a bath/shower during my treatment?

Avoid hot baths if you are bleeding heavily, as you may feel dizzy. Otherwise it is safe for you to have a warm bath or shower.

Should I be off work during the treatment?

This is a very individual thing. However it is stressful having treatment, and you are recovering from the difficult news that this pregnancy will not continue. Many women feel that at least a few days off work may be necessary, and some take a lot of time off as they adjust to a change in circumstances (with the loss of the pregnancy). You can self-certificate for the first week off work, alternatively the staff in early pregnancy clinic or the doctor on the ward will provide you with a sick certificate.

When can I expect a period?

Every woman is different, and this will depend on the length of follow up you have needed. Within four weeks of your bloods returning to normal is usual, and your period may be different (heavier or lighter); again this is nothing to be concerned about, unless the bleeding is very heavy, in which case consult your GP.

How long must I wait before trying to become pregnant again?

At least three months. If you have had more than one dose of Methotrexate this will be extended to six months. This ensures that all of the Methotrexate has left your body with no effect on future pregnancies.

During this time it is advisable to use condoms or alternative contraception.

What happens when I do become pregnant again?

If you suspect you may be pregnant:

- Do an early urine pregnancy test at home.
- You will be given an open access referral for the clinic, and can attend once you are 6-7 weeks pregnant in the future for an early scan.
- If you have abdominal pain in early pregnancy before this time, please call us in early pregnancy clinic as we will see you sooner.

The future

Any preconception care you have been following should continue, once it is safe for you to try and become pregnant again such as:

- Taking folic acid.
- Reducing your alcohol and caffeine intake.
- Ceasing 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.

We hope this information leaflet has been of help to you.

If you have any further concerns, please contact the staff on Cotswold Ward, or the staff in Early Pregnancy Clinic, at Southmead Hospital.

Further Help and Advice

Early Pregnancy Clinic

0117 414 6778

Cotswold Ward

0117 414 6785

The Ectopic Pregnancy Trust

c/o 2nd Floor, Golden Jubilee Wing, King's College Hospital,
Denmark Hill, London, SE5 9RS

Helpline: 020 7733 2653

Web: <http://www.ectopic.org.uk/>

The Miscarriage Association

www.miscarriageassociation.org.uk

The Bridge Foundation

Telephone: 01179 424 510

Network Counselling

Telephone: 01179 507 271

Staffed by counsellors who are Christians, but clients do not need to be. No one is turned away for financial reasons.

Relate

Telephone: 01179 428 444

Relationship counselling for individuals and couples. £30 per session.

Advice and Complaints Team (formerly PALS & Complaints)

Telephone: 0117 414 4569

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How to contact us:



Early Pregnancy Clinic

0117 414 6778

8am–3.30pm Mon–Fri



Cotswold Ward

0117 414 6785

24 hours



www.nbt.nhs.uk/epc

If you or the individual you are caring for need support reading this leaflet please ask a member of staff for advice.

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