



Methotrexate Treatment for Ectopic Pregnancy Discharge Instructions

1. Reactions to methotrexate administration are usually mild & resolve in about two weeks. They may include:
 - Nausea/vomiting
 - Mouth swelling or mouth sores
 - Tiredness
 - Gastric distress
 - Decreased white blood cells (rare) or changes in liver enzymes
 - Skin rashes
 - Stinging of the eyes

2. You can expect some bleeding and mild abdominal pain after treatment with an increase in symptoms around day four.

Contact the physician with a sudden onset or substantial increase of severe abdominal pain, shoulder pain, heavy vaginal bleeding, dizziness, fainting or rapid heart rate

3. After receiving methotrexate, you **must avoid**:
 - **Alcohol** for two weeks, since alcohol can cause liver damage in patients who received methotrexate.
 - **Folic acid supplements as well as multivitamins that contain folic acid**
 - **Non-steroidal drugs** (aspirin, motrin, advil, ibuprofen & naproxen) as well.
 - **Exposure to sun, sunlamp or tanning booths** for one month because your skin may be sensitive to sunlight than usual.

4. Until you are told by your doctor, you should avoid:
 - **Travel**
 - **Aerobic activity**
 - **Pelvic (internal) exams and sexual relations**

5. Good oral hygiene (flossing & brushing twice daily) is very important for one month after methotrexate therapy.

6. You must avoid pregnancy for the next two months after methotrexate therapy. This will allow your body to adjust it's hormone levels, heal the affected area completely & make sure the methotrexate is completely out of your body.

7. For pain control you may take **acetaminophen or other medication as directed by your provider**.

8. Call provider at Bedford Women's Care Associates at 647-0494 for:
 - Pain unrelieved by acetaminophen or medication prescribed by provider
 - Sudden onset or increase of severe abdominal pain
 - Shoulder pain
 - Heavy vaginal bleeding
 - Dizziness/fainting
 - Rapid heart rate

FollowUp: Return on (day 4 or 5) _____ and on (day 7) _____ to have lab work done

Other instructions: _____

I have read and understand these discharge instructions. I have had the opportunity to ask questions and my questions have been answered to my satisfaction.

Patient signature: _____ Date _____

Nurse signature: _____ Date _____

Provider signature: _____ Date _____