



PIONEER VALLEY CARDIOLOGY

INFORMED CONSENT FOR EXERCISE STRESS ECHOCARDIOGRAM

Your physician has ordered an exercise stress echocardiogram. An exercise stress consists of walking And/or jogging on a motorized treadmill until your heart rate reaches a point sufficiently rapid for proper Diagnosis and evaluation of your heart and circulation. By Performing and echocardiogram (ultrasound) with exercise the presence of coronary artery disease can be more accurately assessed.

An echocardiogram will be performed at rest. You will be attached to a cardiac monitor and an ECG will be taken. During and after the performance of physical exercise, your ECG will be monitored and blood pressure measured and recorded. The treadmill will incrementally become faster and steeper every three (3) minutes while exercising. You will be encouraged to report any symptoms you develop, including chest pain, shortness of breath, dizziness, or weakness which might indicate a need to stop the test.

There are no known risks from cardiac ultrasound.

Exercise testing has been associated with the following risks: fatigue, shortness of breath, lightheadedness, fainting, chest discomfort, leg cramps and irregular heartbeats (too slow or too rapid). Like any stress test, there is also a small risk of heart attack, cardiac arrest or death; the laboratory personnel are trained to administer any emergency care necessary.

CONTRAST CONSENT

Due to some limitations in echocardiography, the images from your heart may not be as clear as needed. This is not uncommon and may occur in up to 20% of patients. When necessary and ultrasound contrast agent (Optison or Definity) is used to improve our image quality allowing better evaluation of your heart muscle and valves. The contrast agent is made up of microscopic bubbles (smaller than your red blood cells) and is administered through an IV. If you are allergic to albumin, you will be asked to notify the sonographer.

Participant's Statement

I have read this consent form, discussed the procedure and I have been given the opportunity to ask questions, which have been answered to my satisfaction.

I have been fully informed of the above described procedure with its risks and benefits, and I hereby consent to the procedure set forth.

SIGNED: _____ DATE: _____

WITNESS: _____
PHYSICIAN OR PHYSICIAN ASSISTANT