

Medical Management of Ectopic Pregnancy

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Medical treatment of Ectopic Pregnancy

An Ectopic pregnancy occurs outside your womb, most commonly in the fallopian tube. It affects 1 in 100 pregnancies. As the pregnancy grows it causes pain and bleeding.

If it is not treated it can rupture the tube and cause bleeding inside your abdomen

If Ectopic Pregnancy is suspected

Treatment is offered if an Ectopic pregnancy is suspected from blood tests, scan or clinical signs and symptoms. Various treatment options are available, including surgical and medical management.

Surgical treatment involves laparoscopy, inspection of the fallopian tubes and removal of the affected tube.

Medical treatment uses the drug Methotrexate which resolves the Ectopic pregnancy. It works by preventing the growth of rapidly dividing cells such as those found in pregnancy.

Benefits of medical management

Medical treatment allows you to avoid surgery and preserve the fallopian tube and future fertility. A success rate of 85% - 93% is expected. **There is also a failure rate of 7% - 15% which could result in you having emergency surgery.** However Methotrexate is only given to suitable candidates. This leaflet has been given to you because Methotrexate may be a suitable option for you.

How is it given?

Methotrexate is given as an injection into the muscle in your buttock. Once the injection is given, a stay in the hospital is not required and you can be followed up as an outpatient.

Monitoring

Response to the drug is monitored by measuring the level of the pregnancy hormone called HCG in your blood on the day of injection and then 4 and 7 days later. If the hormone level has dropped sufficiently, you will be seen weekly thereafter until the pregnancy test becomes negative, which will indicate the Ectopic pregnancy has been resolved.

If the response to the first injection is not adequate you may need a second injection or surgical treatment may need to be considered. Follow up may be prolonged, usually a month, and **it is essential that you attend all your hospital appointments.** If this is not possible it is unsafe for you to be treated with Methotrexate and you must inform the doctor before starting treatment.

What to expect

It is not uncommon to experience some abdominal pain during the first few days of treatment. Simple painkillers such as paracetamol and cocodamol are safe to take. Some vaginal bleeding may also occur. However you should attend the hospital immediately if you experience any severe or worsening pain, heavy bleeding, dizziness or shoulder tip pain. If in doubt, contact the hospital on the numbers provided.

Patients who have certain medical conditions should not take Methotrexate. You must inform the doctor if you have ever suffered from any liver, kidney or lung disease, blood disorders or diseases that have affected your immune system. You must also inform them if you have ever had an allergic reaction to Methotrexate used in the past. Methotrexate can react with other drugs being taken at the same time. These include certain painkillers and antibiotics. You must make the doctor aware of any medications you are currently taking. Alcohol should be avoided as it can interact with Methotrexate.

Side effects

Common side effects of Methotrexate are sore mouth or mouth ulcers. These can be reversed with a course of tablets. You may also develop blisters or a rash if you go out in the sun for up to a week after the injection, or you may have increased temporary loss of hair. Rarely, its use has been associated with toxic effects on the liver, bone marrow and lungs.

Contraception

Pregnancy **must** be avoided for at least three months after the injection

For advice, please ring:

Gynaecology Ward (3E) on 0151 430 1522 (24hrs)

or

The Buchanan Suite

Monday to Friday 9am – 12.30pm


Monday & Wednesday 1.30pm – 5.00pm

(Excluding bank holidays)

0151 290 4356 or 0151 430 1737

The miscarriage association have leaflets on:

- Ectopic Pregnancy
- www.miscarriageassociation.org.uk



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