羊膜穿刺術
Amniocentesis

羊膜穿刺術(俗稱抽羊水)可準確地檢驗染色體異常的胎兒。一般來說，羊膜穿刺術會在懷孕16至20週進行。檢查當日的起居飲食可如常進行。

在抽羊水前，醫生會先作超聲波掃描，然後用針管經腹壁及子宮刺入子宮腔內，將20毫升的羊水抽出作化驗。進行時，孕婦或許會感到少許痛楚。施行羊膜穿刺術當日最好安排一位親友陪同；孕婦需要休息一天，翌日便可回復一切正常工作或家務。抽驗羊水後流產的機會率為0.5%。

羊水聚合酶鏈反應(染色體第13、18、21對)結果會於抽羊水後約1星期內便可知悉，而細胞培殖的報告會於3-4星期內得知。報告將會盡快交予主診醫生，以便作出詳細的解釋和處理。

Amniocentesis can detect fetal chromosomal abnormalities and is accurate. The test is usually performed at 16-20 weeks of gestation. No fasting or sedation is required. Meals can be taken as usual before and after the procedure.

The doctor will commence with an ultrasound scan before the procedure to determine the best site for the insertion of the needle. The skin will be cleaned with an antiseptic solution. A special needle will be passed through the abdomen into the uterus under the ultrasound guidance, 20ml of amniotic fluid will be withdrawn for chromosomal analysis and the needle will be removed. Protective spray will then be applied to the needle site.

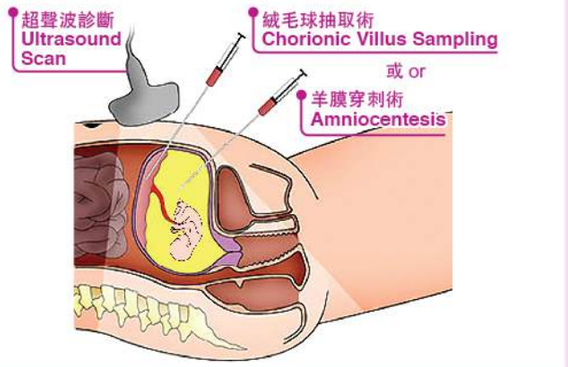
You can go home after a short rest. You should avoid heavy lifting or strenuous exercise, and can work normally the next day. It is advisable that you are accompanied by a friend or relative on the day of the procedure. The risk of miscarriage after amniocentesis is around 0.5%.

Amniotic fluid PCR (Chromosomes 13, 18 and 21) result will be available within 1 week and the final culture result will usually be available in 3-4 weeks' time. The report will be sent to your doctor-in-charge as early as possible.

絨毛球抽取術
Chorionic Villus Sampling

絨毛球抽取術的功用與羊膜穿刺術相同。絨毛球抽取術會在懷孕11週後進行。抽取前醫生會採用局部麻醉，在超聲波監察下，用針管穿過腹部表皮，直達胎盤抽取其組織以作分析。此項診斷引起的流產率是1%。絨毛聚合酶鏈反應（染色體第13、18、21對）結果會於1星期內便可知悉，而細胞培殖的報告會於3-4星期內知曉。

The information obtained from chorionic villus sampling (CVS) is similar to that from amniocentesis. CVS is performed after 11 weeks. The procedure involves introducing a needle under ultrasound guidance through the abdominal wall, reaching the placental site and obtaining a small amount of placental tissue for chromosomal analysis. Local anaesthesia will be given at the needle insertion site. The risk of miscarriage is around 1%. CVS PCR (Chromosomes 13, 18 and 21) result will be available within 1 week and a final report from cell culture will be available in 3-4 weeks.



查詢請致電
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仁安胎兒診斷及治療中心
Union Fetal Diagnosis & Therapy Centre

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交通設施 Traffic Facilities

本院設有免費穿梭巴士，行走本院及大圍。
Free Union Hospital Shuttle Buses run between the Hospital and Tai Wai.

