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Ashford Hospital
London Road
Ashford, Middlesex
TW15 3AA
Tel: **01784 884488**

St. Peter's Hospital
Guildford Road
Chertsey, Surrey
KT16 0PZ.
Tel: **01932 872000**

Website: www.ashfordstpeters.nhs.uk

Information for women receiving Methotrexate for the treatment of Ectopic Pregnancy

Women's Health

The Use of Methotrexate in the Treatment of Ectopic Pregnancy

This leaflet is intended to give you additional information to that received from a healthcare professional.

WHAT IS METHOTREXATE

This is a drug that is used to stop rapidly developing cells from growing. In this situation these are ectopic pregnancy tissues. Other examples where the drug may be used is for certain cancers, severe skin problems and rheumatoid arthritis. It is given as an injection either in the buttock or into the ectopic pregnancy directly.

Before receiving the injection the medical team will discuss the various treatment options specific to your problem. If you opt for this treatment, it can be carried out as an outpatient. It will require frequent follow up visits to the hospital to ensure that the treatment is working correctly. These visits are essential to help ensure your safety. This will be done directly via the Early Pregnancy Unit.

ADVANTAGES AND DISADVANTAGES

This treatment has the advantage of avoiding the need to be admitted to hospital and for surgery under a general anaesthesia with the risks that surgery involve. There is however up to a 10% risk of the treatment failing with the need for repeated injection or even surgery. Such surgery may be required as an emergency and you have therefore been advised to avoid any strenuous exercise, remain in the local area and to either contact the Early Pregnancy

Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty. If they cannot resolve your concern, please contact our Patient Advice and Liaison Service (PALS) on 01932 723553 or email pals@asph.nhs.uk. If you still remain concerned please contact our Complaints Manager on 01932 722612 or email complaints@asph.nhs.uk.

Author: Mr Banerjee

Version: 1

Department: Gynaecology / Women's Health

Published: Sep 2008

Review: Sep 2011

CONTACT TELEPHONE NUMBERS

Early Pregnancy Unit **01932 722662**
(Monday – Friday 9.00 a.m. to 3.00 p.m.)

Out of hours / Weekends / Bank Holidays
The on call Gynaecology Registrar can be contacted via
St Peter's Hospital switchboard **01932 872000**

Advice is available 24 hours a day on the above numbers. Please do not hesitate to call if you are worried about anything.

Unit (01932 722662) or attend the Accident and Emergency Department if your pains worsen or become unmanageable.

The other disadvantages of this treatment are that follow up can often be for up to several months. This is essential to make sure the treatment is successful and the ectopic pregnancy has resolved. Also you are required to avoid pregnancy for 3 months after the last injection, so that the methotrexate is out of your system and does not affect any future pregnancy.

ALTERNATIVES

Alternative treatments include a policy of waiting and following your pregnancy hormone levels. We have opted for this approach as this has not worked. Another alternative is surgery. This usually involves key hole (laparoscopic) surgery but can also involve open (bikini-line cut) surgery. The risks of surgery are dependant on the type of ectopic pregnancy that you have and this will be discussed with you by the doctors and nurses in the Early Pregnancy Unit.

THE PROCEDURE

A blood sample will be taken to measure your blood count, pregnancy hormone levels and kidney and liver function. The results of these tests will be made available before you receive the medicine.

You may eat normally prior to the injection. The drug is given as an injection either in the buttock or under ultrasound guidance via a specially designed thin needle into the ectopic pregnancy. This may be a little uncomfortable but **NOT** painful.

This is done in the Early Pregnancy Unit and you should be able to go home the same or the following day.

POSSIBLE SIDE EFFECTS

Some women experience some side effects after treatment with methotrexate. You may experience some, all or none of them, but so you are able to recognise them a list of possible side effects is documented below.

- Ectopic Pregnancy Rupture. Can occur in 1 in 10 women. This is the reason why we request regular follow up in the department
- Colicky abdominal pain. Up to 3 in 4 women experience this problem
- Sickness and occasionally vomiting
- Skin rash
- Sensitivity to light
- Mouth and lip ulcers
- Constipation

FOLLOWING THE TEST

- You should avoid any strenuous exercise
- You should not take folic acid or multivitamins
- You should avoid eating “wind” producing foods e.g. broccoli, cabbage and leeks
- You should not have any alcohol until your follow up is clear as it may affect your liver
- You should not use tampons, have sexual intercourse or have any internal examinations as this may cause rupture of the ectopic pregnancy
- You should not take aspirin or ibuprofen for pain relief but you may take paracetamol

Things you need to do;

- You need to remain in the local area and in particular avoid any foreign travel
- You will need to have several follow up appointments with us over the next few weeks. It is very important you attend these to ensure the treatment is working. The first two follow up visits will be on the 4th and 7th day after the injection. This will include monitoring of your blood tests. Up to 1 in 10 women may need a second injection and overall 9 in 10 women are treated successfully, avoiding the need for surgery
- You should drink plenty of fluids
- You can expect to have some vaginal bleeding, but you do not need to contact us unless it is heavy or you are worried
- If you have increased pain at any time, you should contact us as you may need to be admitted for observation

All these above precautions are required until the treatment is complete and the ectopic pregnancy has resolved.

- You should not get pregnant for **THREE** months after the last injection of methotrexate, so you will need to take an effective form of contraception in that interim period.