



570 Lacolle Way
Orleans, ON
K4A 0N9
P. 613-699-3376
F. 613-841-6770

PATIENT INFORMATION FOR STRESS ECHO (SE)

- A stress echo is a test where pictures of the heart are taken before the highest heart rate, at the highest heart rate and while recovering after reaching the highest heart rate after walking on a treadmill.
- The test is used to assess heart function with exercise and determine how well blood and oxygen get through the arteries to the heart muscle.
- Eat a light breakfast or lunch.
- Avoid caffeinated drinks (coffee, tea, sodas, etc,) or smoke 2 hours prior the test.
- Bring walking/running shoes. Bring a small towel and bottle of water. You will remove your clothing waist up (including bra) and wear a gown with opening in front.
- Unless instructed by your physician, you should continue all prescribed medications.
- If you have used medications for Erectile Dysfunction within the last 48 hours, please advise the technologist as it may compromise the safety of the procedure.

WHAT WILL HAPPEN DURING THE TEST?

- You will be given a complete explanation of the test and have time to ask questions.
- There will be an ECG and Echo Technologist in the room. The cardiologist will not be in the room, however, will be available immediately if needed at any time.
- The ECG technician will place ten (10) electrodes on your chest. Your heart rhythm and blood pressure will be monitored throughout.
- The sonographer will take images of your heart at various times.
- If contrast is being used (a micro-bubble solution that aids in imaging the heart), an IV will be started and the contrast agent will be injected at various times throughout the test so that the best possible images are obtained.
- For the treadmill part of the test, the ECG technician will familiarize you with the treadmill and demonstrate how to walk on it.
- The speed and slope of the treadmill will change every 3 minutes until a target heart rate (determined by age) has been reached.
- At the end of exercise, you will return to the echocardiography bed quickly so that images can be obtained while the heart rate is still elevated.
- The test will be read and reported by a cardiologist and the report will be sent to your referring physician.



570 Lacolle Way
Orleans, ON
K4A 0N9
P. 613-699-3376
F. 613-841-6770

STRESS ECHO CONSENT FORM

I, _____, authorize the Asclepios Cardiology Clinic and staff 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. I will also have echocardiography images taken before and after the treadmill part of the test. I will also have an IV inserted at the beginning of the test so that a contrast agent can be injected at various times to improve image quality.

- 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, 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 2 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 Asclepios Cardiology Clinic and Staff are 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 form 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: _____