

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.) and smoking/vaping of any kind 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 the 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 72 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 10 electrodes (stickers) on your chest. Your heart rhythm and blood pressure will be monitored throughout the test.
- The sonographer will take images of your heart at rest and immediately after the exercise.
- In order to get the most information from your heart, an ultrasound enhancing agent will be administered to you. This micro-bubble solution provides additional information and details about blood flow to your heart. An intravenous line will be placed to administer this liquid. The contrast agent will be injected at various times throughout the test so that the best possible images are obtained. The study will also include limited pictures of your lungs prior to and following the exercise.
- 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. The test may be stopped earlier if you are too short of breath or if you have chest discomforts.
- 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.

STRESS ECHO CONSENT FORM

I, _____, authorize The Orleans Cardiopulmonary Group staff to perform a stress echocardiogram to identify the presence of a significant narrowing of the heart arteries. Additionally, the test will identify abnormal electrical or myocardial performance with exercise. The test may also evaluate the effectiveness of my current therapy. I understand that I will walk rapidly on a treadmill during the test. My electrical rhythm as well as my blood pressure will be measured and recorded at different time intervals. Exercise will progressively increase until I attain a minimum predetermined heart rate corresponding to my age. I will have ultrasound images of the heart and lungs taken before and immediately after the treadmill test. I will also have an intravenous inserted at the beginning of the test so that an ultrasound enhancing agent can be administered at various times to improve image quality.

- The test will also be discontinued if I become distressed or develop any abnormal responses 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 cardiac 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 there is a 1 in 10,000 risk of an allergic reaction related to the ultrasound enhancing agent. I understand the risk is slightly higher if I have a known cardiac condition such as a prior heart attack.
- I understand the risk is slightly higher if I have a known cardiac condition, such as a prior heart attack.
- I further understand the Orleans Cardiopulmonary Group 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: _____

I consent to having my test data anonymized and used for research and quality assurance purposes. OCPG guarantees that no personal information will be shared. I understand that consent to analyze my anonymized test data will in no way impact my current clinical care. This data will help inform and improve future care of cardiac patients.

Scan and read this on
your phone or tablet



www.ocpg.clinic/prep-for-cardiac-tests

YES

NO