Gleneagles Hospital
HONG KONG
港怡醫院

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

Procedure Information Sheet – Amniocentesis or Chorionic Villus Sampling

1. Introduction

1.1. Abnormal non-invasive prenatal testing (NIPT)
1.2. Positive Down syndrome screening
1.3. At risk of severe thalassemia or other genetic disease
1.4. Scan fetal abnormality
1.5. Others (please specify): _____

2. Procedure of amniocentesis or chorionic villus sampling

2.1. No anaesthesia is needed for amniocentesis; local analgesia is used before chorionic villus sampling.
2.2. Aseptic technique.
2.3. A fine needle is introduced through the maternal abdominal wall, uterus and membranes into the amniotic sac to aspirate amniotic fluid or placenta samples for chromosomal or genetic study.
2.4. Ultrasound is used to monitor the whole procedure.

3. The intended effect / benefits of the procedure

3.1. To diagnose or exclude fetal Down syndrome and other chromosomal abnormalities. The accuracy of the test is over 99%
3.2. Normal chromosomal or genetic study does not exclude all congenital abnormalities of the fetus.
3.3. You can opt for continuation or termination of pregnancy after adequate counseling if your fetus has chromosomal abnormality or severe genetic disease confirmed by the test.

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

4.1. Risk of miscarriage <1%.
4.2. Vaginal bleeding, leaking of liquor, abdominal pain, fever or infection.
4.3. You may feel minor menstrual-like cramping or discomfort; this is not unusual during amniocentesis / chorionic villus sampling or for a few hours after the procedure.
4.4. There is possibility of injuring the internal organ of your abdomen or infection but these serious complications are rare.

5. Specific risks and complications (may include, but are not limited to the following)

5.1. If you are hepatitis B or C carrier, amniocentesis or chorionic villus sampling carries a small risk of transmission of the hepatitis virus to the fetus. This risk is smaller for amniocentesis
5.2. If your blood group is Rhesus negative, there will be a risk of rhesus isoimmunization which may result in fetal anemia. Anti-D, a medication, will be given to reduce this risk.

6. Other treatment options / risks / complications (may include, but are not limited to the following)

6.1. Non-invasive prenatal testing- this test is non-invasive but does not detect all chromosomal abnormalities, in particular atypical one.
6.2. Declining further chromosomal testing – to avoid further testing but you will not be able to know if your fetus has chromosomal abnormalities before birth.

7. Extra procedure which may become necessary

7.1. You may need to undergo further testing or even another invasive testing if testing failure or result is problematic.

8. Test to be performed on chorionic villus sampling or amniotic fluid

8.1. Chromosomal microarray: takes around 7-10 days, can detect chromosomal duplications or deletions—places where there are extra or missing pieces of DNA—that are not detected by conventional karyotype testing.

8.2. Conventional karyotype testing: takes about 3 weeks to obtain result; all chromosomes will be checked (total 23pairs); can diagnose fetal Down syndrome and other obvious numerical chromosomal abnormalities but cannot exclude small deletions, duplications or rearrangement, also cannot exclude genetic diseases or other congenital abnormalities not related to chromosomal problem.

8.3. Rapid aneuploidy test (PCR): takes about 2 to 3 working days to obtain result. Selected chromosomes (21, 18, 13, and sex chromosomes) will be checked for numerical abnormalities including fetal Down syndrome but cannot exclude small deletions, duplications or rearrangement, also cannot exclude genetic diseases or other congenital abnormalities not related to chromosomal problem.

9. Advice after amniocentesis / Chorionic Villus Sampling

9.1. Avoid heavy lifting or strenuous exercises for one day.

9.2. Please rest for around 30 minutes after the procedure.

9.3. Our staff will come to you after 30 minutes, and give you instructions. If you do not feel any discomfort after resting for 30 minutes, you may leave the clinic.

9.4. You can remove the strapping on the abdomen in the evening

9.5. Within 3 weeks after the procedure, if you experience any signs and symptoms of miscarriage such as vaginal bleeding / leaking of liquor (fluid coming out from vagina) or abdominal pain, you may contact the hospital.

9.6. If the chromosomal report is abnormal, we will inform you for follow up. Our doctor will explain the report to you.

9.7. Gleneagles Hospital Obstetrics and Gynaecology Clinic enquiry hotline: 31539153 / 31539154

10. Remark

10.1. The above mentioned procedural information is by no means exhaustive, other unforeseen complications may occur in special patient groups or different individual. Please contact your physician for further enquiry.

11. Reference

11.1. Cunningham FG, et al., eds. Prenatal diagnosis. In: William Obstetrics. 25th ed. New York.: McGraw-Hill Education; 2018

11.2. Chiu et al. Non-invasive prenatal assessment of trisomy 21 by multiplexed maternal plasma DNA sequencing: large scale validity study. BMJ, 2011 11;342:c7401

11.3. Chorinic villus sampling – Last reviewed 20 July 2018

11.4. HKCOG guidelines for amniocentesis & chorionic villus sampling, HKCOG No.4, revised Nov. 2009

I opt for :

☐ Chorionic villus sampling ☐ Amniocentesis and Chromosomal study including

☐ Chromosomal microarray ☐ FetalSeq V1.0

☐ Karyotype testing ☐ Rapid aneuploidy testing

☐ Genetic test : _____

☐ Other test : _____

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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: _____