Information for informed consent for Methotrexate to treat Ectopic Pregnancy

Why is Methotrexate used to treat an ectopic pregnancy?
In a normal pregnancy, the fertilized egg travels through your fallopian tube into the uterus (womb) where it implants and starts to grow. But sometimes the fertilized egg implants in the fallopian tube instead of the uterus and starts to grow there. When this happens, it is called an “ectopic” or “tubal” pregnancy. In most ectopic pregnancies, the egg grows in a fallopian tube. In rare cases, an ectopic pregnancy grows in an ovary or another place in the belly. An ectopic pregnancy cannot develop normally. It can be painful and very dangerous, even deadly.

Remember, your doctor will only recommend a treatment with methotrexate if the pregnancy is not going to develop normally no matter where it is. This is not the same as an abortion. Ectopic pregnancies left untreated can be life threatening. While an ectopic pregnancy can be very upsetting, you should not blame yourself. You could not have done anything to prevent it.

What symptoms will my doctor look for?
The most common symptoms of an ectopic pregnancy happen early in pregnancy. They may include:
- Bleeding
- Belly pain
- Pelvic pain
If any of these symptoms occur, or if you have certain risk factors for a tubal pregnancy, your doctor will monitor your condition with blood tests and ultrasound evaluation. If the tests show that the pregnancy may be growing outside the uterus, your doctor may recommend treatment with Methotrexate.

What are your choices for treatment?
1. Surgical treatment for the ectopic pregnancy. This can include a D&C (dilation and curettage) to scrape the lining of the uterus this can help confirm that a pregnancy is in the fallopian tube. In addition, a laparoscopic surgery (one performed through small incisions and using a camera) to evaluate the fallopian tubes may be done. If and ectopic pregnancy is seen in the tube, the ectopic pregnancy will need to be removed and, in many cases, the tube may also need to be removed.
2. Continued observation. If your condition is stable and your doctor feels you can be safely observed, you may choose to wait to see if the pregnancy dissolves and is reabsorbed by the body on its own. However, this could be risky. When a pregnancy grows outside the uterus, it could rupture (break open) and cause serious bleeding. That could result in
needing emergency surgery, blood transfusions, removal of the fallopian tube or uterus, or even death.

There are advantages, disadvantages, and potential risks for each option. Your doctor can help you choose which one may be best for you.

**What are the benefits of Methotrexate?**
The benefits of Methotrexate therapy for this condition include:
- Allows treatment of the ectopic pregnancy without the risk of surgery.
- Preserves the fallopian tubes and chances for future pregnancy.

**What are the risks of Methotrexate Therapy?**
Like any treatment there are some side effects associated with the therapy. They include:

**Infrequently**
- Nausea, vomiting or diarrhea, this usually lasts a couple of days.

**Rarely**
- Sore throat or mouth sores.

**Very Rarely**
- Severe effects such as anemia, fatigue, or liver irritation.

**Treatment Failure:**
There is also the risk of treatment failure, meaning that the methotrexate does not stop the ectopic pregnancy from growing and you may require either an additional dose of the medication, or surgery.

Be sure to tell your doctor if you have…
- Any problems with your kidneys.
- Any problems with you immune system, lung disease or stomach ulcers.
- If you are breastfeeding.
- A bleeding disorder
- An IUD (intrauterine device)
- A history of pelvic inflammatory disease (PID)

**What happens after the treatment?**
Frequently, in the first couple of days after treatment, your pain may increase. If the pain is severe you should seek medical attention. Sometimes, Methotrexate treatment fails to stop the ectopic pregnancy from growing and surgery is needed.

You will need to do follow up blood tests exactly as described by your doctor so they can make sure the Methotrexate is working.

Avoid the following:
- Sexual intercourse until your doctor says it is okay
- Sun exposure to limit the risk of skin irritation
• Avoid foods containing folic acid.
• Avoid NSAIDS (ibuprofen, Motrin, Advil) which can interact with methotrexate and cause severe side effects.

**Follow up after the Methotrexate Therapy:**
• You need to follow up blood tests exactly as described.
  • Day 1 = The day you receive Methotrexate
  • Day 4 = Blood work to check the level of the pregnancy hormone BHCG
  • Day 7 = Blood work to check the level of the pregnancy hormone BHCG

If the level of the pregnancy hormone drops enough, your doctor will ask you to continue to get blood work every week until the blood level of this hormone shows the ectopic pregnancy is fully treated.

If the pregnancy hormone does not drop enough, your doctor will talk to you about either treating your ectopic pregnancy again with Methotrexate or recommend surgery to treat your ectopic pregnancy.

**Call our advice center right away if you have any of these symptoms:**
• Vaginal bleeding greater than 1 pad per hour for more than 3 hours
• Dizziness or lightheadedness
• Severe pain that is not controlled with Tylenol, or the prescription pain medication that might have been given after the treatment
• A temperature greater than 100.4 degrees Fahrenheit

**Where can you learn more?**
• Go online to kp.org and enter the code J774 in the search box for more information on “Ectopic Pregnancy.”