



Exercise Stress Testing is the technique of monitoring the cardiovascular response to exercise.

Why does my doctor want me to have this test?

The procedure may be used to assess cardiovascular fitness, but is most commonly used to diagnose coronary artery disease (blocked arteries) and angina.

How do I prepare for the test?

The procedure takes approximately 25 minutes, and requires you to remove the clothes from your upper body. A gown will be provided for your comfort. You should also bring appropriate footwear for exercise, and avoid a heavy meal for at least 3 hours before the procedure. Please bring an up to date Medication list to the appointment (or a bag with all of your medications in it). *Certain medications that affect your heart may need to be suspended for 24 hours before the test. They are listed over the page. Please discuss this with your Doctor, or call the Centre if you are unsure.*

How is the test done?

Electrode dots are placed on your skin. Chest hair may need to be shaved off a small area. You will then need to walk on the treadmill to increase the stress on your heart. The treadmill will increase in speed and slope every few minutes, to achieve your maximal workload. Any abnormalities of the blood pressure or ECG tracings will be recorded. You should also report any symptoms you experience to the supervising staff. You may ask to stop the test at any time.

Is it dangerous?

You may encounter minor problems with the stress test, such as breathlessness, minor chest discomfort and muscle fatigue. Serious complications such as heart attack, life-threatening heart rhythm disturbances, need for admission to hospital or death are quite rare, and may occur in the order of 1 - 4 per 10 000 tests, depending on your underlying heart condition. You may need to wait for some time after the test before driving, if you feel unwell.

What happens after the test?

The results of the Exercise Stress Test are usually available to your Doctor within 24 hours. Urgent problems will be communicated by telephone.

Consent to undertake Exercise Stress Testing

I am satisfied with the information on this Document, and consent to undertake Exercise Stress Testing. I have had the opportunity to discuss the information and any other concerns I may have, prior to the test.

Patient name : _____ Date :

Signature : _____

Witness name : _____

Witness signature : _____