Sample amniotic fluid with precision and control.

A disposable needle for transabdominal sampling of amniotic fluid for prenatal diagnosis of genetic disorders of the fetus. Sampling is performed under continuous ultrasound guidance.

THE NEEDLE

Amnio needle

Chiba tip cannula with ultra point · 18 to 22 G · 90 to 220 mm · graduated shaft · sliding stopper · colour-coded luer lock hub.

RANGE AT A GLANCE

18 G	20 G	21 G	22 G
150 · 200 mm	90 · 120 · 150 · 200 · 220 mm	90 · 120 · 150 · 200 · 220 mm	90 · 120 · 150 · 200 · 220 mm

Seventeen references. Sterile, single use, ten per box.

- **Echogenic marker** — Correct placement under ultrasound guidance
- **Centimetre markings** — Insertion depth read directly off the cannula
- **Sliding stopper** — Depth set before the pass
- **Colour-coded hub** — Gauge identified without reading the label

PRODUCT

Amnio — chiba needle with ultra point

A stainless steel cannula with a sharpened chiba tip reaches deep-seated sampling sites. The hub carries a luer lock connection to collect amniotic fluid through a syringe.

PRODUCT REFERENCE

PBU*xxyy*

xx — the gauge of the needle
yy — the length of the needle

Example: PBU2015 is a 20 G, 150 mm amniocentesis needle.

NEEDLE ANATOMY

Digital rendering of the graduated cannula, sliding stopper and luer lock hub

Chiba tip
Ultra point, sharpened for controlled entry

Graduated shaft
Centimetre markings along the cannula

Sliding stopper
Sets and holds the intended depth

Luer lock hub
Colour-coded by gauge, takes a syringe

Product ordering information

Code	Gauge	Length	Code	Gauge	Length
PBU1815	18 G	150 mm	PBU2115	21 G	150 mm
PBU1820	18 G	200 mm	PBU2120	21 G	200 mm
PBU2009	20 G	90 mm	PBU2122	21 G	220 mm
PBU2012	20 G	120 mm	PBU2209	22 G	90 mm
PBU2015	20 G	150 mm	PBU2212	22 G	120 mm
PBU2020	20 G	200 mm	PBU2215	22 G	150 mm
PBU2022	20 G	220 mm	PBU2220	22 G	200 mm
PBU2109	21 G	90 mm	PBU2222	22 G	220 mm
PBU2112	21 G	120 mm			

- **Echogenic tip** — the cannula carries an echogenic marker for clear visualisation under ultrasound.
- **20, 21 and 22 G** — ISUOG Practice Guidelines (2016) recommend a 20–22 G needle for amniocentesis under continuous ultrasound guidance (GRADE B).

PBU2015 is the highlighted configuration: a 20 G, 150 mm needle. Seventeen references from 18 G to 22 G, 90 mm to 220 mm. · Standard packaging: pouch, 10 per box. Each contains the Amnio needle, sliding stopper and cannula protection.

CUSTOMER SERVICE
United Kingdom
+44 (0)1422 399510
orders-uk@inomedhealth.com

INOMED HEALTH LIMITED
The Elsie Whiteley Innovation Centre
Hopwood Lane
Halifax, West Yorkshire
HX1 5ER, United Kingdom

ONLINE
inomedhealth.com
biopsyneedles.co.uk

inomed healthcare
MedTech

IH-CYTO-AMNIO-001

TECHNIQUE

Transabdominal amniocentesis

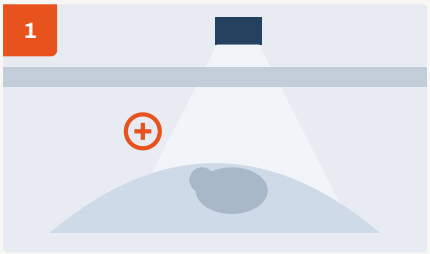
A schematic overview of the published technique for transabdominal amniocentesis. It is not a substitute for the Instructions for Use.

