

**DOBUTAMINE STRESS ECHOCARDIOGRAPHY**

It is the policy of Cardio Vascular Services (CVS) to ensure the safety and wellbeing of its clients and maintain a standard above the guidelines set by the Australian and New Zealand Cardiac Society.

**What is Dobutamine Stress Echocardiography?**

Dobutamine Stress Echocardiography is a test that uses an ultrasound to look at how your heart performs when under stress. Dobutamine medication is an alternative way of stressing the heart for people who are unable to exercise to the required level on a treadmill, for example, people with joint problems. The medication is very similar to Adrenaline which is what the body normally produces when performing exercise.

**What is it used for?**

This test is used as a very effective screening tool for patients who may have coronary artery disease. It may also be used in ongoing patient management, finding the cause of palpitations and for unexplained shortness of breath.

**What Does the Test Involve?**

Initially, ECG electrodes (sticky patches) are attached across your chest to monitor the electrical activity of your heart throughout the test and a cuff is applied to your arm to monitor your blood pressure. An echocardiogram (ultrasound) will then be performed with you on the bed, using sound waves to assess your heart. An ultrasound probe with gel will be applied to your chest using gentle pressure. A small needle will be used to place a cannula (IV) into the back of your hand so that the Dobutamine can be given during the test.

Initially when the test starts you will feel very little. Progressively you will be aware of the heart beating stronger and then faster. Throughout the test a physician will be present to monitor your readings, assess your performance and to minimise the chance of any complications occurring. The test is stopped if you develop symptoms that would prevent you from continuing or at the request of the doctor. If at any time during the test you are feeling unwell, please report the symptom.

**What are the Risks?**

Dobutamine Stress Echocardiography is non-invasive procedure. The risks associated with the test are rare but may include: headache, anxiety, tremors, nausea, hypotension (low blood pressure) or minor heart rhythm disturbances. These are reported infrequently and are usually temporary, quickly going away at the end of the test.

Serious potential complications can include a major disturbance of heart rhythm requiring resuscitation, development of heart failure, prolonged angina (heart pain), or a heart attack (Risk ~ 2-3 in 10,000 tests). From these complications arises the very small risk of mortality occurring (Risk ~ 1 in 10,000 tests). These risks may be higher in patients who are already known to have severe coronary disease.

The doctor performing the test is aware of these risks and will have taken them into account before deciding to commence any test. Please note that emergency equipment and trained personnel are available to deal with any

situation that may arise. There is also medication at hand that will stop the effect of Dobutamine immediately if required.

**Driving To and From Your Appointment**

We recommend that you do not drive immediately following your test, and where possible, find alternative transport to and from your appointment. However, if this is not possible we would request that you remain at our clinic for observation for up to 30 minutes after your test.

**Pre-Test Questionnaire**

Have you have an adverse reaction to Dobutamine previously? Yes / No

Are you allergic to anything? Yes / No

Specify: \_\_\_\_\_

Are you pregnant? Yes / No

Breastfeeding? Yes / No

**Consent to Testing:**

I have read this and had the opportunity to ask questions. I understand the test which I will undergo and I have been made aware of the risks involved. I consent to participate in this test. I understand that the signing of this form is voluntary and I am absolutely free to deny consent if I desire.

<b>Name:</b>	
<b>Date of Birth:</b>	
<b>Address:</b>	
<b>Signature:</b>	
<b>Today's Date:</b>	

**Physician Confirmation:**

The procedure and the risks involved have been explained to the patient. The patient has been given the opportunity to ask questions and has confirmed their understanding of the procedure and the risks involved.

<b>Signature:</b>	
<b>Today's Date:</b>	