



## DOBUTAMINE STRESS ECHOCARDIOGRAM INFORMATION SHEET AND CONSENT FORM

### BEING PREPARED FOR YOUR DOBUTAMINE STRESS ECHOCARDIOGRAM

Your doctor has asked you to undertake a Dobutamine Stress Echocardiogram. This is an important test in helping your doctor reach a diagnosis for you. To make sure your test provides the best results, we would be grateful if you would:

- Bring along this form together with the referral that your doctor gave you.
- A list of your medicines.
- Stay on your usual medications unless you are told otherwise by the doctor. If this test is being performed to establish a diagnosis, you may need to stop taking certain drugs (eg beta blockers, Verapamil and Diltiazem) 48 hours before your test. If this is a follow up test, you would normally stay on all your current medications. **Please check with your doctor prior to stopping any of your medications.**
- We recommend that you only have a light breakfast if your test is in the morning or a light lunch if your test is in the afternoon. It is preferable that you do not eat for 4 hours before your test.
- Please notify us prior to the test if you are diabetic or have any other medical conditions.

### WHAT IS A DOBUTAMINE STRESS ECHOCARDIOGRAM

A dobutamine stress echocardiogram is a diagnostic procedure used to evaluate the function of the heart muscle under stress. Dobutamine is an intravenous medication which affects the heart in a similar manner to exercise. It will increase your heart rate and blood pressure, making the heart beat stronger thereby placing the heart under stress. This test is utilised for patients who for various reasons are unable to exercise on a treadmill or stationary bike.

The test is performed at our Hollywood Hospital location in Nedlands. Prior to testing, the Doctor will discuss the procedure with you and answer any questions you may have. You will be required to remove all clothing above your waist and be supplied with a hospital gown to wear. A technician will place several electrodes across your chest and obtain an ECG and your blood pressure. The doctor will then insert a small intravenous cannula into either the back of your hand or in your arm. This is required to administer the dobutamine medication.

A cardiac sonographer will then perform an echocardiogram (an ultrasound of your heart) which requires lying on your left side. A transducer probe will then be placed on your chest at certain locations and angles. This test obtains images of the structure and function of your heart.

The dobutamine infusion will then be commenced. This begins at a very low dose and will gradually increase until your target heart rate has been achieved. The dobutamine will then be ceased and further images of your heart will be taken by the cardiac sonographer. Throughout the infusion and for a period after it has stopped, you will be continuously monitored on the ECG machine, and your blood pressure taken intermittently. Monitoring will cease when the Doctor indicates.

At the end of the test you will be disconnected from the ECG machine and all electrodes and the intravenous cannula will be removed. The effects of the dobutamine are short acting, however on completion of the test we will ask you to take a seat in our waiting room for a further 10-15 minutes before you leave.

### RISKS ASSOCIATED WITH THE TEST

Dobutamine stress testing is usually performed in patients with suspected or known coronary artery disease. We have taken steps to minimize the risks of this procedure, but there is a small risk of complications, which you should be aware of. We have emergency equipment available and all staff involved in the test are trained to deal with any complication that may arise.

In two to three cases in every 10,000 tests performed there are risks of serious complications. These include the possibility of a major disturbance of heart rhythm requiring resuscitation, the development of heart failure or prolonged angina (heart pain), the occurrence of a heart attack or death. The chance of this in an average patient is approximately one in 10,000, although the risks, both of complications and of death, may be higher in patients who are already known to have severe coronary disease.



## DOBUTAMINE STRESS ECHOCARDIOGRAM INFORMATION SHEET AND CONSENT FORM

### PATIENT'S STATEMENT

I acknowledge that my referring doctor has explained my medical condition and the proposed procedure. I understand the risks of the procedure, including the risks that are specific to me. My referring doctor has explained other relevant treatment options and their risks.

I was able to ask questions and raise concerns with the supervising doctor about my condition, the procedure and its risks. I was given a copy of the Dobutamine Stress Echocardiography Information Sheet and Consent Form to read. My questions and concerns have been discussed and answered to my satisfaction.

The supervising doctor has explained to me that if immediate life-threatening events happen during the procedure, they will be treated accordingly. I understand that no guarantee has been made that the procedure will improve my condition.

On the basis of the above statements, **I REQUEST TO HAVE THE PROCEDURE.**

**Please ask about anything you do not understand. We want you to be as informed as possible about this procedure.**

U.R. No \_\_\_\_\_ *(Attach patient label if applicable)*

SURNAME \_\_\_\_\_

GIVEN NAMES \_\_\_\_\_

D.O.B. \_\_\_\_\_ SEX **M / F** *(Please circle)*

GP \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE / /

### DOCTOR'S STATEMENT

I have given the patient an opportunity to ask questions about any of the above matters and raise any other concerns which I have answered as fully as possible. I am of the opinion that the patient understood the above information.

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE / /

### E. INTERPRETER'S STATEMENT *(if applicable)*

I have given a translation in \_\_\_\_\_ of the consent form and any verbal and written information given to the patient by the doctor.

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE / /