

# Specialists In Reproductive Medicine & Surgery, P.A.

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*Excellence, Experience & Ethics*



## Methotrexate Therapy for Ectopic Pregnancy *Patient Information*

### Indications:

Your physician believes that you have an ectopic pregnancy. Such abnormally located pregnancies (usually in the fallopian tube) can cause internal bleeding and is a significant threat to your health and life. Fortunately most ectopic pregnancies are suspected early enough allowing them to be treated safely and effectively. Until recently, most of these pregnancies were treated surgically either by laparotomy (large incision) or in certain cases by laparoscopy (minimally invasive or “Band-Aid” surgery) through much smaller incisions. More recently, certain specific cases of suspected ectopic pregnancy have been managed successfully without surgical intervention. The medication most commonly used is **methotrexate**.

Methotrexate has been used for many years in certain types of pregnancy tissue cancers. Fortunately the dosage of this medication needed to treat an ectopic pregnancy is much lower than that is used as “chemotherapy” for cancer. This lower dosage is associated with fewer side effects.

### Effectiveness:

Methotrexate has shown a success rate of better than 85 out of 100 cases in causing the ectopic pregnancy to be reabsorbed by the body. In some cases, a second dose of the medication is needed to complete the treatment.

The condition of the fallopian tubes after treatment has been found to be as good or better than the traditional surgical approach.

### Contraindications To Methotrexate Use:

#### *Absolute*

- A patient that is unstable due to internal bleeding
- A history of past adverse/allergic reaction to methotrexate
- Abnormal liver, lung or renal function
- Abnormal blood profile (leukocytes 3,000 or more, platelets 100,000 or more)
- A history of peptic ulcer disease
- Poor patient compliance

#### *Relative*

- Size of ectopic greater than 3.5 cm
- Serum hCG level of greater than 15,000
- Cardiac activity present in the ectopic
- Ectopic pregnancy following tubal sterilization

### **Possible Methotrexate Side Effects**

Adverse effects are rare with a single or even a second injection of Methotrexate. To date, SRMS has only had one patient briefly lower her platelet blood count. Nevertheless, we are committed to provide you with a list of possible adverse effects, regardless of their low incidence.

- Gastritis (stomach irritation)
- Oral ulcers
- Nausea and vomiting
- Elevation of liver enzymes
- Bone marrow suppression
- Reversible hair loss
- Lung inflammation
- Dizziness

### **Important Instructions:**

You will have your blood measured in the following manner:

1. **Baseline:** hCG, CBC, liver enzymes, BUN/Creatinine
2. **Day 4:** hCG
3. **Day 7:** hCG, CBC, liver enzymes, BUN/Creatinine
4. **Weekly:** hCG until otherwise instructed

After being given methotrexate, you may experience one or more of the following:

- Abdominal pain
- Vaginal bleeding or spotting
- Medication side effects as previously listed

You must contact us immediately, day or night, if you experience any of the following:

- Sudden and severe abdominal pain
- Heavy vaginal bleeding
- Dizziness or fainting
- A racing heartbeat that does not go away with rest.

You must avoid alcoholic beverages, vitamins that contain folic acid (prenatal vitamins), nonsteroidal anti-inflammatory medications (Advil, Nuprin, and Motrin), sunlight and intercourse until advised otherwise.

One disadvantage of medical treatment of an ectopic pregnancy with methotrexate is that it generally takes longer for the pregnancy hormone to decrease back to normal (approximately 4-6 weeks) than it would after surgical therapy. It is essential that the pregnancy hormone be measured as instructed by your physician.

As always, please call if you have any questions or concerns during your treatment with methotrexate. It is important that the person who would be contacted in the event of an emergency be aware that you are being treated for an ectopic pregnancy.

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