Queensland Cardiovascular Group

Exercise Stress Test / Stress Echocardiography / Dobutamine Stress Echocardiography Consent Form

THE PURPOSE OF THE TEST

Exercise testing measures the ability of the heart to function under a gradually increasing load. In most cases, the test is carried out to assist in determining whether or not a patient has coronary artery disease. Less commonly, the test is used to evaluate a patient's capacity to undertake certain physical activities. A resting electrocardiogram is recorded prior to exercise. The test is performed on a treadmill, or in some cases, medications are used to stress the heart.

RISKS

Clinical exercise stress testing is usually performed on patients to try and detect whether coronary artery disease is present. While every effort is made to minimise the risks of the procedure, there is a very small but definite risk of complications.

Serious complications include the possibility of a major disturbance of heart rhythm requiring resuscitation, the development of heart failure or prolonged angina (heart pain), or the development of a heart attack. The risk of one of these occurring is approximately 2 or 3 in 10,000 tests. Unfortunately, there is also a very small risk of death occurring as a result of the exercise test. The chance of this in the average patient is approximately 1 in 10,000, although the risks are higher in patients who are already known to have severe coronary disease.

Throughout the test a doctor is present and the patient's pulse, blood pressure and electrocardiogram are monitored. Emergency equipment and trained personnel are available to deal with any complications that may arise.

SIGNED CONSENT

Before proceeding with the test, we need your signed consent. Before signing the consent form, please feel free to ask any questions you have about the test and about any risks.

I have read this form and I have 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 the Exercise Stress Test / Stress Echocardiography / Dobutamine Stress Echocardiography.

_____ ____/____/____

Name of Patient DOB

_____ ____/____/____ _____ ____/____/____

Signature Date Witness Date

Contact: 07 3016 1111 · www.qcg.com.au

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