

Patient agreement to investigation or treatment

Dobutamine Stress Echocardiography

Authors: Dr. Denis O'Halloran MRCP, AHEA, Dr. Mark Belham M.D.FRCP

Brief description:

- A dobutamine stress echocardiogram is a diagnostic procedure used to evaluate the heart muscle under stress, by combining intravenous medication called dobutamine with transthoracic echocardiography (heart ultrasound). There is no radiation involved. The echocardiogram uses ultrasound waves to produce images of the heart. Dobutamine causes the heart to beat stronger and faster and will mimic the effects of exercise. Images of the heart at rest are compared with images during dobutamine infusion and/or at peak stress, to evaluate how the heart responds.
- This test is a good way of assessing whether your chest pain or discomfort is caused by coronary heart disease. It may be due to other problems.
- It is usually recommended if you are unable to do a treadmill exercise test or if your exercise test has been inconclusive.
- If we already know you have coronary heart disease or angina, dobutamine stress echocardiography can help the doctor assess the condition of your heart and plan further treatment.
- If you would like this information in another format or language or would like help completing the form, please ask a member of our staff.
- Please ask about anything you do not fully understand or wish to have explained in more detail.

Please bring this form with you to hospital

- You will be asked to read this form carefully, and you and your doctor (or other appropriate healthcare professional) will sign it to document your consent.
- All our consent forms are available on the Addenbrooke's website: <http://www.addenbrookes.org.uk/consent>
- Guidance for health professionals can be found on the Addenbrooke's intranet site <http://nww.addenbrookes.nhs.uk/consent>
- Remember, you can change your mind about having the procedure at any time even after you have signed the form.

For staff use:

Does the patient have any special requirements? (For example: requires an interpreter or other additional communication method)

.....
.....

The test can take up to one hour to complete, and we ask you to stay on hospital grounds for one hour afterwards. It is best that you do not drive for two hours after the test.

Before your procedure

- The doctor who has requested the test will advise you about any medication (for example, Beta-Blocker) which you may need to stop for 48 hours before the test. All other medication should be taken as normal.
- We advise that a friend or relative accompanies you to the hospital and also escorts you home. Be prepared to be in the hospital for up to two hours.
- If your test is in the morning please drink water or a non-caffeine drink and have a normal breakfast.
- If your test is in the afternoon, have a normal breakfast and lunch but no caffeine drinks for four hours before your appointment time.
- If you have diabetes, please continue to take your meals and medication at the usual times.
- Please try not to smoke or use nicotine containing substances for at least four hours before your appointment.
- Upon arrival you will be met by a senior cardiology physician who will answer any questions you have and ask you to sign informed consent.
- **Please inform the doctor if you have any drug allergies.**
- After the admitting process you will be escorted into an examination room. The room will have a special examination table, an ECG machine and echocardiogram (ultrasound) machine.
- You will then be asked to remove your clothing from the waist up. Women will be given a gown to wear.
- Your heart trace (ECG) will be monitored throughout the test.
- A cardiac physiologist will attach ECG electrodes to your chest with simple medical tape. To ensure the ECG lead wires stay attached, we will clean your skin and prepare it for the electrodes. For men, it may be necessary to shave small areas of chest hair.
- A blood pressure (BP) cuff will be placed on your arm.
- The doctor will insert an intravenous (IV) cannula into a vein in your arm.

During the test

- You will be asked to lie on your left side for the duration of the test.
- The room lights will be dimmed to allow ultrasound images of your heart to be recorded. The sonographer will obtain resting images.
- Sometimes a small amount of contrast agent is injected intravenously in order to improve image quality.
- Dobutamine infusion will begin at low dose and will be gradually increased every three to five minutes in order to speed up your heart. The test will continue until your predetermined target heart rate is reached. A small amount of Atropine may be given intravenously to allow your target heart rate to be reached.
- Please let us know if you experience any chest pain, severe shortness of breath, dizziness, or feel unwell in any way.
- ECG and BP readings will be taken throughout the test.