BEFORE THE PROCEDURE

Confirm on ultrasound:

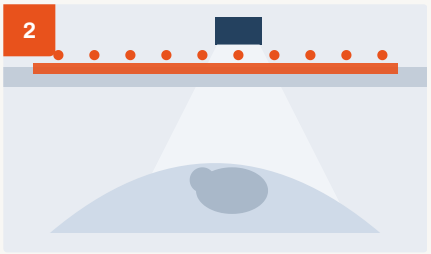
- Number of fetuses and viability
- Gestational age
- Placental location
- Amniotic fluid volume and a pocket clear of the fetus

Amniocentesis is performed at or beyond 15+0 weeks. Earlier procedures carry higher rates of pregnancy loss, talipes equinovarus and fluid leakage.



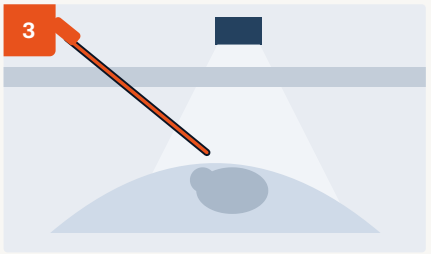
Assess and select the site

Confirm viability, gestational age, liquor volume and placental location. Choose a pocket of liquor clear of the fetus.



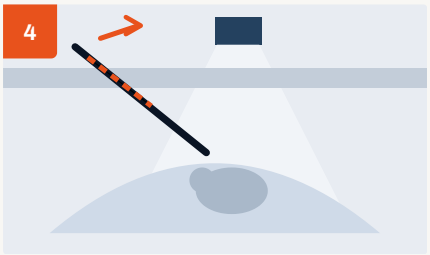
Prepare an aseptic field

Clean the skin with antiseptic, apply a sterile drape and use separate sterile gel. Local anaesthetic optional.



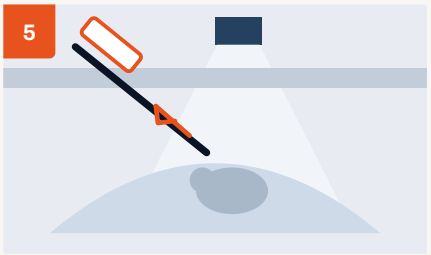
Insert the needle

A 20–22 G needle is advanced transabdominally under continuous ultrasound guidance. Set the sliding stopper to the intended depth first. Avoid the placenta where technically feasible.



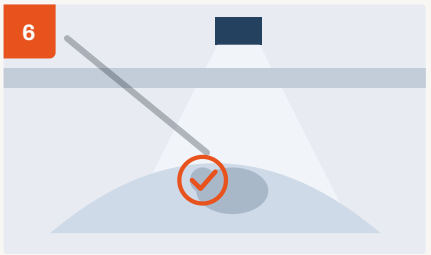
Withdraw the stylet

Hold the cannula in position and remove the stylet. The colour-coded hub identifies the gauge.



Aspirate the sample

Attach a syringe to the luer lock hub. Discard the first 2 mL to minimise maternal cell contamination, then aspirate 15–30 mL depending on the indication.



Withdraw and check

Replace the stylet, withdraw the needle and confirm fetal cardiac activity.

AFTER THE PROCEDURE

Confirm fetal cardiac activity. Offer anti-D immunoglobulin within 72 hours to non-sensitised RhD-negative women unless the fetus is known to be RhD-negative.

SAMPLE ADEQUACY

The first 2 mL is discarded to minimise maternal cell contamination. Between 15 and 30 mL is then aspirated, depending on the indication and the receiving laboratory's requirements.

Schematic overview only — not instructions for use. The procedure must be performed by an appropriately trained operator under continuous ultrasound guidance, following the Instructions for Use supplied with the product and local clinical protocol. Technique summarised from ISUOG Practice Guidelines: invasive procedures for prenatal diagnosis (2016) — 15+0 weeks GRADE A, 20–22 G GRADE B, first 2 mL discarded GRADE C, placental avoidance GRADE C — and RCOG Green-top Guideline No. 8 (2021), which states that amniocentesis should not be performed prior to 15+0 weeks and that the additional risk of miscarriage with a skilled operator is likely to be below 0.5%.

CUSTOMER SERVICE
United Kingdom
+44 (0)1422 399510
orders-uk@inomedhealth.com

INOMED HEALTH LIMITED
The Elsie Whiteley Innovation Centre
Hopwood Lane
Halifax, West Yorkshire
HX1 5ER, United Kingdom

ONLINE
inomedhealth.com
biopsyneedles.co.uk

inomed healthcare
MedTech

IH-CYTO-AMNIO-001