

MYOCARDIAL PERFUSION SCAN and PREPARATION

IMPORTANT: PLEASE READ CAREFULLY AND FOLLOW INSTRUCTIONS CLOSELY

This is a two-stage study of the heart usually performed over one day (on occasion over 2 days). The total time taken is about 4-5 hours. It is essential that you are fasted for your appointment.

Preparing for the Examination – Incorrect preparation may require the study to be rescheduled to another day. You or your designated contact will also receive a phone call 48 hours prior to your appointment to reconfirm these instructions – **you must be available to take this call.**

Please do not bring children with you. You should not have contact with children for 6 hours after each appointment.

**Arrive for First appointment at _____ am
on _____**

This stage of the study takes approximately 1½ hours. At this appointment you will undergo a stress test using exercise and in some cases medication will be used (this medication will not work if caffeine has been consumed). You will also require a radioactive injection prior to having images taken.

The Nuclear Medicine Technologist will inform you when to return for your second appointment.

This stage of the study takes approximately 1 hour. During this appointment you will be given another radioactive injection prior to having more images taken of your heart at rest.

PREPARATION

1. **NO CAFFEINE PRODUCTS** under any circumstances for one full day (24 hours) prior to the test. This includes coffee, tea and all herbal teas, milo, chocolate, cola drinks, energy drinks, and decaffeinated coffee and tea.
2. **FAST FOR FOUR (4) HOURS PRIOR TO THE FIRST APPOINTMENT.** Only water may be taken during this fasting period. You must **REMAIN FASTING UNTIL ADVISED.**
3. Please mention to our staff if any of the following apply to you as special instructions may apply:
 - a. Diabetic
 - b. Asthmatic
4. Wear comfortable shoes and clothing. If you are having an exercise test exercise shoes are recommended. Shorts, tracksuit, loose shirt, sneakers, skirt & top are okay. No dresses please. No talcum powder or moisturiser on the chest please.

Other important information – please bring this form to your appointment in addition to your request form and Medicare card.

Costs: Medicare will rebate this test cost of approximately \$1080.00. We can offer Medicare direct billing and the directly pay the account electronically i.e. no trips to the Medicare office or waiting for the cheque in the mail.

Do not hesitate to contact our office on
6382 3888 if you have any questions.

PTO

Patient Information, Consent and Checklist

Patient Height:	Patient Weight:
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Have you had a heart scan before?	YES	NO
<i>If YES, where and when?</i>		
Reason for heart scan? eg. chest pain, recent heart attack, etc.		
Do you smoke?	YES	NO
<i>If YES, how many per day?</i>		Have you ever smoked?
		YES
		NO
Have you ever had a heart attack? When		YES
Do you have high blood pressure?		YES
Do you have high cholesterol? Level (if known)		YES
Is there a family history of heart problems?		YES
<i>If YES, please describe</i>		
Do you have Diabetes?	YES	NO
<i>If YES, how is it controlled? eg. pills, injections</i>		
Do you experience chest pain or discomfort?	YES	NO
Do you experience breathlessness?	YES	NO
Do you have problems walking or cycling? eg. calf pain, etc.	YES	NO
<i>If YES, please describe</i>		
Have you ever had any medical intervention on your heart?	YES	NO
<i>If YES, please describe</i>		
Please list any past medical illnesses		
Please list ALL current medication		
Please list drug allergies		
FEMALE PATIENT ONLY: Are you pregnant or currently breastfeeding?		
		YES
		NO
MALE PATIENT ONLY: Are you currently taking Viagra or similar medication?		
		YES
		NO

I have read this form, understand the purpose and the risks of the tests, and consent to the test being performed.

Patient Name		
Patient Signature <i>(or signature of legal guardian)</i>		Date
Signature of MIT / Radiologist		

OFFICE USE ONLY

PATIENT ID CHECKLIST

NAME confirmed DOB confirmed GENDER confirmed ADDRESS confirmed

PROCEDURE CHECKLIST

TYPE confirmed Exercise or Dipyridamole CONSENT confirmed TIME OUT

CARDIAC STRESS TEST

Dipyridamole/Persantin Infusion Protocol

A cardiac Dipyridamole/Persantin infusion stress test involves the following:

- The infusion is given intravenously at a standardised dose of 0.56mg/kg over 4 minutes and is used as an alternative to exercise.
- Throughout the test a doctor will be present and your pulse, blood pressure, and electrocardiogram (ECG) will be monitored.
- 3 minutes after completing the infusion a radio-nuclide blood flow agent is injected intravenously and your observations will continue to be monitored for another 3-5 minutes.
- If at any time during the test you feel unwell in any way - report the symptoms immediately. Common symptoms include flushing (*like after exercise*) and headache, and less commonly chest pain, nausea, or dizziness may occur.
- On average, around 1/3 of patients report some symptoms. These are often mild, but if they become distressing, the doctor will reverse them with a drug called Aminophylline.

Again, if at any time during the test you are feeling unwell in any way - report the symptoms immediately.

Safety of Dipyridamole/Persantin -

- Some asthmatic patients may experience increased bronchospasm (*bronchial narrowing causing asthma*).
- Myocardial infarction (*heart attack*) has an incidence of 2 in 10,000 with death occurring in approximately 1 in 10,000.
- Stroke and transient cerebral ischaemia (*short-lived reduction of blood flowing to the brain*) has also been reported, but is rare.

Medical Conditions - prior to consenting to undertake a cardiac stress test you must advise the doctor who is to supervise your test of any medical conditions or illnesses you suffer.

I have read this form, understand the purpose and the risks of the tests, and consent to the tests being performed.

Patient Name		
Patient Signature <small>(or signature of legal guardian)</small>		Date
Signature of MIT / Radiologist		

OFFICE USE ONLY

ANTICOAGULANTS Yes No

DIABETIC Yes No

ALLERGIES Yes No

DRIVER Yes No

