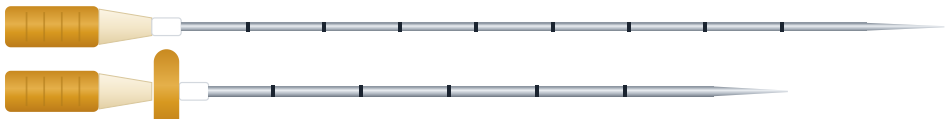
Identify genetic abnormalities earlier in pregnancy.

Chorionic villus sampling (CVS) helps detect the presence or absence of genetic disorders at an earlier stage than amniocentesis. Sampling is performed transabdominally under ultrasound guidance.

THE SET



Villus sampling needle

Coaxial introducer

Villus sampling needle 20 or 22 G · 150–220 mm. Coaxial introducer 18 or 19 G · 90–160 mm.

RANGE AT A GLANCE

PBUT2015	PBUT2020	PBUT2022	PBUT2222
20 G · 150 mm villus 18 G · 90 mm coaxial	20 G · 200 mm villus 18 G · 140 mm coaxial	20 G · 220 mm villus 18 G · 160 mm coaxial	22 G · 220 mm villus 19 G · 160 mm coaxial

PBUT2020 and PBUT2022 are the main needles. Four coaxial sets in all. Three single needles for operators working without an introducer — PBU1815 and PBU1820 (18 G, 150 and 200 mm) and PBU2020 (20 G, 200 mm). Sterile, single use, ten per box.

- **Chiba tip cannula**
  On the sampling needle
- **Echogenic marker**
  Visible under ultrasound
- **Wings for secure grip**
  On the coaxial introducer
- **Colour-coded stylet**
  Identifies gauge at a glance

PRODUCT

Chorion villus biopsy needle set

The set contains two devices: a coaxial introducer needle and a villus sampling needle. The introducer allows the sampling needle to reach the biopsy site through the abdominal wall.

PRODUCT REFERENCE

PBUT*xxyy*

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

Example: PBUT2022 is a 20 G, 220 mm villus sampling needle.

SET COMPONENTS

Digital rendering of the coaxial introducer, stylet and echogenic villus sampling needle



Coaxial introducer

Stylet

Villus sampling needle

Chiba tip
Sharpened for controlled entry

Echogenic marker
On the sampling needle, visible under ultrasound

Graduated shaft
Centimetre markings along the cannula

Wings
Hold the introducer steady

Colour-coded stylet
Identifies the gauge at a glance

Product ordering information

Code	Gauge of villus sampling needle	Gauge of coaxial introducer	Length of villus sampling needle (mm)	Length of coaxial introducer (mm)	Qty
PBUT2015	20 G	18 G	150	90	Box of 10
PBUT2020	20 G	18 G	200	140	Box of 10
PBUT2022	20 G	18 G	220	160	Box of 10
PBUT2222	22 G	19 G	220	160	Box of 10
SINGLE-NEEDLE TECHNIQUE — ORDERED SEPARATELY, NOT AS A SET · ISUOG 17–20 G TRANSABDOMINAL					
PBU1815	18 G	—	150	—	Box of 10
PBU1820	18 G	—	200	—	Box of 10
PBU2020	20 G	—	200	—	Box of 10

- **Coaxial technique** — the introducer is placed once and the sampling needle passed through it, so a further pass can be taken without a second uterine entry.

Individually pouched, ten per box — complete sets for the PBUT references, single needles for the PBU references.

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

www.biopsyneedles.co.uk
inomedhealthcare.com

inomed healthcare
MedTech

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TECHNIQUE

Transabdominal coaxial technique

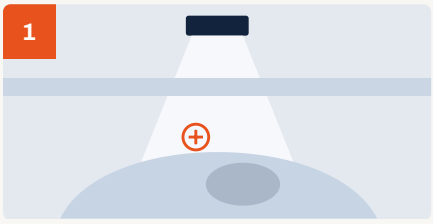
A schematic overview of the published technique for transabdominal chorionic villus sampling with a coaxial set. It is not a substitute for the Instructions for Use.

BEFORE THE PROCEDURE

Confirm on ultrasound:

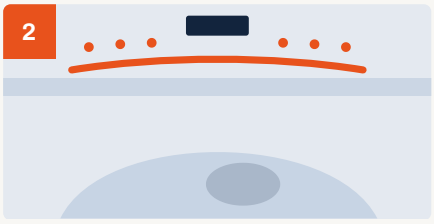
- Number of fetuses and viability
- Gestational age
- Placental location
- Amniotic fluid volume

CVS is performed after 10+0 weeks, commonly between 11+0 and 13+6 weeks.



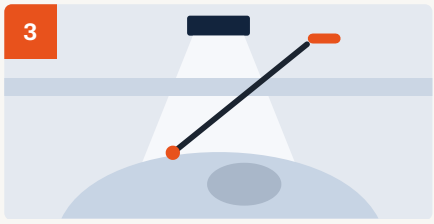
Assess and select the site

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



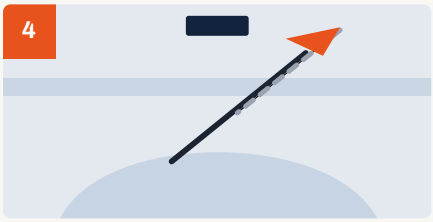
Prepare an aseptic field

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



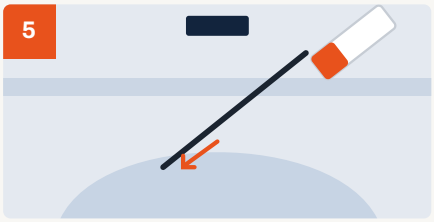
Place the coaxial introducer

Under ultrasound guidance, advance the introducer and stylet to the placental edge. The wings give a secure grip.



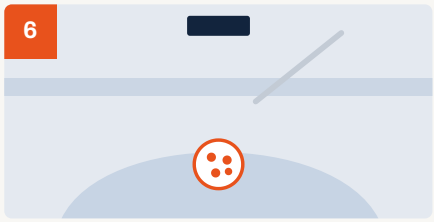
Withdraw the stylet

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



Sample the villi

Pass the echogenic sampling needle through the introducer. Attach a syringe, apply suction and make back-and-forth passes.



Inspect, repeat or withdraw

Check the aspirate for villi. A further pass may be taken through the introducer, then withdraw and check the fetal heart.

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

Around 5 mg of chorionic villi is the minimum for a single molecular test. Laboratories commonly request 20–30 mg, and more where both molecular analysis and culture are planned; confirm the required weight with the receiving cytogenetics laboratory. Between one and 10 back-and-forth passes are described.

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) and RCOG Green-top Guideline No. 8 (2021).

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