



Malvern Heart Centre

STRESS ECHOCARDIOGRAM – PATIENT INFORMATION & CONSENT FORM

A Stress Echocardiogram test or 'Stress Echo' assesses your heart function during exercise through an ultrasound of your heart before and after an exercise test.

How is it done? The Stress Echo is performed by a Cardiologist and a Cardiac Sonographer, who will monitor your heart rate while you are walking/running on a treadmill. Ultrasound imaging is obtained before and after exercise. You will be pushed to meet the requisite criteria of the test, however we may stop the test if you are unwell or struggling. Please wear exercise shoes and comfortable clothing. Avoid a heavy meal two hours prior to the test.

You will be asked to expose your chest. Electrodes will be placed on your chest for the attachment of cables that will monitor your heart rhythm throughout the test. This also allows for the scanning of your heart. A gown (opening at the front) is available.

It is important that you tell our staff if you are feeling unwell or want to stop at any point.

Are there any risks? These tests are usually very safe, with a low risk of complications. It is common to feel dizziness, chest discomfort and/or shortness of breath during examination. Complications that may arise are;

- Abnormal rhythm during exercise (less than 1:1000). If this occurs, it will often settle on its own, but occasionally you will need additional treatment for this.
- Asthma attacks may occur during exercise.
- Risk of heart attack or heart failure (less than 1:2000)
- Allergic reaction to electrodes or gel.
- Fall from treadmill causing injury.
- There is an extremely small risk of cardiac arrest causing death (less than 1:10000)

Please inform our Cardiac staff in the testing room of;

- limitations to your exercise ability.
- if you have been suffering chest pain on the day of your test.
- if you have had a recent viral infection that may pose a risk to others.
- any additional information regarding your health that you would like us to know about.
- any other questions or concerns you may have.

Please ensure you raise any outstanding concerns with our supervising Cardiologist Dr Alex Adel before agreeing to undergo the Stress Echocardiogram.

CONSENT

I consent to the performance of a cardiac diagnostic test. I understand what the test consists of and that the test result may be an indicator of a potential medical abnormality and does not constitute a complete medical exam on which I can rely. To understand the results of the screening and to obtain a diagnosis of a medical problem, I must see a physician for a complete medical exam. I consent to the use and storage of my health information noted in this paperwork by the treating physician.

Name:	Signature:
DOB:	Date: