TEXAS TECH MEDICAL CENTER El Paso OB-GYN Department CONSENT FOR AMNIOCENTESIS

Patient Name:
DOB:
MR#:

My physician has informed me that I have the option to undergo an amniocentesis. Amniocentesis is a diagnostic examination in which a needle is introduced into the interior of the uterus of the pregnant woman in order to remove a small amount of amniotic fluid (the water surrounding the baby). During the procedure the physician uses ultrasound in order to see the position of the baby and localize the fluid pockets from which the liquid will be removed. During the examination I will lay down on a table or bed and the physician will find an appropriate area on my skin to do the amniocentesis. The skin will be cleaned with a sterile (cleansing) solution. Sometimes a local anesthetic (numbing medicine) may be used. With ultrasound guidance, the physician will place a needle through the skin and into the uterus. When the proper location is attained, fluid from around the baby will be aspirated and submitted for studies and the needle will be removed. As with any medical procedure there are discomforts, risks, and possible complications.

Please understand that there is brief discomfort to put a needle into the skin and there are two thin layers between the skin and the fluid which are difficult to anesthetize. Your physician will choose the thinnest needle so the discomfort is less. Many patients describe the discomfort as similar to drawing blood from vein on the arms. Additionally, whenever a needle penetrates the skin there is a minute chance of infection at the skin or anywhere that the needle has passed through. Special care will be taken to cleanse the skin and perform the procedure rapidly to reduce the risk of infection. Furthermore, when a needle is placed into the uterus, there is a chance of hitting the baby, the placenta, or some blood vessel. Occasionally, a baby will even grab or move a needle. Fetal damage may rarely occur including, but not limited to, injury to limbs; injury to thoracic organs; injury to brain; fetal death. Care is taken by the physician to place the needle slowly to reduce this risk but in some cases it happens. Additionally, putting the needle into the muscle of the uterus may cause mild contractions that can lead to other complications. For example, bleeding, accidental abortion (miscarriage) or infection. This occurs about 0.5 % of the time. There is a risk of having less fluid in the uterus in late pregnancy and more fluid in the uterus in early pregnancy. There is a small chance (less than 1%) of preterm labor, preterm delivery, or premature rupture of the amniotic sac.

Witness