

PATIENT INFORMATION

Dobutamine Stress Echocardiogram

You will be required to attend the **Chest Pain Unit, Hetherington Unit, Torbay Hospital** at the date and time arranged.

During this test we will perform an ultrasound examination of the heart (echocardiogram) at rest and also when your heart is beating quickly. We will achieve this increase in heart rate using an **intravenous infusion of a drug called Dobutamine** (through a small drip placed in your arm), sometimes with the addition of a second drug, atropine, if required.

You will be monitored throughout the whole procedure with an ECG machine.

After the procedure you may feel tired or "washed out" for several minutes. We will allow you to recover fully and recommend that a friend or family member drives or accompanies you home. The whole procedure will take approximately 45 minutes from start to finish.

Please do not eat for 4 hours prior to the test, you can continue to drink.

IMPORTANT

DO NOT TAKE THE FOLLOWING DRUGS ON THE DAY OF THE TEST OR THE DAY BEFORE:

Any heart slowing medication, these include (**generic names are in bold** with brand names in brackets):

1. BETA-BLOCKERS
 - a. **Bisoprolol** (Cardicor, Emscor, Monacor)
 - b. **Sotalol** (Beta-cardone, Sotacor).
 - c. **Atenolol** (Tenorim, Co-tenidone, Kalten, Tenoret 50 Tenoretic, Beta-adelat, Tenif.)
 - d. **Acebutol** (Sectral, Secadrex)
 - e. **Metoprolol** (Beatloc, Lopresor, Co-betaloc)
 - f. **Carvedilol** (Eucardic)
 - g. **Celiprolol** (Celectol)

- h. **Labetolol** (Trandate)
- i. **Pindolol** (Viskaldix)
- j. **Propranolol** (Inderal, Inderal LA, Cardinol, Cardinol LA)
- k. **Nadolol** (Corgard)
- l. **Nebivolol** (Nebilet)
- m. **Oxprenolol** (Trasicor, Trasidex, Slow-Trasicor)
- n. **Timolol** (Betim, Moducren, Prestim)
- 2. **CALCIUM CHANNEL ANTAGONISTS**
 - a. **Diltiazem** (Tildiem, Adizem-SR, Adizem-XL, Antigil SR, Antigil-XL, Calcocard CR, Dilcardia SR, Dilzem SR Dilzem XL, Slozem, Tildiem, Viazem, Zemtard)
 - b. **Verapamil** (Cordilox, Securon, Half-Securon, Secron SR, Verapress MR, Vertab SR)
- 3. **SINUS NODE INHIBITOR**
 - a. **Ivabradine** (Procoralan)
- 4. **Digoxin** (Lanoxin)

PLEASE TAKE ALL YOUR OTHER REGULAR MEDICATION IF NOT LISTED ABOVE

Please contact the Waiting List Co-Ordinator on **01803 654492** if you have any queries.

For further assistance or to receive this information in a different format, please contact the department which created this leaflet.