After the test

- You will be asked to remain on the examination table until your heart rate and blood pressure have returned to normal.
- Following this, the blood pressure monitoring cuff will be removed from your arm, ECG electrodes taken off your chest and intravenous cannula taken out from your arm vein.
- You will then be escorted to a waiting area and asked to stay on hospital grounds for a further hour. You can then go home, if you feel back to your normal self
- If you feel unwell, then please return to ward to be reviewed by physician.
- It is best that you do not drive for a few hours after the test, especially if you have been given atropine.
- You can recommence any medication (such as Beta-Blocker) that may have been stopped for 48 hours prior to the test.
- You can resume normal activities.
- The ultrasound images will be interpreted by the senior cardiology physician who supervised your test and will provide your GP with a written report.

Intended benefits of the test

- Diagnose or exclude coronary artery disease.
- Assess prognosis in patients with known coronary artery disease.

Who will perform my test?

The test is performed by three specially trained health care professionals. The echocardiogram will be performed by a senior echocardiographer, blood pressure and Electrocardiogram (ECG) monitored throughout by a cardiac physiologist. A senior cardiology physician will administer the dobutamine infusion and supervise completion of the test.

Alternative tests that are available

- Cardiac Magnetic Resonance Imaging (MRI).
- Radionuclide test (Myocardial perfusion Imaging).
- The choice of which test will be used will have been tailored to you as an individual.

Serious or frequently occurring risks

- Serious side effects are rare. The risk of life threatening irregularity of heart rhythm with dobutamine is between 10 to 15 patients per 5,000 procedures. The risk of death is between 1/5,000 and 1/14,000.
- Other potential side effects include heart attack or irregular heart rhythm called atrial fibrillation.
- Reasonably common quickly reversible side effects with dobutamine include flushing, tingling, tremor, palpitations and desire to urinate.
- Atropine can cause reversible side effects such as dry mouth, dry eyes, difficulty passing urine, dilated pupils and double vision.
- Sonovue (ultrasound contrast agent) side effects are usually mild and transient.
- Rarely, allergic reaction can occur, including anaphylaxis (1 in 20,000).
- Resuscitation medication and equipment is always immediately available in test room.

Information and support

- You might be given some additional patient information before or after the test.
- If you have any questions or anxieties, please feel free to ask a member of staff.

It is against the law to smoke inside any building at either Addenbrooke's or the Rosie hospitals. Smoking is only allowed at the small number of purpose built smoking shelters on site. Please do not smoke anywhere else on site.



For advice on quitting, contact your GP or the NHS smoking helpline free, 0800 169 0 169

Please ask if you require this information in other languages, large print or audio format: 01223 216032 or patient.information@addenbrookes.nhs.uk

Polish

Informacje te można otrzymać w innych językach, w wersji dużym drukiem lub audio. Zamówienia prosimy składać pod numerem: 01223 216032 lub wysyłając e-mail: patient.information@addenbrookes.nhs.uk

Portuguese

Se precisar desta informação num outro idioma, em impressão de letras grandes ou formato áudio por favor telefone para o 01223 216032 ou envie uma mensagem para: patient.information@addenbrookes.nhs.uk

Russian

Если вам требуется эта информация на другом языке, крупным шрифтом или в аудиоформате, пожалуйста, обращайтесь по телефону 01223 216032 или на вебсайт patient.information@addenbrookes.nhs.uk

Cantonese

若你需要此信息的其他語言版本、大字體版或音頻格式，請致電 01223 216032 或發郵件到: patient.information@addenbrookes.nhs.uk

Turkish

Bu bilgiyi diger dillerde veya büyük baskılı ya da sesli formatta isterseniz lütfen su numaradan kontak kurun: 01223 216032 veya asagıdaki adrese e-posta gönderin: patient.information@addenbrookes.nhs.uk

Bengali

এই তথ্য বাংলায়, বড় অক্ষরে বা অডিও টেপে পেতে চাইলে দয়া করে 01223 216032 নম্বরে ফোন করুন বা patient.information@addenbrookes.nhs.uk ঠিকানায় ই-মেইল করুন।

