

ELECTROPHYSIOLOGY AND PACING INTERVENTIONALISTS

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TREADMILL MYOCARDIAL PERFUSION STUDY INSTRUCTIONS

You have been scheduled for a Myocardial Perfusion Stress Test. Please contact the office between 8:30am and 4:30pm if you have any questions.

Appt Date	Appt Time	Description	Location	Provider
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Special Instructions:

1. **Cancellations:** Notify the office twenty-four hours before the day of the test if you have to cancel your test for any reason; failure to do so may result in you being billed a \$100.00 fee for the unused nuclear agents. The medication used for this test is prepared 24 hours prior to the procedure for each individual patient and it is costly.

2. **Food and Drink:** Do not have any food or drink (with the exception of water) four to six hours prior to the test.

Afternoon Testing: If testing is scheduled at 12:00noon or after, patient may have a light breakfast on the day of the test. (IE: toast, juice, etc. - NO CAFFEINE.)

3. **Caffeine:** Twenty-four hours prior to your test you may not eat any food, drink any beverages or take any medications that contain caffeine.

Examples: All forms of coffee and tea (including decaffeinated);All chocolate drinks; All foods containing chocolate; All cola beverages (including sugar-free and decaffeinated); All carbonated beverages. Any medication containing caffeine: Examples include Anacin and Excedrin.

4. **Smoking:** Tobacco in any form should be avoided four hours prior to the test.

5. **Rest:** Try to get a good nights sleep prior to your procedure.

6. **Clothing:** Comfortable, low-heeled, tightly fitting shoes suitable for exercise should be worn to the test. Loose fitting shoes which may slip off during exercise should not be worn. Wear clothing that is loose and comfortable. Please arrive dressed for exercise. You may change clothes after the test if you desire.

7. **Diabetics:** Patients on insulin should take ½ of normal insulin dose the morning of the test. If the patient is concerned about changing insulin dose, refer patient to discuss the change with the physician who is monitoring their diabetic care for further instruction; oral diabetic medications can be taken as normal. Please bring a snack.

8. **Medications:** Please bring all of your current medication bottles (except for pain and/or nerve medications) including inahlers with you to the test. **Should the use of a prescribed inhaler become necessary one may be provided for a \$25.00 charge.** You may take routine medications with water.

Please consult your physician for instructions if you are taking a beta-blocker as they are typically held 5 doses prior to this test.

Examples: Acebutolol, Atenolol, Betaxolol, Bisoprolol, Blocadren, Bystolic, Calan, Cardizem, Carvedilol, Coreg, Corgard, Inderal, Kerlone, Labetalol, Levatol, Lopressor, Metoprolol, Nadolol, Normodyne, Penbutolol, Pindolol, Propranolol, Sectral, Tenormin, Timolol, Toprol XL, Trandate, Verapamil, Zebeta, Ziac,

9. Allow approximately 5 hours or more to complete your test. Please bring a light snack with you.

10. When you leave for the day, you will be permitted to return to your normal activity unless otherwise indicated.