

# PATIENT INFORMATION SHEET

## EXERCISE STRESS TEST

### WHAT DO I NEED TO DO BEFORE THE TEST

Do not eat a heavy meal, drink alcohol or smoke for at least two hours before your test.

Do not do any strenuous exercise on the day of the test.

Take your normally prescribed medication, unless your doctor has advised otherwise and bring a list of your normal medications.

Read and follow any additional instructions/information given to you by Dr Allada.

### WHAT DO I NEED TO WEAR?

Please wear shorts or a skirt suitable for exercising in.

Comfortable non-slip shoes suitable for brisk walking.

### PROCEDURE

Your condition requires a test called an Exercise Stress Test. The following will be performed:

The exercise stress test measures the function of the heart, lungs and blood vessels. It is done to help diagnose blocked arteries in the heart (coronary artery disease), assess abnormal heart beats or to check the function of pacemakers.

Before the test starts, an electrocardiogram (ECG) is taken. This is a recording of your heart beat on paper.

Next, your heart is exercised or "stressed". If you can walk easily, you can walk on the treadmill. The speed and slope of the treadmill increases every three minutes. This makes your heart do more work. You will exercise quite hard. The test will be stopped if you have severe chest pain, become very tired or very short of breath (puffed).

Your pulse, blood pressure and electrocardiogram are watched during and after the test. If we are worried about these, the test is stopped.

If you feel unwell you should tell us at once.

The staff who will be with you during and after the test are trained to deal with any complications.

Please discuss any worries you may have before you agree to the test.

### AFTER THE TEST

After the test, a shower, with soap and towel, is available if required.

You should allow approximately 90 minutes for this appointment.

### RISKS OF THIS PROCEDURE

These are some of the more serious risks that can happen but are not the only risks:

#### 1 in 1000 people

- (a) Abnormal heart beat.
- (b) Development of fluid in the lungs. You may need medication to treat this.
- (c) Chest pain. This is treated with drugs.

#### 1 in 2500 people

- (d) Heart Attack

#### 1 in 10000 people

- (e) Death. The danger is greater if you have heart disease or blocked arteries in the heart (coronary heart disease) already.

There is a small risk of muscle or joint injury.

### Situations where stress testing should not be used: (please tell the staff if you have any of these)

- Very recent heart attack (within 2 days)
- Unstable chest pain (angina) not yet settled by medical treatment.
- Abnormal heart beats, which are causing symptoms or effecting the blood supply to your body.
- Severe heart valve (aortic valve) narrowing causing symptoms.
- Fluid in the lungs that is not controlled by drugs and is causing symptoms.
- Very recent blood clots in the lung.
- Current swelling of the heart muscle or the sac containing the heart.
- Recent tearing of the wall of the large artery (aorta).

### Stress testing may be conducted in the following situations, if the benefits of the test are greater than the risks:

- A narrowing in the main left coronary artery
- Medium narrowing of the heart valves
- Abnormal blood test results (electrolytes).

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## MY NOTES TO TALK TO DR ALLADA ABOUT

-High blood pressure. The first number in the blood pressure reading greater than 200 mmHg or the second number, greater than 110 mmHg.

-Very fast or very slow abnormal heart beats.

-Any blockage to the outflow path of the main heart pump (left ventricle).

-Mental or physical problems preventing exercise.

-Major blockage of the heart's electrical conduction. This is between the upper and lower heart chambers.

## PATIENT CONSENT

I acknowledge that:

Dr Allada has explained my medical condition and the proposed procedure. I understand the risks of the procedure, including the risks that are specific to me, and the likely outcomes.

Dr Allada has explained other relevant treatment options and their risks. He has explained my prognosis and the risks of not having the procedure.

I have been given this Patient Information Sheet which explains the procedure and its risks.

I was able to ask questions and raise concerns with Dr Allada about my condition, the procedure and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.

I understand that a doctor other than Dr Allada may conduct the procedure. I understand this could be a doctor undergoing further training

Dr Allada has explained to me that if immediate life-threatening events happen during the procedure, they will be treated accordingly.

I understand that no guarantee has been made that the procedure will improve the condition.

On the basis of the above statements,  
I REQUEST TO HAVE THE PROCEDURE.