

NUCLEAR MEDICINE STRESS TEST

The **Nuclear Medicine (Myocardial Perfusion) Stress Test** is a safe and powerful tool used to see images of your heart while you are at rest and shortly after you have exercised. Nuclear Stress Tests provide information about the circulation and function of your heart. This test can be used to examine the blood flow to the heart, determine the amount of damage to the heart muscle after a heart attack, diagnose the cause of chest pain (angina), and check the health of your arteries. This information helps your physician develop the best treatment plan for your long-term heart health.

PREPARATION:

- 1. PLEASE ALLOW 2-4 HOURS FOR THIS PROCEDURE. Larger patients may need to complete this procedure on 2 separate days.
- 2. NO CAFFEINE FOR 12 HOURS. Includes all 'decaffeinated' products, chocolate, tea, cola, and medications such as Excedrin.
- 3. NO BETA-BLOCKERS FOR 24 HOURS (bring medications with you, if needed).
 - Acebutolol (Sectral®)
 - Atenolol (Tenormin®, Tenoretic®)
 - Betaxolol (Kerlone®, Betoptic®)
 - Bisoprolol (Zebeta®, Ziac®)
 - Esmolol (Brevibloc®)
 - Carteolol (Ocupress®, Cartrol®)
 - Carvedilol (Coreg®, Coreg CR®)
- Esmolol (Brevibloc®)
- Labetalol (Trandate®, Normodyne®)
- Levobunolol (Betagan®, AK Beta®)
- Metipranolol (OptiPranolol®)
- Metoprolol (Lopressor®, Toprol-XL®)
- Nadol (Corzide®)
- Nadolol (Corgard®)

- Nebivolol (Bystolic®)
- Penbutolol (Levatol®)
- Pindolol (Visken®).
- Propranolol (Inderal®, Inderal LA, Inderide®, InnoPran XL®, InnoPran XL®)
- Sotalol (Betapace[®], Sorine[®])
- Timolol (Betimol®, Blocadren®, Istalol®, Timolide®, Timoptic®)
- 4. NO THEOPHYLLINE MEDICATIONS/INHALERS FOR 48 HOURS (bring medications with you, if needed).
 - Ami-rax[®]
 - Aguaphyllin®
 - Asbron® G
 - Asmalix[®]
 - Broncodur®
- Broncomar® GG
- Bronkodyl®
- Elixophyllin®
- Elixophyllin-GG®
- Equibron® G
- Hydrophed®
- Marax®Primatene® Dual Actior
- Quadrinal®
- Quibron-T®
- Slo-Phyllin®
- Theoclear-80®
- Theolair®
- Theosol-80®
- Truxophyllin®



- 5. **WEAR OR BRING COMFORTABLE CLOTHES AND WALKING SHOES**, with no metal around your chest area, i.e., metal snaps, zippers, necklaces, etc.
- 6. **EAT A LIGHT BREAKFAST**. You may drink water before and during your exam. You may bring a snack.

PROCEDURE: (3 PARTS - REST IMAGES / STRESS TEST / STRESS IMAGES) TOTAL TIME: 2-4 hours

1. An IV will be started in your arm. A dose of a very safe radiopharmaceutical called Myoview is injected. The tracer travels through the body and concentrates in the heart, behaving like the nutrients normally used by the heart. There are no side effects and it does not change how your heart functions. 15-60 minutes later, 20 minutes of 'rest images' will be taken.

- 2. Then, to exercise your heart for the stress test, one of two possible methods will be used, depending on the doctor's order and your exercise abilities. *Please inform the technologist if you have a history of lung disease, 2nd or 3rd degree heart block, or atrial fibrillation.*
 - A. Treadmill Stress Test: You will walk on the treadmill, usually 6-10 minutes, until you reach a predetermined heart rate. During treadmill exercise, you may experience shortness of breath, fatigue, or chest discomfort. It is very important to reach the predetermined heart rate.
 - B. Chemical Stress Test: A medication called Lexiscan will be given through your IV. During this 10 second infusion, you may experience shortness of breath, chest discomfort, headache, nausea, and/or a warm flushed feeling. These symptoms will subside shortly after stopping the medication.
- 3. 15-120 minutes after the stress test, 20 minutes of 'stress images' will be taken, which completes the exam.

After the test is completed, you will make a follow-up appointment to see the doctor about the results of your procedure. You may resume your normal daily activities and medications. Please drink plenty of fluids to flush the remaining radioactive medications out of your body.

24 HOUR CANCEL/RESCHEDULE POLICY: Please give our office a 24 hour notice or you will be billed for the medication.



PATIENT SIGNATURE

NUCLEAR MEDICINE STRESS TEST CONSENT FORM

Date of Birth:	Height: _				
		ight:		Weight:	
 Have you had regular or decafe When did you last eat/drink? Which heart and/or lung relate When did you last take your me Do you have: 	ed medications ar	e you p	Are you diabe	tic? Yes No	
Difficulty walking on a treat Atrial fibrillation 2 nd or 3 rd degree heart blood Asthma, CHF, COPD, Emp	Yes ck Yes	No No No	When did you	last use an inhaler?	
Kidney impairment/failure History of heart attack/byp Previous nuclear stress te	pass/stent Yes	No No No		Where?	
For the stress test, one of two possible methods will be used, depending on the doctor's order and your exercise abilities. A. Treadmill Stress Test: You may be asked to walk on a treadmill with progressive increments in speed and incline. During the exercise, your EKG will be continuously monitored and your blood pressure periodically recorded. The exercise will be discontinued once you attain a predetermined target heart rate, develop significant abnormal EKG changes, or have symptoms such as chest discomfort, severe shortness of breath, or fatigue. B. Chemical Stress Test: If you have physical limitations excluding you from exercising on a treadmill, a chemical called Lexiscan, which mimics the effects of exercise on the heart, will be injected through your IV to reach your peak stress level. During this 10 second infusion, you may experience shortness of breath, chest discomfort, headache, nausea, and/or a warm flushed feeling. These symptoms will subside shortly after stopping the medication. EKG and blood pressures will be monitored.					
Every reasonable effort will be made effects may include episodes of flushing instances, heart attacks.					
The risk of exercise testing to life it symptomatic arteriosclerotic heart dise	• •	•			
attest that, if I am a woman 55 years	old or younger, I a	am not p	regnant or breastfe	eeding at this time	(initial)
hereby authorize Cardiac Center of inderstand the procedure, as well as stroke has been reported. I acknowled well as alternative tests, and that all quave can be answered by a physician isk of harm in order to obtain the desi	any possible com lge that my physic uestions have been or staff member a	plicatio ian has n answe and that	ns or risks. I under explained my cond red in a satisfactor I may terminate th	rstand that in rare instanc dition, the nature and purp y manner. I understand tha	es, heart attack of ose of this test, a at any question(s)

DATE