

Women's Services

Medical management of ectopic pregnancy using methotrexate

Contact telephone numbers:

- Daphne ward (0800 – 2000, Monday – Friday, Saturday & Sunday 08.30 – 14.00) 01223 217636
- Ward L4 (all other times, including bank holidays) 01223 348500

Introduction

Sadly your pregnancy has resulted in an ectopic pregnancy; this is a pregnancy that has developed outside the womb (uterus). We are very sorry that this has happened, and hope that the information in this leaflet will be of some help to you and your partner.

The staff on The Emergency Gynaecology Unit (Daphne ward) hope to help you through this distressing time by:

- Explaining more about ectopic pregnancy
- Explaining the treatment advised for you by the medical staff
- Being available to give you advice over the telephone. When the unit is closed, ward L4, the main gynaecology ward, is available for you to contact. Contact telephone numbers are found at the top of this leaflet.
- Providing written information for you, in the form of this leaflet, to help you understand what is happening to you.

This leaflet aims to help you understand more about ectopic pregnancy generally and specifically about **Medical Management of Ectopic Pregnancy** using the drug **Methotrexate**. It also aims to tell you where to seek more support to help you to come to terms with losing your baby, and about planning future pregnancies.

Frequently asked questions

What is an ectopic pregnancy?

Ectopic pregnancy is a common, potentially life-threatening, condition affecting one in 100 pregnancies. It occurs when the fertilised egg implants outside the cavity of the womb, usually the fallopian tube, and as the pregnancy grows it causes pain and bleeding. If it is not treated quickly enough, it can rupture the tube and cause abdominal bleeding, which can lead to shock and even death.

An ectopic pregnancy is unlikely to develop normally and is consequently termed a type of miscarriage.

What causes an ectopic pregnancy?

Normally a fertilised egg travels from the ovary down the fallopian tube, where it implants in the womb, usually six to seven days after fertilisation and there the pregnancy will develop. In an ectopic pregnancy the egg does not travel to the womb and can implant outside the womb, usually in the fallopian tube and does not develop properly.

The most common cause of an ectopic pregnancy is damage to the fallopian tube, causing a blockage or narrowing.

In most cases the cause of an ectopic pregnancy is not known.

What are the symptoms of an ectopic pregnancy?

These are often difficult to distinguish, making an ectopic pregnancy very difficult to diagnose:

- A missed or delayed period.
- Usually a positive urine pregnancy test.
- Abdominal pain – this can be persistent and severe. It may be on one-side, but not necessarily on the side where the ectopic is.
- Shoulder tip pain.
- Abnormal bleeding – this may be lighter or heavier than a normal period, and more prolonged. This bleeding is often dark in colour & watery (similar to prune juice).
- Diarrhoea or sometimes pain when opening the bowels.
- Fainting – feeling dizzy or light headed.

Who is at risk of an ectopic pregnancy?

Any sexually active woman of child-bearing age is at risk of an ectopic, but the following factors are more commonly seen in women who have one:

- History of pelvic inflammatory disease, such as Chlamydia

- Any previous abdominal surgery, such as appendicectomy
- Intra Uterine Contraceptive Device (IUCD) (coil)
- The progesterone-only contraceptive pill (mini pill)
- IVF pregnancy
- History of a previous ectopic pregnancy
- Smoking

How is an ectopic pregnancy diagnosed?

Usually by transvaginal ultrasound scan, this type of scan is used because it provides a better view of the womb, ovaries and fallopian tubes. It involves inserting an ultrasound probe into the vagina. However it is not always possible to see an ectopic pregnancy on scan.

If you are clinically well, you may have also required some blood tests (β hCG) over a 48 hour period to help with the diagnosis.

Methotrexate

What is Methotrexate?

It is from the family of cytotoxic drugs. In your case it works by preventing the placental cells from developing, consequently only a small dosage is required, this also means that any side effects are lessened. However, in some instances depending on how your body responds to treatment you may require a second dose or, rarely, an operation.

Why have I been offered this treatment?

Although the incidence of ectopic pregnancy may be increasing, undoubtedly more cases are diagnosed nowadays because of improved diagnostic facilities such as ultrasound and hormone blood tests, in the past many of these ectopic pregnancies may have resolved spontaneously.

On the basis of your tests we think this is unlikely to happen in your case. However we do think it is likely that you will respond to this treatment, rather than surgery which may mean the removal of a fallopian tube.

What are the advantages of Methotrexate?

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

- It has a good success rate for treating small ectopic pregnancies (more than 90%).
- Avoids surgery & the associated risks of having a general anaesthetic.
- It is less likely than surgery to cause further fallopian tube damage.
- 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 a few weeks to complete the treatment
- Side effects of the drug itself, such as: nausea, vomiting, diarrhoea.
- There may be some mild, temporary, abnormalities in liver function blood tests, which you are unlikely to be aware of. However, you may require further blood tests during your treatment
- Repeated visits to the hospital are essential (with blood tests).
- You may require a second dose of the drug.
- You are advised to wait at least three months before trying for a future pregnancy.
- You are more vulnerable to infection (if you come into contact with someone with flu/common cold etc).

NB There may be a delay to your treatment with methotrexate if trained staff are not available to administer the drug. This is specially likely over bank holidays and some weekends .

How is the drug given?

