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 – Fetal Reduction

1. Introduction

1.1. Multifetal pregnancy reduction of a triplet or quadruplet pregnancy
1.2. Selective reduction of a twin or triplet pregnancy with one abnormal fetus (chromosomal abnormality, scan abnormality or genetic disorder)
1.3. Others (please specify): _____

2. Procedure of fetal reduction

2.1. Multifetal pregnancy reduction is usually performed between nine and 12 weeks gestation. Fetal reduction can be performed before 24 weeks gestation.
2.2. Local analgesia may be used.
2.3. Aseptic technique.
2.4. A fine needle is introduced through the maternal abdominal wall, uterus and membranes, and inserted into the fetus to inject a special medication, potassium chloride, to stop the fetus's heart.
2.5. Ultrasound is used to monitor the whole procedure.

3. The intended effect / benefits of the procedure:

3.1. Multifetal pregnancy reduction is a technique that reduces the number of fetuses in an effort to increase the likelihood that the pregnancy will continue. Consequently, the risks to the mother and remaining fetuses are reduced. The number of fetuses is often reduced to two, although in some circumstances they may be reduced to one.
3.2. Reduction of fetal risks of multiple gestation including miscarriage, birth defects, premature birth, and the mental, developmental and/or physical problems that can result from a premature delivery.
3.3. Reduction of maternal risks due to multiple gestation including pregnancy-induced hypertension or pre-eclampsia, diabetes, and postpartum hemorrhage.
3.4. Selective reduction of an abnormal fetus in a twin/triplet pregnancy is to allow the birth of a healthy infant/twins without the birth of a congenitally abnormal coexisting fetus.

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

4.1. Risk of miscarriage of remaining fetuses or whole pregnancy is 4-5%
4.2. Premature labor occurs in about 75%
4.3. Vaginal bleeding, leaking of liquor, abdominal pain, fever or infection.
4.4. Minor menstrual-like cramping or discomfort.
4.5. Rare possibility of injuring the internal organ of your abdomen or infection.
4.6. Termination of a normal fetus.
4.7. Psychological stress, which can be reduced by psychological support.

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

5.1. A small risk of transmission of the hepatitis virus to the remaining fetus(es) if you are hepatitis B or C carrier.
5.2. A risk of rhesus isoimmunization and fetal anemia if your blood group is Rhesus negative. Anti-D, a medication, will be given to reduce this risk.

6. Other treatment options / risks / complications

6.1. Expectant management- to avoid an invasive procedure, and a difficult decision to undergo multifetal pregnancy reduction, but a higher-order (triplet or above) multifetal pregnancy presents higher risks than do a twin pregnancy.

7. Extra procedure which may become necessary

7.1. You may need to undergo another reduction procedure if procedure fails.

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

Gleneagles Hospital
HONG KONG
港怡醫院

Procedure Information Sheet – Fetal Reduction

8. Advice after fetal reduction

8.1. Avoid heavy lifting or strenuous exercises for one day.
8.2. Please rest for around 30 minutes after the procedure.
8.3. 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.
8.4. You can remove the strapping on the abdomen in the evening
8.5. 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.
8.6. If the chromosomal report is abnormal, we will inform you for follow up. Our doctor will explain the report to you.
8.7. Gleneagles Hospital Obstetrics and Gynaecology Clinic enquiry hotline: 31539153 / 31539154

9. Remark

9.1. 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.

10. Reference

10.1. The American College of Obstertricians and Gynecologists (September 2017). Multifetal Pregnancy Reducation. ACOG Committee Opinion, 719.
10.2. Mark I. Evans & David W. Britt (2008). Fetal Reduction. Current Opinion in Obstetrics and Gynecology 2008, 20:386-393

I opt for :

☐ Multifetal reduction of a triplet / quadruplet to a twin / singleton pregnancy.

☐ Selective reduction of an abnormal fetus in a twin / triplet pregnancy.

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: _____