

Dobutamine stress echocardiography

A patient's guide and
consent form

Your doctor has decided that you should have a pharmacological 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 a pharmacological stress echo, your doctor will give you some medicine to make the heart beat harder and faster whilst pictures are taken of your heart. This medicine will be administered through a drip in your arm.

Why is it being done?

A stress echo is performed as it allows your doctor to understand how the heart copes when it is made to work harder.

A stress echo is useful to diagnose whether you have angina or not. It can also give your doctor information about the severity of a valve problem, and it can help your doctor to decide whether your heart function will improve after a by-pass operation.

What does it involve?

You will be taken into a darkened room. Two or three people will usually be present when you have the test - a doctor, a sonographer and occasionally 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 drip will be put in the vein in your arm. A dobutamine infusion (which is a stress medicine) will be administered into the drip.

Whilst this is happening the sonographer will take pictures of your heart using an ultrasound probe gently placed on your chest.

During the test the doctor may also inject a contrast agent into the drip in your arm. This helps to improve the quality of the pictures that are being recorded.

When your heart has been made to work hard enough, the doctor will stop the medicine. The sonographer will continue to take pictures of the heart, and you will continue to be monitored until the effects of the stress medicine have worn off. This may take several minutes.

Overall the stress echo takes around 45 minutes to complete.

Are there any special precautions that I need to take before the stress echo?

You must NOT take beta-blocker or calcium-channel blocker tablets for 48 hours before the test.

Beta-blocker tablets include Atenolol, Bisoprolol and Carvedilol, although there are others. Calcium-channel blockers are called Diltiazem and Verapamil.

These tablets prevent the stress medicine from making the heart work harder. If you do continue with beta-blocker or calcium-channel blocker drugs, the stress echo may need to be postponed.

If you have any doubts, please contact your doctors' secretary or this unit.

You should continue other medications as usual.

You must NOT eat for two hours before the test, but you may drink water.

Please affix patient label or complete details below.

Full name:

Hospital number:

NHS number:

DOB:

PIC 146: patient agreement to PI 146 - Dobutamine stress echocardiography

Intended procedure/surgery

Statement of health professional

(To be filled in by 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:

.....

.....

Significant, material, unavoidable or frequently occurring risks:

.....

.....

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

- Blood transfusion
- Other procedure – please specify below:

.....

.....

I have discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment), all complications of the operation that have a material impact upon the outcome and any particular concerns of this patient.

The following leaflet/digital information has been provided

.....

This procedure will involve (please tick):

- General and/or regional anaesthesia
- Local anaesthesia
- Sedation

Top copy to be filed in medical notes, carbon copy to be retained in booklet for patient.

Healthcare professional

Signed:

Date:

Name (PRINT):

Job title:

Contact details

If you require further information at a late date, please contact switchboard on 01223 638000 and ask to speak to your consultant's secretary.

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 of this leaflet 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 please 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.

Yes No

- I agree** to the procedure or course of treatment described on this form and have read the information leaflet on Dobutamine stress echocardiography (PI 146) and had the opportunity to ask questions.

- I agree** to the use of photography for the purposes of diagnosis and treatment.

- I agree** to photographs being used for medical teaching



Please affix patient label or complete details below.

Full name:

Hospital number:

NHS number:

DOB:

- **I understand** what the procedure is and I know why it is being offered, including the risks and benefits.
- **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:

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 they can understand.

Signed:

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:

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 No Don't know

(Where patient indicates 'yes' or 'don't know', health professional to refer to Trust CJD procedure DN092)

Patient

Patient signature:

Date:

Name (PRINT):

Important notes (tick if applicable).

- Patient has advance decision to refuse treatment
- Patient has withdrawn consent (ask patient to sign/date here)

Patient signature:

Date:

Name (PRINT):

At the end of your stress echo

After the echo you will occasionally be asked just to sit quietly for around 20 minutes to make sure the effects of the stress medicine have completely worn off.

You will be able to return home after this. It is advisable that you do not drive yourself for the remainder of the day, so you may need a friend or relative to transport you.

Will I be aware of anything during the stress echo?

The stress medicine will make your heart beat harder and faster, which you may notice.

Occasionally the stress medicine may make you feel sick or dizzy. Let your doctor know of any symptoms you are aware of. Once the stress medicine is stopped, you will feel back to normal very quickly.

Are there any risks in having the stress echo?

A stress echo scan is extremely safe, but there are some risks you need to be aware of:

- It is not unusual to feel slightly sick or dizzy as a result of the stress medicine. This will settle down very quickly once the medicine has been stopped. You may also develop some chest pain or tightness during the examination.
- Rarely (around 1 in 1000 patients), the stress medicine may make the heart develop an abnormal rhythm. If this occurs, it will often settle down by simply stopping the stress medicine, but occasionally you may need additional treatment for this.
- There is a very small risk (less than 1 in 2000) of a bad angina attack or heart attack occurring during the test.
- There is an extremely small risk (less than 1 in 10,000) of developing an allergic reaction to one of the medicines used.

If you have had allergic reactions to any medicine before please inform your doctor before starting the test.

Royal Papworth Hospital NHS Foundation Trust

A member of Cambridge University Health Partners



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Large print copies and alternative language versions of this leaflet can be made available on request.

View a digital version of this leaflet by scanning the QR code.



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