



## **PATIENT INFORMATION AND CONSENT FOR EXERCISE TEST**

### **AIM OF PROCEDURE**

Exercise stress test (ECG) is performed to assess the effects of exercise on the heart.

### **PREPARATION FOR THE TEST**

To undergo this test, you need to be able to walk at a reasonably fast pace, safely, without using a walking aid. Your ECG at rest should not have changes that preclude diagnosis.

You may need to withhold some medication in order to allow the heart rate to the required level.

Please discuss this with the referring doctor.

Avoid eating for 3 hours before the test. Drink water until 30 minutes before the test and keep yourself hydrated.

Avoid caffeine for 24 hours leading to the test.

Wear loose, comfortable clothing and walking/jogging shoes. It may be necessary to change to a hospital gown to allow attachment of ECG leads to the chest.

### **PROCEDURE**

ECG leads are connected to your chest and abdomen with stickers. A blood pressure cuff is attached to your arm.

ECG and blood pressure are monitored while you walk on the treadmill.

Exercise stress level is increased in small steps by changing the slope and the speed of the treadmill.

Exercise is stopped when you alert the operator that you need to stop.

The more exercise you do, the more accurate the result is. However, you need to alert the operator before it becomes unsafe to continue.

## POTENTIAL COMPLICATIONS

Although rare, serious complications can occur with Exercise ECG

An event that requires hospital admission in 20 cases per 10000

A heart attack (Myocardial infarction) during the test 4 cases per 10000

Sudden death 1 per 10000

## PATIENT CONSENT FOR TILT TABLE TEST

I have understood the information provided to me regarding the procedure, preparation, benefits and potential complications. I have had the opportunity to discuss the any concerns and questions I have prior to the procedure.

Patient name: \_\_\_\_\_

Patient date of birth: \_\_\_\_\_

Patient signature: \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_

Parent/Gurardian's signature \_\_\_\_\_

Doctor's signature: \_\_\_\_\_

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