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PATIENT INFORMATION FOR ECHOCARDIOGRAM

- An echocardiogram is a safe and painless diagnostic procedure that uses high frequency soundwaves to take moving pictures of the heart. The soundwaves are directed at the heart from a small, handheld transducer (camera) which sends and receives signals that appear on the screen as a moving image of the heart.
- These images are black and white; however, colour can be added to show the blood moving in and out of the chambers. Many measurements are taken during the test to determine how well your heart is working.
- No special preparations are required. You may eat and perform normal activities (unless otherwise instructed) and continue to take medications as prescribed by your physician.
- The test takes approximately 40 minutes to complete. A specially trained sonographer will perform the test. If contrast is used during the test, you will be asked to wait an additional 20 minutes before leaving to ensure that you have no reactions to the contrast agent.
- Ultrasounds cannot be felt and does not hurt. Should you experience discomfort, you should notify the sonographer performing the test. There are no harmful effects from diagnostic cardiac ultrasounds.

WHAT WILL HAPPEN DURING THE TEST?

- Before the test starts, you will be given an explanation and have time to ask questions.
- You will be asked to disrobe from the waist up (including bra) and given a gown to wear.
- Three (3) electrodes will be attached to your chest to obtain an ECG signal.
- A blood pressure reading will be taken at the beginning of the test.
- You will be asked to lie on the examination table on your left side during the test and a series of images and measurements will be acquired.
- If contrast is to be used to improve image quality, an intravenous will be inserted in a vein in your arm, through which the contrast agent will be injected. There will be some initial discomfort as the needle is placed in the arm. The intravenous will be removed at the end of the procedure. The contrast does not harm your kidneys. There is an extremely small risk of allergic or unusual reaction with this contrast agent.
- The sonographer performing the test can see what is occurring with your heart; however, he/she cannot provide any information. The test is read and interpreted by a cardiologist who will then forward the report to the physician requesting the test.



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ECHOCARDIOGRAPHY CONSENT FORM

I, _____, hereby consent to an echocardiogram, with OR (Print Patient Name) without echo contrast administration, to be performed on _____ (date) by _____ or their delegate and by other physicians and (Name of Technician) health practitioners whose assistance he/she requires.

- I have read and been given a full explanation of the procedure, as well as who will be providing the procedure, the reasons why I need the procedure, any alternatives to the procedure, the risks and any side effects of the procedure.
- I confirm that I understand this information. I understand an intravenous will be placed if echocardiographic contrast is deemed necessary to improve the diagnostic accuracy of the test. I understand that echocardiography contrast administration has a very small risk of any type of untoward effect, including an allergic reaction (3/1000), back discomfort (1.2%), nausea (1%) or flushing (1.1%). These reactions are unlikely to develop beyond the required 20 minutes observation post procedure period. I understand that I should remain in the cardiology waiting room for 20 minutes following the procedure.
- I have had the opportunity to ask questions and they have been answered to my satisfaction.
- I declare that I am not pregnant at the time of the echocardiographic study. If I am pregnant, I understand that I cannot receive the echocardiographic contrast agent to enhance the images.

Patient Name: _____

Patient Signature: _____

Date: _____