



Procedure Information – Exercise Treadmill Test

Visit No.: Dept.:
Name: Sex/Age:
Doc. No.: Adm. Date:
Attn. Dr.:
Patient No.: PN

Page No:

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+10	+20	+30	+40	+50	+60	+70	+80	+90

*Please fill in /
affix patient's label*

Introduction

Patients with heart disease may not have symptoms at rest. This applies particularly 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 the electrocardiogram (ECG). Exercise treadmill test (ETT) detects a change in electrocardiogram (ECG) Waveforms during and after exercise.

Importance of Procedure

ETT is used to diagnose heart disease or to assess its severity. The tests are especially useful for diagnosing coronary heart disease. They are also helpful in measuring physical fitness of patients with known heart attack. If ETT 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. You will be asked to walk on a motor driven treadmill at progressively increasing speed and/or inclination until you achieve a target heart rate (according to your age and medical condition), or develop significant electrocardiogram changes, or symptoms or signs.
2. Your doctor will continuously monitor your symptoms, electrocardiogram, blood pressure and heart rate to minimize the risk of the test.
3. The treadmill room will be equipped with necessary equipment for emergency resuscitation.

Risk and Complication

- Cardiac arrhythmias
- Cardiac arrest
- Acute myocardial infarction, death (1 in 2500)

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 an outpatient procedure.
3. Please put on sports wear and sport shoes for the test.
4. Light meal can be taken, but at least 2 hours before the test.
5. Preferably you should be accompanied by relatives or friends.



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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 problem is assessed to be serious, you may be admitted to the hospital for further management.
3. Your doctor will explain the result of the test during follow up. Please ask your close relatives to join in the discussion.

Remarks

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. Should a complication occur, another life-saving procedure or treatment may be required immediately. 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 / Relative Name

Signature

Relationship (if any)

Date