專線小巴 Green Bus ：68K (由沙田及大圍港鐵站開出)
(From Shatin and Tai Wai MTR Stations)
公共巴士 Buses ：46P, 46X, 80, 80P, 81M, 85B, 86B, 87B, 88M, 89B
(由九龍開出 From Kowloon)

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你便可收到本院最新健康活動資訊。
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仁安醫院
UNION HOSPITAL

產前胎兒診斷
Prenatal Diagnosis

仁心、安心、貼您心
Caring • Reliable • Empathetic

產前胎兒診斷
Prenatal Diagnosis

仁安胎兒診斷及治療中心
Union Fetal Diagnosis & Therapy Centre

一顆小生命能健康地孕育成長，從妊娠期間便要觀察胎兒的成長情況，如發現不正常的發展或疾病，可及早給予適當的處理及治療。仁安胎兒診斷及治療中心於2002年11月投入服務，主理胎兒檢查、診斷及治療，承諾照顧每個胎兒、孕婦及家庭的需要。中心資源齊備，配合先進的儀器及全面的醫學資料，務求集合多方面的技術及充分考慮各種處理及治療的方法，為每個胎兒及孕婦的特殊情況，提供準確、快捷、有效的高質素胎兒診斷及治療計劃。

Founded in November 2002, the Union Fetal Diagnosis & Therapy Centre aims to provide personal support, comprehensive counseling and ongoing quality health care for individuals and families in the field of fetal maternal medicine. Our multidisciplinary approach enables us to draw upon the full resources available so as to reach a rapid and definitive diagnosis of the problems, to consider a complete range of alternative methods of management, and to select a plan of therapy that best meets the unique needs of each mother and baby.

全面胎兒診斷及治療
Comprehensive Fetal Diagnosis & Therapy

針對胎兒異常的發展及高風險的妊娠，仁安胎兒診斷及治療中心提供全面的遺傳輔導、普查、診斷及處理。

The Centre offers genetic counselling, screening, diagnosis and management of fetal abnormalities and high-risk pregnancies.

非入侵性的普查測試
Non-invasive Screening Tests

- 高解像超聲波掃描
- 量度胎兒頸部後方透明帶(唐氏綜合症)
- 懷孕初期或中期唐氏綜合症血液普查
- Routine second trimester ultrasound scan
- First trimester nuchal translucency
- First & second trimester biochemical screening

入侵性的診斷方法
Invasive Diagnostic Tests

- 羊膜穿刺術
- 抽取胎兒血液
- 絨毛球抽取術
- 抽取胎兒組織
- Amniocentesis
- Cordocentesis
- Chorionic villus sampling
- Fetal tissues sampling

以上診斷方法可檢驗染色體病例如唐氏綜合症、愛德華氏綜合症及其他遺傳疾病如地中海貧血症及脊椎肌肉萎縮症。

The above diagnostic procedures are used to exclude chromosomal abnormalities such as Down's Syndrome, Edward's Syndrome and other genetic disorders such as Thalassaemia and Spinal Muscular Dystrophy.

藥物及入侵性的胎兒治療
Medical and Invasive Therapy

- 胎兒心率異常的藥物治療
- 抽除胎兒胸膜積液
- 抽除胎兒腹膜積液
- 子宮內胎兒輸血
- 胎兒羊膜分流術
- Medical treatment for fetal arrhythmias
- Pleurocentesis
- Paracentesis
- In-utero transfusion
- In-utero shunting

哪些孕婦需要產前胎兒診斷?
Who needs prenatal diagnosis?

- 高齡孕婦 (35歲或以上)
  隨著孕婦年齡的增長，染色體有問題的嬰兒比率亦會顯著增加，其中最常見的是唐氏綜合症（孕婦35歲時的比率是1/384，40歲時則高至1/112）。
- 曾經有不正常的嬰兒
- 夫婦或家庭成員中有染色體異常或遺傳的病例
- 經超聲波檢查，發現有問題的胎兒
- 唐氏綜合症篩查顯示高風險
- Woman aged 35 or above

  The risk of having baby with chromosomal abnormalities increases with maternal age. The risk of having a Down's syndrome baby at the maternal age of 35 is 1:384, this will be increased to 1:112 at the age of 40
- Previous abnormal child
- Family history of inheritable disease
- Fetal structural abnormalities by ultrasound scan
- Positive fetal Down's syndrome screening

超聲波診斷
Ultrasound Scan

超聲波掃描用作診斷結構不正常的胎兒。孕婦可在妊娠期20週作詳盡的超聲波檢查，臨床使用的超聲波對胎兒無不良影響。

Fetal morphology scan is usually carried out by 20 weeks of gestation. Clinically used ultrasound scan is a non-invasive procedure and carries no proven harmful effect.