



The Dudley Group
NHS Foundation Trust

Dobutamine Stress Echocardiogram

Cardiology Department Patient Information Leaflet

Are there any special precautions I need to take before the test?

Please bring a full list of your current medication with you.

Dobutamine is used to increase your heart rate. There are some drugs that prevent this from happening, therefore please find below a list of medications required to be **stopped 48hours** prior to the test. Please check all tablets listed on both pages. Failure to stop one or a number of these medications will result in the Dobutamine stress echo having to be rescheduled.

If you are worried about stopping these medications for a brief time, please discuss with your GP, or alternatively, contact the echo team, who will be happy to advise. Unless advised otherwise, you should start taking these medications again following the test. You should continue to take all other medications, prescribed for you that are not on the list, as per your usual routine, as they will not affect the result of your test.

Can I drive?

No. Please ensure you have someone that can take you home after the test. An additional drug, called Atropine may be required during the test. This will further increase your heart rate but also has the side effect of dilating of the pupils. The effect will pass but driving should be avoided for 24hours.

What is it?

- The test is without side effects and does not use Radiation. You may feel some discomfort on your chest due to the positioning of the probe.
- A Dobutamine Stress Echocardiogram involves scanning the heart to see how it responds to increased workloads/increasing heartrate. Medications are used to stimulate the heart to beat faster and harder to mimic the

effect of exercise on the heart, whilst you are lying down, to ensure accurate images are obtained.

Why is it being done?

- Pictures of the beating heart during the test can tell the doctor whether the heart muscle is getting enough blood supply from the coronary arteries, under the extra stress.

Medications to stop 48 hours before the test

BETA BLOCKERS:

- ATENOLOL (TENORMIN, CO-TENIDONE, KALTEN, TENORET)
- BISOPROLOL (CARDICOR, EMCOR)
- CARVEDILOL (EUCARDIC)
- ACEBUTOLOL (SECTRAL)
- NEBIVOLOL (NEBILET)
- METOPROLOL (LOPRESOR)
- PROPRANOLOL (INDERAL, HALF INDERAL)
- NADOLOL (CORCARD)
- OXPRENOLOL (TRASICOR, TRASIDREX)
- SOTALOL (SOTACOR, BETA-CARDONE)
- LABETALOL (TRANDATE)
- CELIPROLOL (CELECTOL)
- PINDOLOL (VISKIN)
- TIMOLOL (BETIM, PRESTIM)

CALCIUM BLOCKERS:

- VERAPAMIL (SECURON, UNIVER, CORDILOX, VERTAB, VERAPRESS)
- DILTIAZEM (TILDIEM, ADIZEM, ANGITIL, CALCICARD, DILCARDIA, DILZEM, SLOZEM, VIAZEM)

SINUS NODE INHIBITORS:

- IVABRIDINE (PROCORALAN)

What does it involve?

- A Cardiac Physiologist and doctor will usually do the scan. They will explain the test and ask you to sign a consent form to confirm that you understand the test and agree to go ahead with it.
- The test is carried out in a darkened room, and you will be asked to remove your clothing above the waist, and then put on a gown. You will be asked initially to lie on your back and then move to your left-hand side. The Physiologist will take several measurements during the test. If you require a chaperone, please contact the Cardiology Department before the day of your test
- An ultrasound probe covered in a small amount of gel is placed on your chest and will be moved to various positions including your left side and beneath the rib cage. Multiple images of your heart are then produced and recorded.
- During the test you will hear sounds coming from the machine. These represent blood flow through the heart valves.
- Obtaining clear images requires concentration and a steady hand, please bear with the physiologists if they are quiet during parts of the test. Firm pressure is required which you may find mildly uncomfortable.
- The Doctor/Cardiac Physiologist will then insert a small needle (cannula) into a vein in your arm to introduce the drugs. Every 3 minutes the concentration of Dobutamine will be increased a little while pictures of your heart are taken.
- You may be aware of your heart thumping, and of tingling sensation in arms/legs, headache, dry mouth, chest pain, shortness of breath. Do not worry about this, but do tell the Dr/Physiologist, who will be keeping a close eye on you.
- When the drug stimulation has reached the required level, the Dobutamine infusion will be stopped. You will continue to be monitored as your heart rate returns to pre-test levels.
- The test will take approximately 60 minutes to complete.
- **You can request for the test to be terminated at any time.**
- Relatives and friends will not be able to stay with you during the test (except for exceptional circumstances)

After the test

- Once the echo is complete you can get dressed and leave the department. If you have been given Atropine during the test you will not be able to drive after the test as it can cause blurry vision. If Atropine is not used there are no limitations as to what you can do after the scan, carry on with your normal activities.
- The results will be sent to the requesting doctor and will be discussed with you on your next appointment.
- If you have any questions, please ask the cardiac physiologist or doctor.
- If you have any queries about this appointment, please call the Cardiology Department on telephone no. 01384 456111 ext. 3082

To reach the Cardiology Department proceed as follows:

Enter front foyer via the Main Hospital Entrance and turn to face the large reception desk on the left. To the right-hand side of the desk there is a set of double doors. Pass through the double doors and follow the corridor until you see the Cardiology Reception on the right-hand side.

If you do need NHS transport, please arrange this with your GP.