

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 the course of the 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. Please read the preparation instructions below very carefully and contact our office on 6382 3888 if you have any questions.

Arrive for First appointment at _____ am on _____

This stage of the study takes between 1-2 hours. At this appointment you will undergo a stress test using exercise, and in some cases will be combined with medication (this medication will not work if caffeine has been consumed). You will also require an injection prior to having images taken with the imaging camera. During this appointment we will take images of your heart after exercise.

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 an injection prior to having images taken of your heart at rest.

Preparing for the Examination - please read these preparation instructions very carefully and contact our office on 6382 3888 if you have any questions. Incorrect preparation may require the study to be rescheduled to another day. *You or your designated contact will also receive a phone call 24 hours prior to your appointment to reconfirm these instructions - you must be available to take this call.*

1. **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.
2. **NO CAFFEINE PRODUCTS** under any circumstances for one full day (24 hours) prior to the test. This includes coffee, tea, milo, chocolate, cola drinks, energy drinks, and decaffeinated coffee and tea.
3. Some medications may need to be stopped for 48 hours prior to the test *unless your doctor has specifically advised against this.*
4. Please mention to our staff if any of the following apply to you as special instructions may apply:
 - a. ALLERGIC TO SULPHUR
 - b. Taking β -blockers (*beta-blockers*) or calcium channel blocker medication
 - c. Diabetic
 - d. Asthmatic
5. 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 ie. 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.



Patient Name			
Address			
Telephone	(hm)	(mob)	(wk)
Contact in case of emergency			

Have you had a heart scan before?	YES	NO	If YES , where and when?
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Reason for heart scan? *eg. chest pain, recent heart attack, etc.*

Have you ever had a heart attack?	YES	NO	When
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Do you smoke?	YES	NO	Have you ever smoked?	YES	NO
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If YES , how many per day?	If NO , when did you stop?
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Do you have high blood pressure?	YES	NO	
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Do you have high cholesterol?	YES	NO	Level (if known)
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Is there a family history of heart problems?	YES	NO	If YES , please describe
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Do you have Diabetes?	YES	NO	
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If **YES**, how is it controlled? *eg. pills, injections*

Do you experience chest pain or discomfort?	YES	NO	
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Do you experience breathlessness?	YES	NO	
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Do you have problems walking or cycling? <i>eg. calf pain, etc.</i>	YES	NO	If YES , please describe
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Have you ever had any medical intervention on your heart?	YES	NO	If YES , please describe
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Please list any past medical illnesses

Please list **ALL** current medication

Please list drug allergies

Is there any chance you may be pregnant?	YES	NO	Are you breastfeeding?	YES	NO
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MALE PATIENT ONLY: Are you currently taking Viagra or similar medication?	YES	NO
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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

