


**Information for women before  
 consenting to undergo transabdominal  
 chorionic villus sampling**
**Affix patient's label if available**

Patient Name

Hospital Number

HKID No.

Sex/ Age

Ward/ Bed

Document No. OGPD0003(I)-E

Approved by: Prenatal Diagnostic and Counselling Division, TYH

**Indication:**

- Positive screening test for fetal Down syndrome
- Others:

**Condition to be tested for**

\_\_\_\_\_

**Chance of my baby having the condition tested for**

\_\_\_\_\_ (state estimated risk)

**Procedure of chorionic villus sampling:**

- Local anaesthetics injection in maternal abdominal wall.
- Needle through maternal abdominal wall and uterus into the placenta to aspirate chorionic villi.
- Ultrasound will be used to guide the needle insertion and aspiration.

**Tests to be performed on the chorionic villi:**

- Chromosome studies
- Conventional cytogenetics (takes about 3 weeks to obtain result, all chromosomes will be examined, can diagnose or exclude Down syndrome and other numerical chromosomal abnormalities but cannot exclude small deletions, duplications or rearrangement, cannot exclude genetic diseases, cannot exclude other congenital abnormalities).
- Rapid aneuploidy test (takes about 3 working days to obtain result; selected chromosomes will be checked for numerical abnormalities; cannot exclude chromosomal deletions, duplications, rearrangement or mosaicism; cannot exclude genetic diseases; cannot exclude other congenital abnormalities)
- Others: \_\_\_\_\_  
 (Please state test, specific purposes and limitations)

**Risks of chorionic villus sampling:**

- Miscarriage in 0.1-0.2 % of women undergoing the procedure.
- If the procedure is performed before 10 weeks of pregnancy, there is an increased risk of limb reduction (absence of part of one or more limbs, usually part of the hands or feet) in the baby.
- Risk of intrauterine infection: In general, the risk of procedure related intrauterine infection is small. Women positive for hepatitis B or HIV may have a small risk of introducing maternal virus to the fetus following CVS, are advised to undergo invasive tests when all the blood results are available. Undergoing immediate test will incur a small risk of intrauterine infection.
- Other serious complications are rare.

 Group the case notes from 1 to 5.  
 Group other forms, chart, etc. in  
 Group 5.

\*PRF03022\*

 Please refer to <http://hkwc.home/webapps/Dept/HIRO>  
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Form No.: PRF03022(2.15) Eng PRF03021

Review date: Sep 2016

Next review date: Sep 2019

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**Care after chorionic villus sampling:**

- Avoid heavy manual work or exercise for 1 day.
- No need for bed rest.
- Consult your doctor or the emergency department if vaginal bleeding, leaking of liquor, abdominal pain or fever occurs any time after the procedure.

**Scenarios requiring follow up**

In about 1% of cases, a repeat test e.g. amniocentesis is needed. This may occur if the chorionic villi are mixed with maternal tissues during the sampling, the amount of villi obtained is too small or the test results suggest that the placental chromosome constitution may not reflect the baby's chromosome constitution.

**Are there alternatives to chorionic villus sampling? (Delete if not applicable)**

- You can consider having screening tests for fetal Down syndrome if this has not been performed. Screening can detect 70-90% of Down syndrome, but cannot exclude all cases of Down syndrome. (Delete if Down syndrome screening is positive or the indication is not to test for Down syndrome.)
- You can have amniocentesis after 16 weeks of pregnancy which can give you the same test results you need.
- Cordocentesis
- Detailed ultrasound examination may give you some information but cannot give a definite diagnosis. e.g. if Down syndrome is more likely or less likely in your baby but cannot confirm the diagnosis of fetal Down syndrome.
- Examination or other investigations of the baby after birth will confirm or exclude the condition to be tested for.
- Others: \_\_\_\_\_

**Other discussions:** (if needed) \_\_\_\_\_  
\_\_\_\_\_

I  agree /  disagree to storage of the chorionic villi sample(s) after the test for research or scientific publication. I understand that the sample(s) will be anonymized.

Pregnant woman's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Form owner: Obs

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