I received ____________mg of methotrexate on __________ for a suspected ectopic pregnancy.
I must return for lab work on: _____________________.

<table>
<thead>
<tr>
<th>Day</th>
<th>Date</th>
<th>hCG</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**METHOTREXATE THERAPY DISCHARGE INSTRUCTIONS**

- Until instructed by your doctor:
  1. Do not drink alcohol
  2. Do not take folic acid supplements including prenatal vitamins
  3. Avoid Folic Acid rich foods (see Low Folic Acid Diet sheet)
  4. Do not have intercourse (use contraception for at least 3 months following treatment)
  5. Do not take ibuprofen (Motrin, Advil, Midol) or naproxen (Aleve, Anaprox, Pamprin)
  6. Do not have excessive exposure to sunlight
- Pain commonly develops 2 to 7 days after administration of Methotrexate and usually resolves with Tylenol.
- Notify your doctor immediately if severe pain, hypotensive symptoms (dizziness, fainting), or heavy bleeding.
- Return for follow-up visits as instructed by your doctor.
- A second dose of Methotrexate is required in approximately 15-20% of patients.
### SINGLE-DOSE METHOTREXATE THERAPY FOR ECTOPIC PREGNANCY

#### PRE-TREATMENT CHECKLIST

| Name: ___________________________________________ | Home Phone: ____________________________ |
| MR#: ___________________________________________ | Cell Phone: _____________________________ |
|                                                | Work Phone: _____________________________ |

Patient with presumed ectopic pregnancies (abnormal rise or fall of hCG, no UP on TVUS with hCG greater than 2,000 mIU/ml are candidates for methotrexate therapy if they meet the following criteria:

- [ ] Hemodynamically stable
- [ ] Desire future pregnancy
- [ ] No other indication for abdominal surgery, including second ectopic in same fallopian tube
- [ ] Reliable follow up:
  - [ ] Working phone
  - [ ] Reliable transportation
  - [ ] Compliant with follow-up in past
- [ ] Official ultrasound
  - [ ] If mass present, <4cm in greatest diameter
  - [ ] If no mass present, “rocket” curettage to exclude villi has been considered
  - [ ] If fetal pole seen, no cardiac activity evident
- [ ] Serum hCG less than 15,000 mIU/ml
- [ ] Normal BUN, creatinine, and liver enzymes
- [ ] No history of bleeding dyscrasias; liver disease including alcoholism; Peptic Ulcer disease; Immunodeficiency; Breastfeeding; Active Pulmonary disease; or Liver, Kidney or hematologic dysfunction.

- [ ] Relative Contraindications:
  - [ ] Mass greater than 3.5 cm
  - [ ] Fetal Heart motion

- [ ] Above reviewed with faculty member

- [ ] Patients who meet the above criteria should be counseled regarding the advantages/disadvantages, risks/benefits of methotrexate therapy versus surgical intervention (including the higher failure rate when the pretreatment hCG level is >5,000 IU/ml). Patients who choose methotrexate therapy should read and sign the attached consent form.
After signing consent, patient receives methotrexate 50mg/m² IM, not to exceed 120mg, in clinic (Dose given: _________________ mg/m²).

- Rhogam if Rh negative
- FeSO₄, if hematocrit less than 35%
- Contraceptive counseling performed
- Discharge Instructions/follow-up sheet given
SINGLE-DOSE METHOTREXATE THERAPY FOR ECTOPIC PREGNANCY

GENERAL INFORMATION

Candidates:
See checklist

Protocol:

<table>
<thead>
<tr>
<th>Day</th>
<th>Labs/Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Work-up, administration of MTX per checklist</td>
</tr>
<tr>
<td>4</td>
<td>hCG – anticipate rise</td>
</tr>
<tr>
<td>7</td>
<td>hCG – anticipate 15% decline from Day 4</td>
</tr>
</tbody>
</table>

* If there is at least a 15% decline in hCG from day 4 to 7, follow hCG weekly until negative (level is 0).
* If between days 4 and 7, or between any weekly results thereafter, there is less than a 15% decline in hCG levels, repeat initial MTX dose.

Precautions During Therapy:

- Patients should avoid intercourse, pelvic examinations (both increase risk of rupture), alcohol, folic acid (including prenatal vitamins), NSAIDS, sun exposure, and new conceptions.
- Inform patients that pain commonly develops 2 to 7 days after administration of MTX and usually resolves with Tylenol. Severe pain or hypotensive symptoms should prompt immediate evaluation. In patients with severe pain or hypotension, obtain a hematocrit and consider pelvic ultrasound.
- Patients should use contraception for at least 3 months following treatment.

Effectiveness:

- The effectiveness of methotrexate depends on the pretreatment hCG level:

<table>
<thead>
<tr>
<th>Pretreatment hCG (mIU/ml)</th>
<th>Success Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;5,000</td>
<td>~95%</td>
</tr>
<tr>
<td>5,000 – 9,999</td>
<td>~87%</td>
</tr>
<tr>
<td>10,000 – 14,999</td>
<td>~82%</td>
</tr>
<tr>
<td>≥15,000</td>
<td>~68%</td>
</tr>
</tbody>
</table>

- Approximately 15 – 20% of patients may require more than one dose of MTX (weekly results less than 15% decline).
- At our institution, rupture of ectopic pregnancy has been noted up to 32 days after initiation of MTX therapy (even with declining hCGs).
- Regarding future fertility, after methotrexate treatment the tubal patency rate is ~80%, the subsequent IUP rate is ~65%, and the risk of a recurrent ectopic is ~13%. These rates are similar to those of patients treated with salpingostomy.
Low Folic Acid Diet

As part of your Methotrexate therapy, you must avoid foods that are rich in folic acid because folic acid may decrease the effectiveness of the therapy. These guidelines will help you avoid folic acid rich foods until your doctor advises that you may resume eating them.

**Guidelines**

1. **Avoid these foods that are high in folic acid:**

   **Legumes:**
   - Black, kidney, navy, or pinto beans
   - Black-eyed peas
   - Chickpeas (garbanzo beans)
   - Lentils
   - Peanuts

   **Grains:**
   - Fortified breakfast cereal
   - Fortified oatmeal
   - Wheat Germ

   **Fruits:**
   - Oranges
   - Orange juice
   - Strawberries

   **Vegetables:**
   - Asparagus
   - Avocado
   - Brussels sprouts
   - Broccoli or Cauliflower
   - Corn
   - Green peas
   - Okra
   - Spinach, Kale or other dark leafy vegetables

   **Meat:**
   - Liver

2. **Limit the amounts of these foods; eat only small amounts:**

   - Bread/Rolls
   - Crackers
   - Noodles
   - Pasta
   - Grits
   - Flour tortillas
   - Cookies
   - Rice

3. **Do not take vitamins or supplements that contain folic acid such as:**

   - Prenatal vitamins
   - Multiple vitamins
   - Folic Acid supplements

If you have any questions please contact your doctor.