

## CUMH Methotrexate

*Unfortunately, your pregnancy has resulted in an ectopic pregnancy; this is a pregnancy that has developed outside of the womb (uterus). This leaflet has been provided to help answer some of the questions you or those who care for you may have about the treatment of an ectopic pregnancy. 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.*

*Methotrexate is a medicine given as an injection, which is used for pregnant women whose pregnancy has unfortunately developed outside of the womb and has resulted in an ectopic pregnancy.*

The diagnosis of ectopic pregnancy is made by an ultrasound scan and may be assisted by blood tests for the  $\beta$ hCG hormone level. This hormone level does not rise properly as would be expected for a normal pregnancy. The doctor must be absolutely sure that the diagnosis is correct and that there is no chance of a normal pregnancy being missed.

### **What is an ectopic pregnancy?**

An ectopic pregnancy is one that grows outside of the womb. A pregnancy cannot survive in these situations, and it can pose a serious risk to you.

### **What is Methotrexate?**

Methotrexate is a medicine, which is targeted at fast-growing cells like the placenta. It stops the placenta growing, which allows the pregnancy to come to an end.

### **What are the advantages of Methotrexate?**

If your ectopic pregnancy is not too far advanced or ruptured, it is an appropriate treatment option as:

- Good success rate (>90%) for treating small ectopic pregnancies
- Avoids surgery and its associated risks
- Avoids removal of fallopian tube

### **What are the disadvantages of Methotrexate?**

- You must return for ongoing blood tests to the hospital until the ectopic pregnancy is fully resolved –this usually takes about a month.
- You will experience side effects such as pain, bleeding, nausea, vomiting and diarrhoea.
- There is a small risk that the ectopic pregnancy may rupture, and you will require emergency surgery (8%).
- You may require a second dose of the drug (15%).
- You are advised to wait at least 3 months before trying for a further pregnancy as methotrexate is very harmful for developing pregnancies.

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### How is Methotrexate given?

The amount of medicine you need is calculated depending on your height and weight. It is a small injection, which is given in the deep muscle of the buttock or upper arm.

### What are the potential side-effects of Methotrexate?

Some women experience side effects. Feeling tired is very common, as well as mild tummy pain. Other side effects include:

- Diarrhoea, nausea and vomiting
- Cracked lips
- Sensitive skin
- Conjunctivitis (red eyelids)
- Stomatitis (sore tongue)
- Kidney and Liver dysfunction
- Bone marrow suppression

### Will I experience any pain?

There is a small amount of discomfort during and after the injection. Most women (75%) experience some lower pelvic pain or backache during the course of their treatment. If required, you can take paracetamol.

Whilst you are at home, it is important to notify the ward if:

- You experience severe pain.
- Pain somewhere you have not previously had pain.
- You feel faint or dizzy.
- Paracetamol is insufficient for any pain you are experiencing.

### 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 if you are bleeding to reduce the risk of infection. If you are concerned that the bleeding is excessive (requiring you to change a sanitary pad every 30 minutes), seek advice.

### When can I expect a period?

Every woman is different regarding how soon after treatment for an ectopic pregnancy that they have their next period, however sometime in the next 4 - 6 weeks is considered common. Often this period may be different than usual (heavier or lighter), this is nothing to be concerned about, unless the bleeding is very heavy, in which case you need to seek medical advice.

### What happens after the Methotrexate injection?

About an hour after the injection you will be usually be discharged home (Day 0). You will be asked to attend for blood tests and to check that you are still well on Day 4 and Day 7 after your injection. On day 4 there may little change or even a small rise in your  $\beta$ hCG hormone level. By day 7 your  $\beta$ hCG hormone levels should have dropped by at least 15%. Some patients may then attend weekly, until the  $\beta$ hCG hormone level is less than 20. This may take several weeks.

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### Is there anything I should do or not do after the Methotrexate injection?

- It is important that you are extra careful with your toilet hygiene. Children and other pregnant women should not be exposed to this medicine, which may still be found in your bowel motion. Ensure strict hygiene standards.
- You should not take pain killers like non-steroidal anti-inflammatory analgesia (NSAIDS), such as, ibuprofen (Nurofen®), diclofenac (Difene®), mefenamic acid (Ponstan®), or aspirin for 2 weeks.
- You may safely use paracetamol based painkillers.
- You should stop taking folic acid and any multivitamin (i.e. Pregnacare®, Proceive®) that contains folic acid for 3 months.
- You should avoid alcohol for two weeks.
- You should avoid sexual intercourse until the ectopic is fully resolved.
- Avoid hot baths whilst you are bleeding heavily, as you may feel faint. Otherwise, it is safe for you to have a warm bath or shower.

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

At least 3 months. This ensures that all the methotrexate has left your body with no effect on future pregnancies. During this time, it is advisable to use condoms for contraception.

### Will I need more than one dose?

Some patients (15%) will require two or more injections to complete the process. This is assessed from your blood test on day 7.

### What if this treatment does not work?

Methotrexate treatment may not work in about 10% of women. If this happens, the placenta continues to grow and you may bleed internally. This can cause severe tummy pain or bleeding. You will then need to come into hospital urgently. You may need an operation to remove the tube and stop any bleeding. The rare potential risks of this operation are infection, blood transfusion, scar tissue and anaesthetic problems.

### What are the alternatives to Methotrexate?

Some patients may be suitable for expectant management. This is only an option if the ectopic pregnancy is small, there is no sign of rupture and the  $\beta$ hCG hormone levels are low (<1000iu) and reducing.

Some patients will require surgical management. Surgery is recommended where the ectopic is large, where there are signs of rupture and when the  $\beta$ hCG hormone levels are high (>5000iu). Surgery is usually performed using by keyhole (laparoscopy) but sometimes requires a larger cut in the abdomen (laparotomy). It is done under general anaesthetic, so you are fully asleep and do not feel any pain. The ectopic is removed which involves removal of the fallopian tube. There are rare risks of surgery such as infection, bleeding, blood transfusion, injury to other organs and anaesthetic complications. In the future, this means that if a tube is removed, your fertility will decrease by about 40%. However, the chance of another ectopic pregnancy in the future is also reduced, as that tube is no longer there.

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### What happens when I do become pregnant again?

Women who have had an ectopic pregnancy are more at risk of it happening again. If you suspect that you may be pregnant:

- Do a pregnancy test at home
- Contact your GP
- If you have any signs or symptoms similar to those that you experienced on this occasion, contact the hospital for further advice.
- If you are otherwise well, your GP will organise for you to have an early ultrasound scan to ensure that the pregnancy is in the womb.

	Date	Time	Location
<b>Day 0</b>			
<b>Day 4</b>			
<b>Day 7</b>			
<b>Weekly Visits</b>			
<b>Discharge Visit</b>			

If you have any questions or worries, please contact Cork University Maternity Hospital:

<b>Reception</b>	(021) 4920500
<b>Emergency Room</b>	(021) 4920545
<b>Early Pregnancy Unit</b>	(021) 4927441
<b>Bereavement &amp; Loss Service</b>	(021) 4920500
<b>2 South Ward</b>	(021) 4920628