

Patient Name: _____ DOB: _____ MRN: _____



Myocardial Perfusion Testing Information

833 ST. VINCENT'S DRIVE POB III, Suite 300
Birmingham, AL 35205
(205) 933-4640

Your test is scheduled on: _____ DATE: _____ TIME: _____

What is the Myocardial Perfusion Test?

Myocardial Perfusion Test is used to evaluate the blood flow to your heart muscle during exercise (stress) and at rest.

Patient Preparation:

1. **Do not eat or drink anything 4 hours prior to the time that your test is scheduled**, with the exception of your morning medications. You may take your medications with a small amount water. If you are diabetic, please take all medications except the medication treating your diabetes. Please bring diabetic medications with you to test.
2. Patients undergoing the GXT (walking) must be **caffeine free 12 hours before the test**. Patients undergoing the Lexiscan (non-walking) **must be caffeine free 24 hours before the test** (see 3b below). Caffeine free includes all decaffeinated drinks, tea of any kind, and chocolates.
3. Please bring medication list with you on the day of test.
4. If you have an inhaler or oxygen please bring it to the stress test.
5. Wear comfortable walking shoes and a comfortable two-piece outfit; avoid wearing dresses, jumpsuits or shirts with metallic buttons or zippers on the chest area (underwire bras are okay to wear).
6. There is no need to bring anyone with you. There are no expected side effects of the test. **The test takes a total of 2 ½ -3 hours.**

Test Procedure:

1. When you arrive an intravenous (IV) line will be started in order to give you the radioactive injection. It has no side effects or allergic reactions and will not make you feel any different.
2. Pictures will be taken with our nuclear medicine camera for approximately 20 minutes. You will be asked to remain very still during this time.
3. The stress test will follow:
 - A. For patients undergoing treadmill GXT stressing, a doctor or nurse will be present while you are exercising to monitor your heart rate and blood pressure. At peak exercise, a second radioactive injection will be put in the IV line, and you will be asked to walk for an additional 60 seconds.
 - B. For patients undergoing the Lexiscan chemical stressing, a doctor or nurse will be present while you are given a medication through the IV line that stimulates the effects of exercise on the heart. Your heart rate and blood pressure will be monitored. Lexiscan does have some mild side effects that will be explained to you. Walking on a non-elevated treadmill for 3-4 minutes during the chemical stress may significantly diminish any side effects. This part of the test takes about 10 minutes.
4. You will be given a break for 45 minutes and asked eat and drink something (such as a sandwich, salad, crackers, and a drink-caffeinated beverages are okay at this point). You can bring something from home.
5. Upon returning, pictures will again be taken for approximately 20 minutes. The test will then be complete.
6. Your referring physician should have your results within 48 hours. Any results requiring immediate action may be handled more quickly.

IMPORTANT NOTICES:

Patient Agreement for Stress Myocardial Perfusion Study

I have been advised, understand, and agree that if I do not keep the appointment for the Stress Myocardial Perfusion study which I have confirmed for the date listed below, I will be personally responsible to pay a fee of **\$50.00** for reimbursement to the practice for the radio pharmaceuticals which are needed to be ordered and purchased in advance for the test I have scheduled.

I understand that this fee will be waived only if I have provided Southview Medical Group with notice of cancellation of this appointment by 10:00 am the business day prior to the test. For all Monday appointments, cancellation notice must be made the Friday prior to the test no later than 10:00am. **Please call Nuclear Cardiology at (205)918-1486 to cancel or reschedule your appointment.** Please be sure to leave a message if we do not answer. We will return your call as soon as possible.

Patient Signature: _____

Date: _____