Document history

Authors	Dr.Denis O'Halloran MRCP,AHEA. Dr.Mark Belham,MD FRCP.
Department	Cambridge University Hospitals NHS Foundation Trust, Hills Road, Cambridge, CB2 0QQ www.cuh.org.uk
Contact number	01223 245151 ext 4697.
Published	October 2009
Review date	October 2012
File name	Dobutamine Stress Echocardiography.
Version number	1
Ref	CF411

Consent form 1

For staff use only: Surname: First names: Date of birth: Hospital no: Male/Female: (Use hospital identification label)

Patient agreement to investigation or treatment

Responsible health professional/job title

.....

Special requirements
 (For example, other language/other communication method)

Name of Procedure:

Dobutamine Stress Echocardiography

Statement of health professional

(To be filled in by a health professional with an **appropriate knowledge of the proposed procedure**, as specified in the Hospital's consent policy)

I have explained the procedure to the patient. In particular, I have explained:

- **The intended benefits of the procedure:** Diagnose or exclude Coronary Artery Disease. Assess prognosis in patients with known coronary artery disease
- **Any serious or frequently occurring risks from the procedures including those specific to the patient:** Risk of Death =1/5,000. Common side effects of dobutamine include flushing, tingling, tremor, palpitations and desire to urinate. Less common side effects are atrial fibrillation or myocardial infarction.
- Common side effects of atropine include dry eyes, dry mouth, dilated pupils with double vision, difficulty passing urine.
- Sonovue(contrast agent) side effects are usually mild and transient. Drug reaction, including anaphylaxis is rare. (1 in 20,000).
- Any extra procedures that might become necessary during the procedure D/C Cardioversion.

.....
 I have discussed what the treatment / procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

- The following information leaflet has been provided: Dobutamine stress echocardiography
 Version/Date/Ref: insert date ratified: 1/October 2009

Health professional's signature:Date:

Name (PRINT): Job title:

Contact details: 01223 256571

I have offered the patient information about the procedure but s/he has declined information.

Statement of the interpreter (if appropriate)

I have interpreted the information to the best of my ability, and in a way in which I believe s/he can understand:

Interpreter's signature..... Date:

Name (PRINT):

Important notes: (tick if applicable)

- The patient has withdrawn consent (ask patient to sign/date here)
- See also advance directive/living will

Copy accepted by patient: yes / no (please circle)

For staff use only:
Surname:
First names:
Date of birth:
Hospital no:
Male/Female:
(Use hospital identification label)

Statement of patient

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy, which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. Do ask if you have any further questions. The staff at Addenbrooke's are here to help you. **You have the right to change your mind at any time before the procedure is undertaken, including after you have signed this form.**

Training doctors and other health professionals is essential to the continuation of the Health Service and improving the quality of care. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a senior doctor. You may, however, decline to be involved in the formal training of medical and other students without this adversely affecting your care and treatment.

Please read the following:

- I understand** that you cannot give me a guarantee that a particular person will perform the procedure. The person undertaking the procedure will, however, have appropriate experience.
- I understand** that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.
- I have been told** about additional procedures which may become necessary during my treatment. I have listed below any procedures that **I do not wish, without further discussion, to be carried out.**
- I understand** that all research will be approved by a research ethics committee and undertaken in accordance with appropriate ethical, legal and professional standards.
- I understand** that the research may be conducted within a hospital, university, not for profit organisation or a company laboratory.

Please tick boxes to indicate you either agree/disagree to the points below. **Yes** **No**

I agree to the use of photography for the purpose of diagnosis and treatment.

I agree to anonymised photographs being used for medical teaching.

I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and I have read and understood the above and agree to the procedure (or course of treatment) on this form.

Patient's signature:..... **Date:**

Name (PRINT):

If the patient is unable to sign but has indicated his/her consent, a witness should sign below. Young people may also like a parent to sign here (see guidance notes).

Witness' signature: **Date:**

Name (PRINT):

Confirmation of consent (to be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance)

On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.

Signature Date:

Name (PRINT): Job Title: