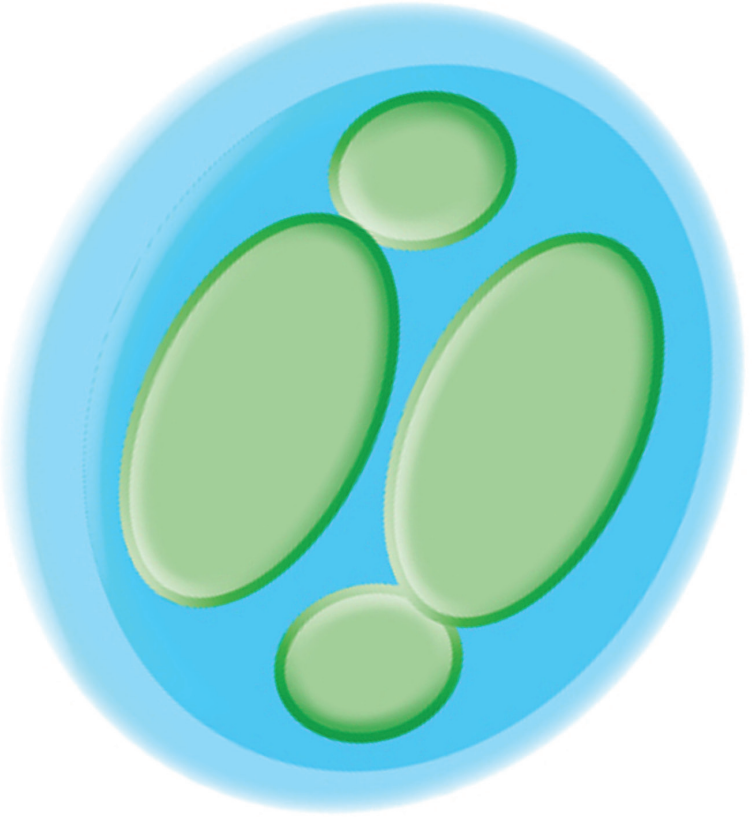
Royal United Hospital Bath NHS
NHS Trust

RUH

Patient Information: twin-to-twin transfusion syndrome



This leaflet contains some useful information about twin-to-twin tranfusion sydrome and what can be done if your unborn babies share a placenta

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What is twin-to-twin transfusion syndrome (TTTS)?

This condition, which may also be called oligohyramnios-polyhydramnios sequence, or ‘stuck twin syndrome’, can occur as a complication of identical twin pregnancies.

Some identical twins share a placenta so their blood circulation is interconnected. Instead of blood flowing evenly to both babies, one baby may receive a greater share of the blood supply and the other baby less.

This results in one twin getting more blood (recipient twin), pumping blood rapidly around its body, and producing more urine than the other twin so that an imbalance in the amniotic fluid around each twin occurs. If this process continues, the twin getting less blood (donor twin) produces so little urine that it becomes wrapped up in its surrounding membrane and cannot move around easily.

This process can be severe, and can lead to a poor outcome for both twins, depending on how rapidly it develops, and during which stage of pregnancy this occurs. The increased amniotic fluid levels around one twin could cause premature labour, perhaps at a stage where the babies would not be able to survive. The baby receiving blood may die if its heart becomes overloaded; or the baby donating blood may die because it does not receive enough oxygen and nutrients.

What happens when identical twins are diagnosed?

Once we have diagnosed that you are carrying identical twins, you will be offered fortnightly appointments so that you and the twins can be assessed regularly.

All patients who are expecting identical twins will be referred to a fetal medicine consultant in Bristol.

Not all identical twins will develop TTTS, but if a diagnosis of TTTS is made, the Fetal Medicine Unit (FMU) will assess the severity of the disease and offer you a regular follow-up and/or treatment.

What can be done about the problem?

We aim to monitor the progress of the pregnancy very carefully, by detailed scanning. We look carefully at each baby to make sure there are no abnormalities that may have been caused the fluid imbalance.

If the amniotic fluid imbalance does not resolve, or is already severe, it may be necessary to remove some of the excess fluid around one twin (amnioreduction) or to consider laser treatment where the connecting vessels between the two babies are divided by the laser beam.

Is there a risk to these procedures?

Any invasive treatment like this does carry a risk that the pregnancy may miscarry. We need to weigh up the risks of performing these treatments against the risk of the pregnancy going wrong if we do nothing. Each individual case will be different and we would discuss the situation with you fully before going ahead with any procedure. As the mother, you would be asked to sign a consent form.

What happens then?

After the treatment, your pregnancy must be closely monitored. This usually involves weekly visits to the FMU for scans and possible further amnioreductions.

Once the fluid levels have balanced out and the twin with less fluid has started to produce more urine, visits may become less frequent, but the pregnancy will still be closely monitored as it is still at a higher risk of developing problems than other pregnancies.

If there is no evidence of TTTS after 24 weeks your care will continue with fortnightly scans in the antenatal clinic at the Royal United Hospital, Bath.

If you have any questions, please do not hesitate to contact us. Your GP, midwife or obstetrician may also be able to give you more information.

Contact telephone numbers

Monday-Thursday 9am-5pm and Friday 9am-1pm:

- **Antenatal clinic** **01225 824659**
- **Antenatal reception** **01225 824645**

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