

Methotrexate in Ectopic Pregnancy

What You Can Expect

What is an ectopic pregnancy?

An ectopic pregnancy is a pregnancy that takes place outside the uterus. The most common site of an ectopic pregnancy is in a fallopian tube. We call this a 'tubal pregnancy'. Other places an ectopic pregnancy can grow are in the ovary and, rarely, in the space around the stomach (abdominal cavity) or in the cervix.

As the pregnancy grows, the fallopian tube may start to swell.

If the fallopian tube bursts, you may bleed into the stomach area. This medical emergency can be life-threatening to the mother. An ectopic pregnancy cannot continue to birth (full term).

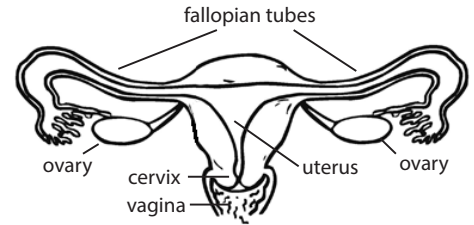


Figure 1. Female reproductive system

How can I treat an ectopic pregnancy?

There are two ways to treat an ectopic pregnancy - by surgery or by a medicine called Methotrexate. This handout talks about using Methotrexate to treat an ectopic pregnancy.

Before treatment, tell your doctor if you are taking any of the following medicines:

Azathioprine	Isotretinoin	Probenecid
Cortisone	(Accutane®)	Sulfasalazine
Cyclosporine	Penicillin	Sulfonamides
	Prednisone	

How does Methotrexate work?

Methotrexate is a medicine given by a needle that treats the ectopic pregnancy by stopping further growth of the egg and dissolving the existing egg. It avoids the need for surgery.

- In 4 to 7 days, your doctor will do a blood test to check your pregnancy hormone levels. A drop in these levels tells your doctor that the pregnancy is ending.
- Your doctor will continue to do a blood test once a week after that. If your blood tests do not show

lower levels of pregnancy hormone, you may need a second dose of Methotrexate.

Keep all your blood test appointments so your doctor can make sure the medicine is working.

- You are finished treatment when the pregnancy hormone levels are no longer present in your blood. This may take 3 to 6 weeks.

What might I experience after I receive Methotrexate?

If we give you only one dose, side effects of Methotrexate are not common. They may include:

- Nausea, vomiting (feeling sick to your stomach, throwing up)
- Loss of appetite, fatigue
- Diarrhea (watery bowel movements)
- Sores in the mouth
- Eyesight changes, discomfort, irritation
- Hair loss
- Increased sensitivity to the sun
- Liver or blood problems (very rare).

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What can I expect during treatment?

- You may feel mild belly pain around day 3 and 4 after the injection. This is due to the swelling of the fallopian tube. Take acetaminophen (such as Tylenol®) for pain.
- You may get mouth sores. To prevent mouth sores, use a soft toothbrush and perform regular, careful dental care.
- You may experience light vaginal bleeding or spotting.

What should I avoid during treatment?

Your doctor will tell you when the treatment is done.

During the treatment, please:

- Do **not** have sexual intercourse until your next period. You may rupture the fallopian tube. Use contraception for at least 3 months and talk to your doctor if you are planning to become pregnant.
- Do **not** use tampons or douches. You may get an infection.
- Do **not** take anti-inflammatories such as aspirin or ibuprofen (such as Advil® or Motrin®).
- Do **not** take vitamins that contain folic acid, including multivitamins, Materna® and Orifer F®. Folic acid may prevent Methotrexate from working properly.
- **Avoid** alcohol. You may increase your risk of side effects.
- Do **not** get vaccinated without your doctor's approval.
- **Avoid** direct contact with the sun for the first 2 to 3 days after the injection. Your skin may be more sensitive to the sun.

What if I am Rh-negative?

If you have Rh-negative blood, we will give you an injection of Rh immune Globulin (also called RhoGam or WinRho).

As the fertilized egg dissolves, its blood may mix with your blood. If the egg's blood is Rh-positive, your body will react to it by making antibodies to destroy it. The Rh Immune Globulin will stop your body from doing this. This is important to protect any future pregnancies from Rh haemolytic disease (when the mother's antibodies destroy the red blood cells of the fetus).

Follow-up Care

Keep this information with you anytime you go to a doctor or clinic, until your treatment is complete.

Today's date: _____

Details of Ectopic Pregnancy:

Side: L R Size: _____

BHCG Level: _____

Methotrexate dose: _____

Blood work follow-up:

Day 4: _____

Day 7: _____

Day 14: _____

Day 21: _____

Day 28: _____

Call your doctor if you:



- Have a fever over 38°C (100.4°F)
- Have mouth sores or a sore throat
- Have prolonged nausea, vomiting or diarrhea
- Have blurred vision
- Are feeling unwell.

Go to the nearest Emergency Department if you have:



- Sharp or severe stabbing belly pain
- A racing heart
- Heavy vaginal bleeding, soaking 2 pads in 1 hour
- Frequent or prolonged nose bleeds, blood in your urine, black stools or you bruise easily.
- Weakness, dizziness, fainting, shoulder pain

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English: This information is important! If you have trouble reading this, ask someone to help you.

Italian: Queste informazioni sono importanti! Se hai difficoltà a leggere questo, chiedi aiuto a qualcuno.

Spanish: ¡Esta información es importante! Si tiene dificultad en leer esto, pida que alguien le ayude.