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

Each patient's dose is individually calculated and mixed by the pharmacy department, and this does take a few hours. Depending on your individual circumstances you may be admitted to the main gynaecology ward overnight, or you might be asked to return the following day to Daphne ward to have the drug.

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

Some patients (15%) require a further dose of the drug, and this would be similarly administered.

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

Yes. It is important you avoid the following:

- Sexual intercourse
- Smoking
- Alcohol
- Folic acid
- Exposure to the sun/sunlamps

- Non steroidal anti inflammatory analgesia (NSAIDs) such as aspirin, ibuprofen, diclofenac
- Herbal remedies
- We would also advise you to take an adequate fluid intake avoiding dehydration throughout this procedure

How many times will I have to return to the hospital for blood tests?

This varies for every woman, but certainly we will monitor your blood tests until the pregnancy hormone (β hCG) is negative. This usually takes anywhere between two to six weeks. Initially you will need to attend the hospital for repeat blood tests four days and seven days after the methotrexate was given to you.

It is essential that we monitor you closely during this procedure and will not administer any treatment unless you commit to attending follow up appointments.

Will I experience any pain?

Yes you might have some lower pelvic pain or back ache at any time during the course of your treatment. If required, you can take paracetamol

Whilst you are at home it is important to notify either Daphne ward or ward L4 if:

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

We understand that sometimes it can be frightening being at home during a course of treatment. Please do not hesitate to contact us if you are unsure what do.

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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 either **Daphne ward** or **Ward L4** for advice.

Can I have a bath/shower during my treatment?

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.

Should I be off work during the treatment?

This is a very individual thing.

However it is stressful having treatment, also you are recovering from the loss of your baby which can be a very distressing event in a woman's life.

Many women feel that at least a few days off work may be necessary, especially during the first week when frequent trips to the hospital are required.

You can self-certificate for the first week off work, alternatively the staff on Daphne ward will provide you with a sick certificate.

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

At least three 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 for contraception.

When can I expect a period?

Every woman is different regarding how soon after treatment for an ectopic pregnancy they have their next period, however sometime in the next four to six weeks is considered usual.

Often this period may be different than usual (heavier or lighter), again this is nothing to be concerned about, unless the bleeding is very heavy; in which case consult your GP or Daphne ward directly.

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 you may be pregnant:

- Do an early urine pregnancy test at home
- Contact Daphne ward or L4 ward if you have any signs or symptoms similar to those you experienced on this occasion.

If you are otherwise well, your GP will arrange for you to have an early ultra sound scan, to ensure the pregnancy is in the womb.

Emotionally

It is not unusual to feel low in mood or tearful at any time during or after a miscarriage, and this is true for women who have ectopic pregnancies too. Some ladies even feel quite angry, 'why has it happened to me?'

It is quite normal for you to feel sad and upset about losing your baby. Losing a baby can be a very painful experience for partners too, and sometimes their grief is unacknowledged.

If you feel that you, or your partner, need more help coming to terms with losing your baby, here are some contact numbers, which may be of use:

- Pat Ingham, midwife counsellor 01223 217882 (answer phone)
- The Ectopic Pregnancy Trust 01895 238025
- www.ectopicpregnancy.org.uk
- The Miscarriage Association (local contact Janet Sackman 01763 249243)
- www.miscarriageassociation.org.uk

Do I need to inform anyone about my ectopic pregnancy?

No. Staff on Daphne ward will have written to your GP & community midwife and any antenatal scans or appointments will have been cancelled, so you do not need to worry about doing this.

The future

Any preconception care you have been following should continue, once it is safe for you to try & 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 Daphne ward.



Addenbrooke's is smoke-free. You cannot smoke on site. For advice on quitting, contact your GP or the NHS smoking helpline free, 0800 169 0 169

Please ask if you require this information in other languages, large print or audio format: 01223 216032 or patient.information@addenbrookes.nhs.uk

Informacje te można otrzymać w innych językach, w wersji dużym drukiem lub audio. Zamówienia prosimy składać pod numerem: 01223 216032 lub wysyłając e-mail: patient.information@addenbrookes.nhs.uk

Polish

Se precisar desta informação num outro idioma, em impressão de letras grandes ou formato áudio por favor telefone para o 01223 216032 ou envie uma mensagem para: patient.information@addenbrookes.nhs.uk

Portuguese

Если вам требуется эта информация на другом языке, крупным шрифтом или в аудиоформате, пожалуйста, обращайтесь по телефону 01223 216032 или на вебсайт patient.information@addenbrookes.nhs.uk

Russian

若你需要此信息的其他語言版本、大字體版或音頻格式，請致電 01223 216032 或發郵件到: patient.information@addenbrookes.nhs.uk

Cantonese

Bu bilgiyi diger dillerde veya büyük baskılı ya da sesli formatta isterseniz lütfen su numaradan kontak kurun: 01223 216032 veya asagidaki adrese e-posta gönderin: patient.information@addenbrookes.nhs.uk

Turkish

এই তথ্য বাংলায়, বড় অক্ষরে বা অডিও টেপে পেতে চাইলে দয়া করে 01223 216032 নম্বরে ফোন করুন বা patient.information@addenbrookes.nhs.uk ঠিকানায় ই-মেইল করুন।

Bengali

Document history

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