

# Exercise Stress Echocardiography

Patient's guide and  
agreement to consent form

Your doctor has decided that you should have an Exercise Stress Echocardiogram.

### What is it?

An echocardiogram or 'echo' is a scan that uses ultrasound (sound waves) to produce pictures of the heart. The test is painless and does not use radioactivity.

During an Exercise Echo, your doctor will ask you to walk on a treadmill or ride an exercise bike whilst pictures are taken of your heart.

### Why is it being done?

An Exercise Echo is performed as it allows your doctor to understand how the heart copes when it is made to work harder.

An Exercise Echo is useful to diagnose whether you have angina or not. It can also give your doctor information about the severity of a heart-valve problem.

### What does it involve?

You will be taken into a darkened room. Three people will usually be present when you have the test - a doctor, a sonographer and an assistant.

You will be asked to undress to the waist and put on a gown that should be left open to the front. You will be asked to lie on a couch on your left hand side.

Stickers will be attached to your chest and connected to the machine. These will be used to monitor your heart rate. Your blood pressure will also be checked regularly throughout the test. A **cannula** may be placed in the vein in your arm, if the doctor needs to inject contrast which improves the quality of the images recorded.

Pictures of your heart will be recorded on the machine. You will then be asked to exercise, either by walking on a treadmill or riding an exercise bike. The exercise will be gentle at first but will get progressively more strenuous. Occasionally the sonographer may record pictures of your heart whilst you are

exercising.

When the doctor has decided that you have performed enough exercise, or if you are unable to continue, the doctor will ask you to lie back on the couch and more images of the heart will be recorded. You will continue to have your heart rate and blood pressure monitored until you have fully recovered, which may take several minutes.

Overall the Exercise Echo will take around 30-45 minutes to complete.

Are there any special precautions that I need to take before the Exercise Echo?

**You should continue to take your medication, UNLESS your doctor tells you otherwise.** If you have any doubts, please contact your doctors' secretary or this unit.

Are there any risks in having the Exercise Echo?

- The Exercise Echo scan is extremely safe as it is just like exercising as if you were at home.
- There is an extremely small risk (less than 1 in 10,000) of developing an allergic reaction if contrast is used. **If you have had allergic reactions to any medicines before please inform your doctor before starting the test.**
- If you suffer with angina, there is an extremely small risk (less than 1 in 10,000) you may have a small heart attack during the test.
- There is a very small risk of developing an abnormal heart rhythm (less than 1 in 10,000).



Please affix patient label or complete details below.

Full name:

Hospital number:

NHS number:

DOB:

# Consent xxx

## Patient agreement to Exercise Stress Echocardiogram

### Intended procedure/surgery

#### Statement of health professional

(To be filled in by a health professional with appropriate knowledge of proposed procedure, as specified in consent policy). I have explained the procedure to the patient. *In particular I have explained:*

#### The intended benefits

- As detailed on page ..... of this booklet

#### Any extra procedures, which may become necessary during the procedure:

- ☐ Blood transfusion
- ☐ Other procedure - please specify below:

.....

.....

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

#### This procedure will involve:

- ☐ General anaesthesia
- ☐ Local anaesthesia and sedation

#### Consultant/Performer

Signed: .....

Date: .....

Name (PRINT): .....

Job title: .....

#### Contact details

(If patient wishes to discuss options later)

.....

#### Statement of patient

*Please read the patient information and this form carefully.*

If your treatment has been planned in advance, you should already have your own copy which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now.

If you have any further questions, do ask - we are here to help you. *You have the right to change your mind at any time, including after you have signed this form.*

- I understand** what the procedure is and I know why it is being done, including the risks and benefits.
- I agree** to the procedure or course of treatment described on this form and have read the information leaflet on Exercise Stress Echocardiogram (PI 148) and had the opportunity to ask questions.
- I agree** to the use of photography for the purpose of diagnosis and treatment and I agree to photographs being used for medical teaching and education.
- I understand** that any tissue removed as part of the procedure or treatment may be used for diagnosis, stored or disposed of as appropriate and in a manner regulated by appropriate, ethical, legal and professional standards.
- I understand** that any procedure in addition to those described on this form will be carried out only if necessary to save my life or to prevent serious harm to my health.
- I have listed below any procedures **which I do not wish to be carried out** without further discussion:

.....

.....

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- I have been told in the past by Public Health that I am at increased risk of CJD (Creutzfeldt-Jakob disease) or vCJD (variant Creutzfeldt-Jakob disease).

☐ Yes (*Health professional to refer to Trust CJD procedure DN92.*)

☐ No

### Patient

Patient signature: .....

Date: .....

Name (PRINT): .....

### Confirmation of consent

(To be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance).

*On behalf of the team treating the patient, I have confirmed with the patient that they have no further questions and wish the procedure to go ahead.*

Signed: .....

Date: .....

Name (PRINT): .....

Job title: .....

### Statement of interpreter (where appropriate).

I have interpreted the information above to the patient to the best of my ability and in a way which I believe he/she can understand.

Signed: .....

Date: .....

Name (PRINT): .....

**A witness should sign below if the patient is unable to sign but has indicated his or her consent. Young people/children may also like a parent to sign here (see notes).**

Signed: .....

Date: .....

Name (PRINT): .....

### Important notes (tick if applicable).

☐ Patient has advance decision to refuse treatment (e.g. Jehovah's Witness form)

☐ Patient has withdrawn consent (ask patient to sign/date here)

Patient signature: .....

Date: .....

Name (PRINT): .....



For patients who have been diagnosed with Hypertrophic Cardiomyopathy (HCM):

There is a very small risk of developing an abnormal heart rhythm (less than 1 in 500). If this occurs, it will often settle down by simply stopping the exercise test, but occasionally you may need additional treatment for this.

If you have an ICD (defibrillator) fitted this may need to be reprogrammed prior to the test. However, the ICD settings will be returned to normal at the end of the test before you leave the department

At the end of your echocardiogram

You will be able to return home after the test has been completed. You may undertake your day-to-day activities as usual.

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