



THE HUNTINGTON HEART CENTER

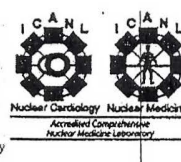
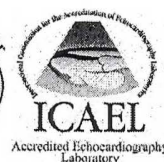
172 EAST MAIN STREET • HUNTINGTON, N.Y. 11743

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NUCLEAR STRESS TEST INSTRUCTIONS

Appointment Date: _____ Time: _____ AM / PM

- **NO** caffeine 24 hours before the test
 - o **NO** coffee, decaf coffee, all teas & decaf tea, all chocolate foods and beverages & all sodas of any kind
 - o **NO** Excedrin or caffeine containing medications
- **NO SOLID FOOD** 3 hours before the test
- Bring a snack with you to the test
 - o You will be able to eat at one point during the test if you are hungry
 - o A dairy snack is best such as yogurt, cottage cheese or a cheese sandwich
- If you take any **BLOOD PRESSURE MEDICATIONS:**
 - o DO NOT take blood pressure medication the day of the test
 - o DO NOT take beta-blockers the day of, as well as the night before of the test
 - o Bring ALL medications with you, as the doctor will advise you about your other medications
- If you are **DIABETIC:**
 - o Be sure to eat 2 hours before the test
 - o For non-insulin dependent patients, take your pills as directed
 - o For insulin dependent patients, take ½ your usual dose
- **CLOTHING**
 - o Wear sneakers and loose, comfortable clothing
 - o Short sleeves are preferred without zippers or metal from the waist up
 - o Do NOT use skin lotions, oils, perfumes, or powders on your chest
 - o Remove ALL jewelry
 - o Females will be asked to remove their bras for the test, including sports bras
 - o Bring a sweater or sweatshirt with no zippers or metal, department is kept cool



BETA BLOCKERS

Do **NOT** take the night before, or morning of the test if your medication is listed below!

Atenolol	Coreg	Normodyne	Trandate	<u>*ADDITIONAL*</u>
Acebutolol	Inderal	Penbutalol	Visken	Calan (SR)
Betaxolol	Inno Pran XL	Pindolol	Zebata	Cardizem
Bisoprolol	Kerlone	Propranolol	Ziac	Cartia
Biocadren	Labetalol	Sectral		Dilacor
Breviblock	Levatol	Tenoretic		Diltiazem
Bystolic	Lopressor	Tenormin		Isoptin
Carvedilol	Metoprolol	Timolol		Trazac
Chlorthalidone	Nebivolol	Toprol		Verapamil

PURPOSE OF PROCEDURE:

This is a diagnostic test to evaluate chest pain, shortness of breath, to detect the presence of early heart disease, to assess your functional capacity or to update the status of your coronary circulation following a cardiac event.

PROCEDURE:

You will receive an intravenous injection of Myoview, a radioactive tracer that identifies areas of decreased blood flow to the heart muscle. The intravenous started in your arm will be used throughout the test which takes approximately **4 HOURS**. You will undergo a set of heart scans. Electrodes will also be placed on your chest and you will be connected to a stress monitor for a series of ECGs to be taken before, during and after exercising. You will then walk on a treadmill until you reach your maximum heart rate or until you need to stop.

- For patients who are unable to walk on a treadmill, a substance will be administered to allow us to see how your heart would function during exercise

PATIENT RESPONSIBILITY:

If our doctors did NOT order this test, you are responsible for any authorizations and/or referrals that you might need. Please contact your primary care physician.

If you do not allow the instructions given to you and your test cannot be performed, or if you do not give at least 24 hours notice should you need to cancel, you will be expected to pay for the dosages or radiopharmaceuticals which are ordered prior to your test. **The fee is \$200.**

Our office will call your home to confirm your appointment at least 24 hours before your test. If you cannot be reached by our office and you do not call to confirm your appointment your test will be cancelled and your appointment will be given to another patient.

If you do not provide current and correct insurance information at the time of your appointment is made or did not provide any referrals and/or authorizations necessary for this test, you will be held responsible for the full payment of the test, which is currently **\$2,000**. You will also be responsible for any unpaid portions of your deductible or coinsurances as they may apply to this procedure.

