

**Alabama Heart and Vascular Medicine**  
**Myocardial Perfusion Scan (Nuclear Stress test)**

**Patient Instructions and Consent**

**What is it:**

A Nuclear stress test is a non-invasive advanced heart stress test that uses safe levels of radioactive substances and a cardiac imaging scan to evaluate blood flow to the heart. The level of radiation is low and is not associated with any known immediate side effects. The camera used during the test will help produce images of the blood flow to your heart, and specifically looks for areas of poor blood flow or damage (prior heart attacks) in your heart. It will also assess if prior heart stents or bypass grafts are working as they should and evaluates if your heart is healthy enough for non-cardiac surgery or exercise.

- If you have decreased blood flow this can indicate a blockage in one or multiple arteries in your heart.

The test can take between 2-4 hours. You will be monitored during the test.

Step 1: On arrival: Medical history is taken. Medications are reviewed. IV is started.

Step 2: Medication given (radioactive substance), and one hour after the injection (time for medication to circulate in blood stream to heart) the first set of images are taken (15-20 min)

Step 3: Second set of medication given through IV (chemical simulating stress on the heart). (Again, allow time for circulation 45 min- 1 hour). After 1 hour a second set of images are taken.

Step 4: AFTER the stress test is complete you will be able to EAT and DRINK. You will be monitored for another 15-30 min. Once completed you will be free to go home.

*Test results typically take 2-3 days to result.*

**Possible side effects:**

Allergic reaction to radioactive tracer

Slight drop in blood pressure during the test (brief dizziness or faintness)

Chest pain

Nausea

Headache

Flushing

***\*\*Due to the size of our waiting room that is designated for this test we ask that you do not bring any visitors with you unless it is absolutely necessary. All visitors will be required to wait out front in the big lobby during the duration of the test. Only patients will be allowed to sit in the waiting area. We appreciate your understanding and your cooperation.***

**ABSOLUTELY “DO NOT’s” before the TEST:**

- NO CAFFEINE 24 hours before (it can alter the results)
- NO CHOCOLATE (cocoa products in candy, cakes, brownies, pudding, chocolate milk)
- NO COFFEE or TEA or SODA (caffeinated OR DECAFFEINATED) \*
- NO TABACCO/NICOTINE 12 hours before the test \*NO SMOKING \* NO CHEW\* NO VAPING
- NO FOOD/EATING 4 hours before the test \*
- NO ENERGY DRINKS 24 hours before to test

- NO JEWELRY around your neck or metal buttons on your shirt
- NO LOTIONS or POWDER on your chest
- NO DRINKING of anything except water 4 hours before the test.

**Medications to hold PRIOR: Please READ CAREFULLY:**

- NO Aggrenox /Persantine (24 hours before)
- NO theophylline/aminophylline (48 hours before)
- NO Excedrin migraine, vivarin, NoDoz, (24 hours before)
- NO Viagra/Levitra (24 hours prior)
- NO Cialis \* SEVEN DAYS PRIOR
- NO Nitrates (24 hours prior): RANEXA, IMDUR, Nitroglycerin tablets

**Please do:**

- Drink/hydrate well the day before (to make getting IV access easier).
- **The day of the test: PLEASE TAKE your morning Blood pressure medications as prescribed** (do not hold) – UNLESS you are told above NOT to take under “medications to hold prior”. The test will NOT be able to be done if your blood pressure is > 200/90.
- Please be aware of Diabetic medications (hold any long acting if not eating). You can take them as soon as you eat after the test.

Please wear comfortable, non-restrictive clothing. Do NOT wear overalls, coveralls, full length slippers, dresses, or tight undergarments that could interfere with testing procedures.

**I, \_\_\_\_\_, have received and understand these instructions and I consent to have the test performed at Alabama Heart and Vascular Medicine.**

**I \_\_\_\_\_, understand that if I do not follow these instructions fully and am not able to perform test that I am responsible for the cost of medication (\$250).**

**I, \_\_\_\_\_, understand that if I do not cancel at least 48 hours prior to the test that I am responsible for the cost of medication (\$250).**

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Patient Signature

Date