

## **PATIENT INFORMATION FOR EXERCISE TREADMILL STRESS TEST (EST)**

- Your doctor has ordered an Exercise Treadmill Stress Test to determine your physical fitness level and to assess the effects of exercise on your heart.
- Exercise allows us to diagnose the presence or absence of coronary artery disease (blocked arteries supplying the heart with oxygen).
- The test involves walking in place on a treadmill while monitoring the electrical activity of your heart.
- You should not drink caffeinated drinks (coffee, tea, sodas, etc.) or smoke 2 hours prior the test.
- Unless instructed by your physician, you should continue to take prescribed medications.
- Bring walking/ running shoes. Bring a towel and a bottle of water. You will be asked to remove your clothing waist up (including bra) and wear a gown, opening in front.

## **WHAT WILL HAPPEN DURING THE TEST?**

- The technologist will explain the procedure, take a brief medical history, answer any question and ask you to sign a consent form. This is required before we can proceed with the test.
- Ten (10) adhesive electrodes / stickers will be applied to the chest area once the sites have been prepared by cleansing with alcohol, shaving if necessary and mild abrasion. This preparation will enable us to record good quality ECG recordings during the test.
- Following resting blood pressure and ECG recordings, you will be asked to start walking on the treadmill. The treadmill speed and incline will increase every 3 minutes until target heart rate is achieved, which is based on your age and physical condition.
- Your blood pressure will be monitored throughout the procedure.
- Should a problem occur the technologist will stop the test immediately. A cardiologist is in the immediate area and will be called if necessary.
- It is very important that you tell the technologist if you experience any symptoms such as: chest pains, dizziness, unusual shortness of breath or extreme fatigue.
- Your blood pressure and ECG will be monitored for 5-10 minutes after exercise.
- The ECG data will be reviewed by a cardiologist and a report will be sent to your referring physician.

## **RISKS**

- This test is not painful but it is physically demanding. Most patients experience some degree of fatigue.
- There is a very small risk of complications (heart attack, irregular rhythm).
- The risk of dying from the exercise treadmill stress test is less than 1 in 10,000 tests.
- The risk of a significant problem developing is less than 5 in 10,000 tests.
- Everything is done to prevent such an occurrence. Medical staff and emergency equipment are immediately available to assist in the event of an emergency.



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## **EXERCISE TREADMILL STRESS TEST CONSENT FORM**

I, \_\_\_\_\_, authorize the Asclepius Cardiology Clinic and staff to measure my fitness level, to determine the presence of clinically significant blockage or narrowing of the arteries that supply the heart muscle with oxygen and/or to evaluate the effectiveness of my current therapy. I understand that I will walk on a treadmill during the test. My ECG will be monitored; my blood pressure will be monitored, measured, and recorded at the appropriate intervals. Exercise will be progressively increased until I attain a predetermined heart rate corresponding to my age and physical condition.

- The test will also be discontinued if I become distressed or develop any abnormal response that the physician considers significant. It is important that I tell the technologist if I experience any symptoms such as chest pains, dizziness, and unusual shortness of breath or extreme fatigue. A cardiologist is immediately available if necessary.
- I understand that like most diagnostic tests, there are potential risks. There is a 1 in 10,000 chance of developing a complication such as: light-headedness, fainting, arrhythmias or very rarely a heart attack and most rarely, death.
- I understand the risk is slightly higher if I have a known cardiac condition such as a prior heart attack.
- I further understand that Asclepius Cardiology Staff is properly equipped to administer any emergency care necessary.
- I give permission to the supervising physician to treat any complications of the procedure to the best of his/her capacity and seek further help to improve my condition, if necessary. This may also require a transfer by ambulance to a nearby hospital facility for further treatments.

I have read this document and had the opportunity to ask questions. I understand that the test has been ordered by my physician and I have been made aware of the risks involved.

Patient Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_