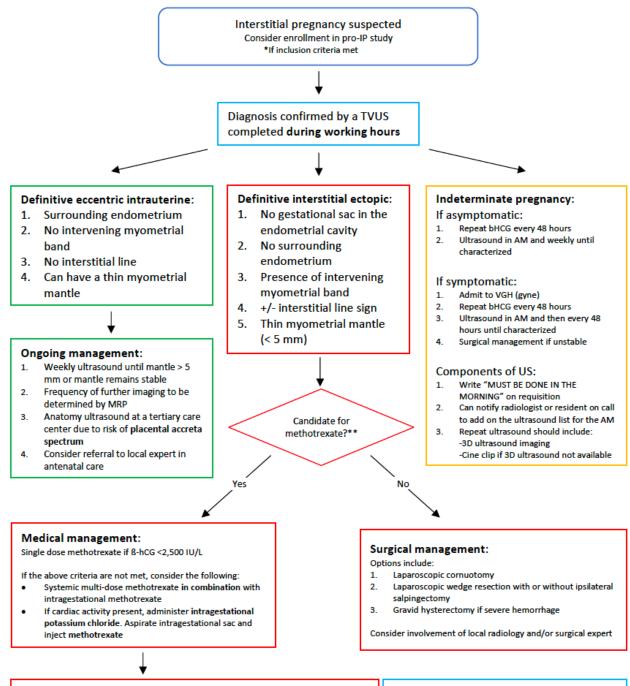
Interstitial pregnancy pathway



Post-treatment monitoring:

- If potassium chloride was administered, repeat ultrasound in 24 hours to confirm persistent absence of cardiac activity
- Complete 8-hCG levels on days 1, 3, 5, 7, and 9
 - If \downarrow ß-hCG $\geq\!15\%$ at any point, discontinue multidose methotrexate protocol
 - If ↓ ß-hCG <15% by day 9, consider surgery

Follow up:

- Weekly B-hCG until < 5 IU/L
- Ultrasound every 2 weeks until resolution 5.
- If spontaneous expulsion does not occur by 4-6 weeks, consider interval hysteroscopic removal of pregnancy

Radiology will report on:

- Size and location of gestational sac or retained products of conception
- Presence of cardiac activity
- Colour Doppler status of gestational sac or retained products of conception

Radiology will notify gynecology if

- Cardiac activity present 1
- Hemoperitoneum or retrovesical hematoma seen 2.
- Gestational sac is increasing in size

In the event of a uterine anomaly, a multidisciplinary meeting is recommended with the local expert in uterine anomalies. An urgent MRI will be completed in these circumstances.

**Criteria for medical management:

- Hemodynamically stable, no severe pain, and no evidence of rupture
- Patient willing to attend for follow up
- No history of hypersensitivity to methotrexate, clinically significant renal or liver disease, blood dyscrasias or bone marrow suppression, pulmonary fibrosis, peptic ulcer disease, inosuppression, chronic infections, concurrent intrauterine pregnancy, and current breastfeeding