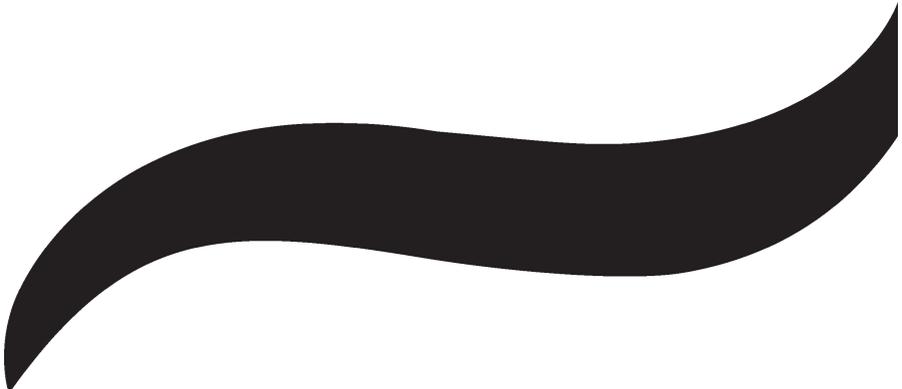




Medical management of suspected ectopic pregnancy and pregnancy of unknown location

Information for patients from
The Early Pregnancy Assessment Service



You have been diagnosed with an ectopic pregnancy (EP) or a pregnancy of unknown location (PUL). We understand this can be a difficult time. We are sorry for your loss.

Your doctor has offered you treatment called “medical management”. The medication we use for this is called methotrexate. This leaflet will hopefully answer some of your questions.

If you have any other questions please ask a member of staff at your appointment or contact one of the EPAS Units. Please use the telephone numbers at the back of this leaflet.

WHY DO WE USE METHOTREXATE?

Methotrexate is an effective drug for selected cases of ectopic pregnancy or PUL. It has a success rate of 80-90%.

It works by interfering with an essential vitamin called folate. It is needed for the development of the rapidly growing tissue of a pregnancy.

If successful, you will not need an operation. This means you will spend less time in hospital.

Having methotrexate or surgery does not affect your chance of getting pregnant in the future. Future pregnancy rates are similar after methotrexate or surgery. This is about 62 - 67%.

HOW IS METHOTREXATE GIVEN?

We give the drug by a single injection into a muscle (usually your hip). It takes 2 - 3 minutes and may feel rather uncomfortable.

You may need to have another injection if the first one does not work.

About 15% of patients will need a second dose.

You may need to have an operation if the injections do not work.

WHAT ARE THE ADVANTAGES OF METHOTREXATE?

- ❖ Good success rate for treating early ectopic pregnancy (more than 90%)
- ❖ Avoids surgery and the risks of this
- ❖ You do not need to have an anaesthetic
- ❖ Likely to cause less damage to your fallopian tube than surgery
- ❖ You do not have to stay in hospital for the treatment

WHAT ARE THE DISADVANTAGES OF METHOTREXATE?

- ❖ It may take a few weeks to complete the treatment
- ❖ You may have some side effects from the medication (see below)
- ❖ You will need repeat visits to the hospital and repeat blood tests
- ❖ You may need a second dose of methotrexate
- ❖ You should wait at least 3 months before trying to get pregnant after a dose of methotrexate. Wait 6 months if you need 2 doses of methotrexate

ARE THERE ANY SIDE EFFECTS?

Up to 15% of women have side effects. These include:

- ❖ Nausea (feeling sick)
- ❖ Vomiting
- ❖ Indigestion
- ❖ Extreme tiredness
- ❖ Hair loss (rarely)

Methotrexate can sometimes affect the liver and the immune system. This can make you more likely to pick up colds and flu-like illnesses. However this is not common. It should be mild if it does occur.

HOW LONG WILL THE TREATMENT AND FOLLOW-UP TAKE?

You will need to attend further appointments. These are 4 days and 7 days after your first treatment.

You will then need weekly blood tests until your hormone levels return to within normal limits. This usually takes around 4 weeks but can take longer in some cases.

You must be willing and able to attend all follow- up appointments before you get the treatment.

WILL I HAVE ANY PAIN OR BLEEDING?

You may feel some lower tummy pain after the treatment. The pain can be like the 'cramps' women feel during their monthly period.

You can take paracetamol if needed. Always read the label before taking it. Do not take more than the maximum daily dose.

If you have any of the following symptoms, please contact the EPAS department. The contact numbers are at the end of this leaflet.

These could be signs of an ectopic pregnancy that has burst:

- ❖ An increase in pain
- ❖ Pain not controlled by paracetamol
- ❖ Develop pain somewhere new. For example shoulder tip pain or pain in your bottom (rectal pain)
- ❖ Feel faint or dizzy or generally unwell

You may have vaginal bleeding. This can vary from dark brown spotting to heavier, fresh red bleeding.

Contact the EPAS department if you are concerned the bleeding is excessive (changing pads every hour).

BEFORE YOU LEAVE HOSPITAL

- ❖ Make sure you have had all your questions answered.
- ❖ Make sure you know when your follow up appointment is:

Appointment	Date & Time	Location
Day 1		
Day 4		
Day 7		

AT HOME

During the treatment you should avoid:

- ❖ Vitamin supplements containing folic acid until your hormone levels are within normal limits
- ❖ Non-steroidal anti-inflammatory drugs (NSAIDs) eg ibuprofen, diclofenac and aspirin
- ❖ Alcohol
- ❖ Smoking
- ❖ Sexual intercourse (until your hormone levels have fallen)
- ❖ Direct exposure to sun or sunbeds
- ❖ Further pregnancy

During the treatment we recommend:

- ❖ Paracetamol for mild tummy cramps. Always read the label before taking. Do not take more than the maximum daily dose
- ❖ Drinking enough fluids to avoid dehydration
- ❖ Adequate contraception – you can discuss this with the EPAS team
- ❖ You must not travel abroad. Speak to your nurse or midwife if you are going outwith your local area

If you have severe pain, or heavy vaginal bleeding, contact:

- ❖ the hospital you attended
- ❖ Your GP
- ❖ NHS24 on 111.

Contact numbers (Mon-Fri, 9am-5pm):

Hairmyres EPAS	01355 584501
Wishaw EPAS	01698 366217

Emergency contact (outwith Mon-Fri 9am-5pm):

Wishaw Triage	01698 366210
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Support numbers:

Ectopic Pregnancy Trust
Helpline: 020 7744 2653
Website: ectopic.org.uk
Email: ept@ectopic.org.uk

Miscarriage Association
Helpline 01924 200799
Website: www.miscarriageassociation.org.uk
Email: info@miscarriageassociation.org.uk
Address: 2 Otters Holt, Wakefield WF3 3QE

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NHS Lanarkshire General
Enquiry Line: 0300 30 30 243

NHS inform - The national health information service for Scotland.
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