

Procedure Information Sheet – Medical Management of Ectopic Pregnancy

Hosp No. :	HKID No.:
Case No. :	
Name :	
DOB :	M / F
Adm Date :	
Contact No. :	

Clinical Diagnosis: tubal pregnancy / _____

Indication: tubal pregnancy / _____

1. Nature of the procedure

- 1.1. No anaesthesia / conscious sedation
- 1.2. Intramuscular injection of methotrexate into muscle on buttock or thigh
- 1.3. Intralesional injection of methotrexate (injection into the ectopic pregnancy)
 - 1.3.1. Lie in the lithotomy position, which is similar to the position during vaginal scanning
 - 1.3.2. Local anaesthesia is applied to areas next to the cervix
 - 1.3.3. Vaginal scanning is carried out throughout the procedure
 - 1.3.4. The ectopic pregnancy is punctured using a needle passing through the vaginal wall and the methotrexate is injected into the ectopic pregnancy
 - 1.3.5. At the end of procedure, the cervix and vagina are inspected for any signs of bleeding
 - 1.3.6. You will be given a short course of antibiotics which must be completed
- 1.4. photographic and/or video images may be recorded during the procedure for education/research purpose. Please inform our staff if you have any objection.

2. Benefits of the procedure

- 2.1. To stop the ectopic pregnancy from growing and the ectopic pregnancy gradually disappears

3. Other consequences (after the procedure)

- 3.1. The fallopian tube is not removed
- 3.2. Subsequent intrauterine conception rate can be up to 70%
- 3.3. Increase in risk of ectopic pregnancy in future (10%)
- 3.4. There may be need for further treatment for persistent ectopic pregnancy
 - 3.4.1. 15% requires second dose of methotrexate
 - 3.4.2. 7% requires surgical treatment
- 3.5. There is no evidence that use of this drug for this purpose will increase the chance of future miscarriage or congenital abnormality in future pregnancies

4. Risks and complications (may include, but are not limited to the following)

- 4.1. Women who are obese, who have significant pathology, who have undergone previous surgery or who have pre-existing medical conditions must understand that the quoted risks for serious or frequent complications will be increased.
- 4.2. Complications related to sedation
- 4.3. Serious:
 - 4.3.1. Bone marrow suppression (rare)
 - 4.3.2. Hepatotoxicity
 - 4.3.3. For intralesional injection: injury to surrounding organs, e.g. bowel and blood vessels, leading to peritonitis (inflammation of the inside of the abdomen) and bleeding respectively
- 4.4. Frequent:
 - 4.4.1. Lower abdominal pain (you can take paracetamol if required)
 - 4.4.2. Nausea, vomiting and diarrhea
 - 4.4.3. Oral dryness and ulcers
 - 4.4.4. Vaginal bleeding
 - 4.4.5. Pelvic infection (for intralesional injection)

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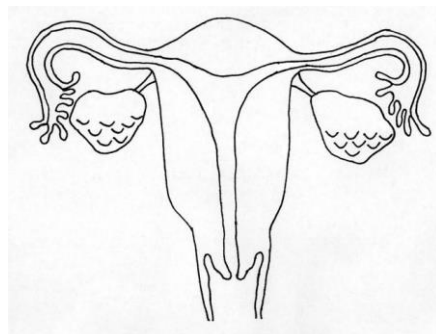
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5. Risks of not having the procedure

- 5.1. The ectopic pregnancy continues to grow and patients can die as a result of internal bleeding from the ectopic pregnancy

6. Possible alternatives

- 6.1. Expectant management (wait and see)
6.2. Laparoscopic salpingotomy / salpingectomy
6.3. Open abdominal approach
6.4. Others _____



7. Other associated procedures (which may become necessary during the operation)

- 7.1. Blood transfusion
7.2. Surgical treatment

8. Any special follow up

- 8.1. You may be discharged from the hospital after the injection. Afterwards, you have to come back to our outpatient clinic for follow-up 4 days and 7 days after the injection. Thereafter, you will be seen weekly until further notice. During these consultations, our staff will assess your condition, take some blood from you to check the pregnancy hormone (hCG) and answer your questions if any. If indicated, ultrasound scan will be arranged for you. You may need a second injection of the drug if the decline in the pregnancy hormone (hCG) is not satisfactory during follow-up. The follow-up will continue until your pregnancy hormone (hCG) in the blood has declined to undetectable level, which may take a few weeks. (Depending on your situation, you may need to stay in the hospital for observation for a longer period after the injection.)

9. Other advice

- 9.1. Avoid sexual intercourse, sunlight exposure and strenuous exercise during treatment period
9.2. Avoid alcohol, vitamin preparations containing folic acid and non-steroidal anti-inflammatory drugs (NSAIDs) such as aspirin, ibuprofen, diclofenac during treatment period
9.3. You have to go to hospital immediately if there is increased abdominal pain and/or if you have fainting attacks which may indicate internal bleeding
9.4. Use reliable contraception and avoid getting pregnant for at least 3 months after completion of treatment
9.5. It is most important for you to comply with the management scheme and follow our advice to minimize the risk of complication of this form of treatment

10. Statement of patient

- 10.1. Procedure(s) which should not be carried out without further discussion

I acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient/ Relative Signature: _____

Patient/ Relative Name: _____

Date: _____

