

PATIENT INFORMATION ON METHOTREXATE TREATMENT OF EARLY PREGNANCY PROBLEMS

Please read this leaflet carefully. It will give you important information and advice. If you have any further questions, please ask your doctor or nurse.

Introduction

The scans and blood tests you have had leave us in no doubt that you have a failed pregnancy and we believe it is most likely to be a pregnancy lying outside the womb (ectopic pregnancy). This is a serious condition for you and does require treatment. It has been recommended that you receive treatment with a drug called **methotrexate**.

Other treatments for ectopic pregnancy

There is an alternative treatment for ectopic pregnancy, which involves an operation involving key-hole surgery (laparoscopy) with probable removal of one of the fallopian tubes. If you would like more information on this then please ask the doctor looking after you. We are offering you methotrexate treatment now because we believe it to be the most suitable treatment in your situation.

Methotrexate treatment

Methotrexate blocks the effects of folic acid (a vitamin) in the body in a temporary way. This has the effect of killing off rapidly growing cells like those found in the afterbirth (placenta) and those in the ectopic pregnancy without the need for an operation.

Before treatment you will have blood tests to rule out any undiagnosed kidney, liver or blood disorder. The correct dose will then be calculated and given by a single injection into a muscle. You will then be admitted for about six hours. Repeat blood tests are requested four and seven days later to ensure the treatment has been effective. If it has not been effective you will be asked to come back to the hospital for review. We will either recommend a further injection or surgery at that point. Over 90% of treatments are successful with the methotrexate injection.

During the week after the injection it is possible you will get abdominal pain and even some vaginal bleeding. Mostly this can be managed at home with simple pain killers like paracetamol (we would prefer you not to take aspirin based drugs like ibuprofen or diclofenac as they may interact with the methotrexate). If the pain is severe or you are worried then you can call the EPAU on **01423 555373** at any time (or Nidderdale Ward out of hours on **01423 553647**) and come in for review if required.

Side effects of treatment

The side effects of single dose methotrexate are usually minor and short-lived, lasting only a few days. The most common are nausea, diarrhoea, abdominal pain or painful mouth.

Other rare but serious side effects include changes in liver function and white blood cell numbers. This is however reversible. **It is important to avoid alcohol, antibiotics, and vitamins containing folic acid and drugs containing aspirin** in the week after treatment. 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.

Conception should be avoided for **AT LEAST** 3 months after methotrexate therapy. Ideally you will be reviewed on a weekly basis until you are given the 'all clear' on the blood tests and then start taking folic acid tablets for three months before stopping contraception.

If you have any further questions please do not hesitate to contact a member of the medical team. Further information can also be obtained from the following websites:

www.earlypregnancy.org.uk and www.ectopic.org.uk

If you require this information in an alternative language or format (such as Braille, audiotape or large print), please ask the staff who are looking after you.