St. P	保 祿 醫 院 aul's Hospital	'ZNAG	6_PIS117_P	(V1) Jun 2022	
Exercise	re Information – Stress diography	Visit No.: Name: Doc. No.: Attn. Dr.:	Dept.: Sex/Age: Adm. Date:		
Page No:	01 02 03 04 05 06 07 08 09 +10 +20 +30 +40 +50 +60 +70 +80 +90	Patient No.: PN	Please fill in / affix patient's labe	1	

Introduction

Patients with heart disease may not have symptoms at rest. This applies in particular in those with coronary artery disease, in which there is narrowing of coronary artery but the supply of blood to heart muscle is maintained at rest. Exercise increases demand of blood supply to heart muscle which is not matched in the presence of arterial narrowing. This induces symptoms or a change of different markers. In those patients having ECG not suitable for assessment, exercise stress echocardiography (ESE) provides an alternative by the use of an echocardiogram to detect a change in heart contraction during and after exercise. In addition, ESE is also useful in assessing haemodynamic significance of some valvular heart disease.

Importance of Procedure

ESE can be used to diagnose heart disease or to assess its severity. The test is especially useful for diagnosing coronary heart disease. It is also helpful in measuring physical fitness of patients with known heart attack. If ESE is refused, we may not be able to provide you with an appropriate diagnosis or prognosis of your heart disease. Alternative methods include other forms of stress tests (such as pharmacological stress echocardiography, radionuclide test or magnetic resonance), cardiac catheterization, or CT coronary angiogram.

The Procedure

- 1. Firstly, doctor (or sonographer) will perform resting echocardiography on you.
- 2. You will then be asked to walk on a motor driven treadmill at progressively increasing speed and/or inclination, or to ride on a static bike, until you achieve a target heart rate (according to your age and medical condition), or develop significant electrocardiogram changes, or symptoms or signs.
- 3. Upon stopping exercise, you doctor (or sonographer) can acquire the necessary post-stress images with the echo machine as soon as possible.
- 4. Our staff will continuously monitor your symptoms, electrocardiogram, blood pressure and heart rate to minimize the risk of the test.
- 5. The treadmill room will be equipped with necessary equipment for emergency resuscitation.

Risk and Complication

The procedure carries certain risk, including cardiac arrhythmias, acute myocardial infarction or even cardiac arrest and death. It was reported that there was 1 in 2500 risk of myocardial infarction and death.

Before the Procedure

- 1. Your doctor will explain to you the reason, procedure and possible complications. You will need to sign a consent form.
- 2. The test is often performed as outpatient or day admission procedures.
- 3. Please put on sport wear and sport shoes for the tests.
- 4. Light meal can be taken, but preferably at least 2 hours before the test
- 5. Preferably you should be accompanied by relatives or friends.

After the Procedure

- 1. You will be asked to rest for 20-30 minutes after the test before you are allowed to leave.
- 2. If your medical problem is assessed to be serious, you may be admitted to the medical ward for further management.
- 3. You will be explained the result of the test during your follow up. Please ask your close relatives to join in the discussion.

聖保祿醫院 St. Paul's Hospital	ZNAG_PIS117_P		(V1) Jun 2022	
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Echocardiography	Doc. No.:	Adm. Date:		
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<u>Remarks</u>

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor.

Reference

Hospital Authority – Smart Patient Website

I acknowledge that the above information concerning my operation/procedure has been explained to me

by Dr. ______. I have also been given the opportunity to ask questions and receive adequate explanations concerning my condition and the doctor's treatment plan.

Patient / R	elative	Name
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Signature

Relationship (If any)

Date