

Having a methotrexate injection to treat your ectopic pregnancy

Department of Gynaecology

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Information for Patients

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What is an ectopic pregnancy?

Ectopic pregnancy is when the pregnancy is growing outside the womb. It can grow in:

- a fallopian tube (the most common type),
- the scar from a previous caesarean section,
- on the ovary,
- the neck of the womb (cervix).

This sort of pregnancy cannot develop into a healthy pregnancy. Treatment is needed to keep you safe. This is because as the pregnancy grows it may burst causing pain and bleeding inside your tummy. This means after treatment you will no longer be pregnant. In the UK, 1 in 90 pregnancies is an ectopic pregnancy. This is fairly common.

We have assessed your pregnancy with scans and blood tests. You are suitable for methotrexate treatment. If we cannot see the ectopic pregnancy on the scan (called pregnancy of unknown location), other treatments should have been offered first before methotrexate. Please ask your consultant about these other options.

How does methotrexate treatment work?

Methotrexate works by stopping the pregnancy cells growing. The cells then slowly disappear over a few months. The treatment works for 9 out of 10 patients with an ectopic pregnancy.

We give this as an injection in the muscle in the buttock or upper arm. You often only need 1 injection. About 1 in 6 patients will need a 2nd injection for the treatment to work properly. You can go home after the injection.

We will need to see you after having the injection for a few blood tests on specific days.

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To give feedback about this information sheet, contact uhl-tr.informationforpatientsmailbox@nhs.net

This is to check the methotrexate has not affected your liver and kidneys. It is also to measure your pregnancy hormone level (β hCG).

You must attend these blood tests and on the correct days.

We will monitor your hormone level to check it is falling until it is back to normal. This is how we know the treatment is working. If it is not falling quickly enough then sometimes another injection or a surgery may be needed. You would need to have a keyhole surgery if your ectopic pregnancy is growing in a fallopian tube. The surgery removes both the pregnancy and the fallopian tube that it is in. We do this as long your other tube is healthy. If this is needed, we will talk about this with you at that time. If the pregnancy is in the scar of a caesarean section, this is often removed through the vagina.

What side effects might I have after having the injection?

- **Tummy pain:** This is the most common problem. This happens in about 7 out of 10 patients. It often starts a few days after treatment. The pain should be quiet mild and stop after 1 or 2 days. You can take paracetamol or codeine for pain relief.

Do not take Non Steroidal Anti Inflammatory (NSAID) medicines such as ibuprofen, aspirin, naproxen, or diclofenac. If the pain is severe or continues even after taking painkillers, call the Gynaecology Assessment Unit on **0116 258 6259**.

- **Light bleeding:** You may have light bleeding for a couple of weeks. This is normal.
- Other problems that can happen:
 - **feeling or being sick, having diarrhoea or feeling dizzy.**
 - **sore mouth and lips, with mouth ulcers, or sore eyes (conjunctivitis).**

Taking folinic acid can help with this.

Methotrexate is a drug that is sometimes used in chemotherapy for cancer. It is also used in other conditions including rheumatoid arthritis, inflammatory bowel disease (IBS) and psoriasis. Rarely this drug can cause damage to the liver, kidney or lungs. This is more likely to happen if you take the drug long term for these other conditions. It is much less likely with just 1 or 2 doses. If methotrexate does affect these organs, they often go back to normal after treatment is finished.

Tell the doctor right away if you take any of the following. Methotrexate may not be suitable for you as it could increase the risk of kidney or liver damage:

- Tablets for diabetes (hypoglycaemics).
- Blood pressure tablets ("water tablets" or diuretics).
- Antibiotics (such as penicillin, tetracycline or chloramphenicol).
- Steroids such as prednisolone.

Sometimes the fallopian tube can still burst even after methotrexate treatment. This happens to less than 7 out of 100 patients who have this treatment.

