



Intravenous Methotrexate

Please read this in conjunction with any patient information leaflet provided by the manufacturer. However, please note that this information sheet explains about the use of intravenous methotrexate in children and young people so may differ from the manufacturer's information.

This fact sheet explains what intravenous methotrexate is, how it is given and some of the possible side effects. Some rare and long term side effects are explained as well as the more common ones. Each person reacts differently to drugs so your child will not necessarily suffer every side effect mentioned. If you are concerned about any of these side effects, please ring the contact numbers on this factsheet and ask for your doctor, nurse or pharmacist.

What is methotrexate?

Methotrexate is a chemotherapy drug that is used to treat certain types of cancer and leukaemia.

How is intravenous methotrexate given?

Intravenous methotrexate is given as an infusion into a vein (intra-venously or IV) through a cannula, central venous catheter or implantable port.

What are the most common side effects?

Many of the side effects mentioned are minimised by giving a drug called folinic acid. Your child may be given this 24 to 36 hours after the start of treatment with intravenous methotrexate. Please ask your doctor, nurse or pharmacist to explain this to you in more detail.

Mouth sores and ulcers:

You will be given advice about appropriate mouth care and a copy of the mouthcare leaflet. If your child complains of having a sore mouth, please tell your doctor or nurse.

Loss of appetite:

It is possible that your child's appetite may decrease while having treatment. If you are concerned about your child's diet please ask to speak to one of the dietitians.

Sensitivity of skin to sunlight:

While your child is having methotrexate, his or her skin may burn more easily than usual. You should avoid your child being exposed to sunlight and other forms of ultraviolet light. If your child does go out in the sun, always use a good sunblock of SPF 25 or higher and ensure they wear a sunhat.





What are the less common side effects?

These side effects occur when higher doses of the drug are given.

Nausea and vomiting:

Anti-sickness drugs can be given to reduce or prevent these symptoms. Please tell your doctor or nurse if your child's sickness is not controlled or persists.

Altered kidney function:

Methotrexate may change how well your child's kidneys work over a period of time. Your child may have a blood and urine test or aGFR (Glomerular Filtration Rate) before treatment is started and then at stages during and after treatment to monitor kidney function.

Temporary effect on liver function:

Methotrexate can sometimes cause changes to your child's liver function. This should return to normal when the treatment is finished. Blood tests may be taken to monitor your child's liver function (LFTs).

Bone marrow suppression:

There will be a temporary reduction in how well your child's bone marrow works. This means he or she may become anaemic, bruise or bleed more easily than usual, and have a higher risk of infection. Your child's blood count will be checked regularly to see how the bone marrow is working. Please tell your doctor if your child seems unusually tired, has bruising or bleeding, or any signs of infection, especially a high temperature.

Diarrhoea:

Please tell your doctor or nurse if your child has diarrhoea which is not controlled or persists. It is important that your child drinks lots of fluids.

Dizziness:

Your child may complain of feeling dizzy while receiving high dose methotrexate. This is temporary. Please tell your doctor if your child experiences any dizziness.

Useful numbers

GOSH switchboard	020 7405 9200
Pharmacy department	020 7829 8680
Pharmacy medicines information	020 7829 8608

Important information you should know:

If your child is taking co-trimoxazole, this should be stopped before treatment with intravenous methotrexate. Your doctor or nurse will explain this to you in more detail.



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