

Patient information leaflet: Stress Echocardiography

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 images of the heart. The test is painless and does not use radioactivity.

During a Pharmacological Stress Echo, the doctor will give you some medicine to make your heart beat harder and faster while pictures are taken of your heart.

Why is it being done?

A Stress Echo is performed to determine 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 the 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?

This procedure will be performed as an out-patient.

You will be taken into a darkened room.

After having the procedure explained to you, you will be asked to sign a consent form.

At least three people will usually be present to perform the scan including a doctor, a nurse and a sonographer.

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.

You will have ECG electrodes attached (so that your heart rate can be monitored throughout the scan) and a blood pressure cuff put on your arm (to monitor your blood pressure).

A drip will be placed in your arm. Some 'stress' medicine will be infused into the drip which makes your heart work harder. Whilst this is happening the sonographer will take pictures of your heart using an ultrasound probe 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. **(please take your last tablet of betablocker on the Saturday before your**

appointment, do not take any betablocker tablets on the Sunday, Monday and the day of the appointment. You will be able to restart them after your stress echocardiogram is finished.)

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 the Cardiac Investigations Department on the telephone number below. You should continue other medications as usual.

At the end of your Stress Echo

After the Stress Echo, you will be monitored for a period of recovery until your heart rate has settled and we are sure the effects of the stress medicine has 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 us 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 a Stress Echo?

A Stress Echo is extremely safe, but there are some risks that you need to be aware of.

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 the doctor before starting the test.**

If you have any questions regarding the Stress Echo, please contact the Cardiac Investigations Department on 01733 678059.

Contact details:

Cardiac Investigations Department

Tel: 01733 678059