If you have severe pain, dizziness or faintness, heavy bleeding or shoulder tip pain, contact the Gynaecology Assessment Unit on 0116 258 6259. You must come to the hospital to be assessed as you may need an emergency operation. If you are very unwell you should call an ambulance and tell them that **'I have an ectopic pregnancy that may have ruptured'**.

What advice do I need to follow after treatment?

After you have had the treatment, please follow the advice below:

- **Do not have sex** until the pregnancy hormone level in your blood test has come back to normal. This will often take about 1 month.
- **Do not get pregnant for at least 3 months** (or more if your doctor advises this). There is less risk to your next baby if you wait for this time. Until then make sure you are using a reliable method of contraception. You should take high dose folic acid (5mg) for at least 1 month before trying to get pregnant again.
- **Stay in the area or near to a hospital** while we monitor you. Do this while you wait for your hormone levels to come back to normal. It is best to be within 30 to 45 minutes away. This is so you can come for follow-up appointments. Or in case you become unwell. You **must not** travel on an aeroplane.
- **Stay out of direct sunlight and do not use sunbeds for at least 4 weeks.** Your skin will be more sensitive and you might get a rash.
- **Do not drink alcohol for 2 weeks** after treatment. This is to reduce risk of damage to the liver. Make sure you drink plenty of fluids.
- **Avoid antibiotics that contain penicillin, tetracycline or chloramphenicol.** If you need to see your GP let them know you have been prescribed methotrexate.

When your pregnancy hormone level are back to normal, you can choose what you want to do next. If you think that counselling may help you and/ or your partner, call our counsellor on **0116 258 6418** or **0753 416 8299**. Leave a message and they will contact you with an appointment.

If you would like to talk about plans for another pregnancy, you can make an appointment with your GP. You **must not** get pregnant for at least 3 months. You must take folic acid for 1 month before you have sex without contraception.

What about future pregnancies?

Most people only have an ectopic pregnancy once. It does not often happen again. The risk of having another is 1 in 10 cases. If you have had 2 ectopic pregnancies before, the risk of a 3rd ectopic pregnancy is 1 in 4 cases.

Using methotrexate does not reduce fertility or lower your chances of getting pregnant again. Your chances of having a successful pregnancy in the future depend on factors like how the ectopic pregnancy was treated and your own natural fertility.

- 5 to 8 out of 10 patients will get pregnant within 12 to 18 months of trying for a baby again.
- 6 to 7 out of 10 patients will get pregnant within the first year if they have had **methotrexate treatment or treatment that kept the fallopian tube (called a salpingostomy)**.



- This drops to 4 to 5 out of 10 patients that get pregnant within the first year **if a fallopian tube was removed (a salpingectomy)**.
- **6 out of 10 patients** who had methotrexate treatment and **7 out of 10 patients** who had surgery where they have kept their tube with the ectopic in will get pregnant within 2 years.

In all future pregnancies, you should be offered a routine ultrasound scan at 6 to 8 weeks. This is to confirm that the pregnancy is developing in right place in the womb. Your GP will arrange this by referring you to the Early Pregnancy Assessment Unit. But if you have any symptoms of an ectopic pregnancy again, your GP should refer you for tests to check for an ectopic pregnancy, even if you think you are less than 6 weeks pregnant. The symptoms of ectopic pregnancy can include:

- pain,
- bleeding,
- dizzy spells or fainting,
- shoulder tip pain,

Do not use the digital pregnancy test sticks that guess how many weeks pregnant you are. They are not accurate but especially inaccurate in the case of miscarriage or ectopic pregnancy.

Contraception advice

If you do not want to try for another pregnancy straight away see your GP or Family Planning Clinic. Some types of contraception might not be suitable for you after an ectopic pregnancy.

You should try to avoid using:

- the copper coil (IUCD). The Levonorgestrel releasing hormone coil is okay to use.
- progesterone-only pills (POP or mini-pills). There are 2 types called desogestrel or drospirenone.

Contact details

Gynaecology Assessment Unit: **0116 258 6259**

Counsellor: **0116 258 6418 / 0753 416 8299**

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