Sistema Socio Sanitario
Regione Lombardia
ASST Sette Laghi

Filippo Del Ponte Hospital
TERRITORIAL SOCIAL HEALTH COMPANY OF THE SEVEN LAKES

SC Gynecology and Obstetrics
Director: Prof. Fabio Ghezzi

DIAGNOSIS CENTER

PRENATAL INFORMATION AND CONSENT TO VILLOCENTESI

I, the undersigned .... Born on ….. .....
in……declare that it was informed that:

- The villocentesi consists in 'aspiration of a small amount (15-40 mg) of placental tissue via ultrasound-guided sampling through the maternal abdomen.
- It is preferably carried out between the 10th and 12th week (the exact dating of the gestational period is detected ultrasonographically in the first trimester)
- It is always preceded by an ultrasound examination that allows to detect the fetal heartbeat, the position, the thickness of the placenta and the presence of any impediments or contraindications to the examination.
- There is no anesthesia. Most patients who undergo blood sampling report tolerable discomfort.
- The sampling is preceded by a thorough disinfection of the abdomen.
- The collected material is checked immediately to evaluate its qualitative and quantitative aspect, which if inadequate (rare event) immediately requires a second sampling.
- After sampling, fetal viability is checked again by ultrasound.
- In case of Rh incompatibility (Rh negative pregnant and Rh positive partner), an intramuscular dose of anti-D immunoglobulin is administered with prior informed consent; if the Coombs test is performed in the three months following the administration of the gamma immunoglobulin, it is false positive.
- The results of the examination are available after approximately ***3 weeks*** and includes karyotype analysis (both on "direct" and cultured preparation) and, when indicated, the CGH-array (comparative genomic hybridization on microarray)

Maternal risks: extremely rare. Small blood losses generally have no significance for the continuation of pregnancy, but an ultrasound check is useful (to rule out rupture of the membranes). A prompt check-up is necessary in the presence of abdominal pain and / or fever (risk of intrauterine infection).

Fetal risks: the additional risk of abortion after CVS is estimated to be around 1% in the international literature and is confirmed in our experience.

Chorionic villus analysis is carried out both on cells that develop spontaneously (direct method) and on those obtained after culture (indirect method).

It may be necessary to perform a second chorionic villus sampling or amniotic fluid when:

- the analysis is limited to the direct method only for insufficient material or cell growth failure (the direct method alone may not recognize a chromosomal pathology of the fetus in 1 out of 3000 cases)

- There is a discrepancy between the result of the direct method and the culture one (placental mosaicism). This occurrence occurs in 1-2% of cases and in 90% of cases it does not concern the fetus.

These cases are explained and discussed in a specific interview with the geneticist.

Having fully understood what has been reported and having been able to discuss and clarify my doubts regarding the limits, risks and complications of the exam during the preliminary interview, I decide the exam to be carried out and, with this consent, I request it.

Signature Date..... ....

I, the undersigned Dr…….have verified the understanding of the patient.

Signature Date..... ....