IMPORTANT INFORMATION REGARDING YOUR
DOBUTAMINE STRESS ECHOCARDIOGRAM

PREPARING FOR THE TEST

1. If you are currently taking **Beta Blockers or Nitrates**, (see attached list), you will need to stop them 12 hours before the test time. This will help produce more accurate results. **CONTINUE TAKING ALL YOUR OTHER MEDICATIONS AS YOU HAVE BEEN DOING. STOP ONLY THE BETA BLOCKERS AND NITRATES.**

2. **Do not eat, drink, or smoke for 4 hours prior to the test.** Only eat a light meal on the day of your appointment and NOTHING 4 hours before the test. This will help prevent the possibility of an upset stomach or nausea, which may accompany the infusion of dobutamine. Avoid caffeinated and decaffeinated products 4 hours prior to the test.

3. **If you are currently taking Beta blockers or Nitrates**, (see the attached list), you will need to stop them 12 hours before the test time. This can help get more accurate results. Continue taking your other medications as you have been doing. Stop only the **Beta Blockers and Nitrates**.

4. Before the test, you will be given an explanation of the test and **you will be asked to sign a consent form**. Feel free to ask any questions about the procedure.

5. **An intravenous (IV) line will be inserted into a vein in your arm**, to allow infusion of the dobutamine.

6. **Several electrodes (small sticky patches) will be placed onto your chest** to obtain an ECG (electrocardiogram), a recording of your heart’s electrical activity. Avoid applying any lotions, oils, or creams on your chest on the day of the test.
What is a Dobutamine Stress Echo?

A dobutamine stress echocardiogram “echo” is a test that combines an ultrasound study of the heart with a drug-induced stress test. The test allows the doctor to learn how the heart functions when it is made to work harder.

Generally, a stress test is performed while patients walk on a treadmill. For patients who are unable to exercise adequately (for a variety of reasons) the test may be done with the infusion of dobutamine, a drug that produces an effect on the heart similar to exercise.

The dobutamine stress echo is used to detect coronary artery disease, the presence of blockages in the coronary arteries (the vessels that supply oxygen-rich blood to the heart muscle.)

What Does it Show?

During an echocardiogram a small device called a transducer is held against the chest. The transducer sends ultrasound waves that reflect (echo) off the various parts of the heart. The echos are converted into moving images of the heart. These images are recorded and displayed on a monitor. An echocardiogram is first done while your heart is “resting.” Dobutamine is then infused (injected slowly) into a vein in your arm. This drug causes your heart to pump faster and harder. Additional echo images are then obtained during and after the infusion of dobutamine doctors then compare the images.

Normally, all of the areas of the heart muscle pumps more vigorously during stress. If an area of the heart muscle does not pump as it should during the infusion, this often indicates that the heart is not receiving enough blood because of a blocked or narrowed artery.

The dobutamine stress echo shows the doctor which areas of the heart muscle are not receiving an adequate blood supply. However, it does not provide images of actual coronary arteries. If your doctor suspects blocked or narrowed arteries additional test may be recommended.

What happens during the test?

The dobutamine stress echo is performed at our office. You will be asked to remove clothing above the waist, and put on a paper gown or other covering to keep you comfortable. Women should not wear skirts or dresses.

“Resting” Echocardiogram

You will be asked to lie on an examination table. To improve the quality of the pictures, gel is applied to the area of the chest where the transducer will be placed.

A technician moves the transducer over the chest, to obtain different views of the heart. You may be asked to breathe slowly or hold your breath, in order to get a better picture. Pictures of your heart are then recorded.
**Dobutamine infusion**

An ECG is done prior to the infusion. Your heart rate, rhythm, and blood pressure are monitored continuously during the test.

Dobutamine is infused into the vein. The infusion dose is increased every few minutes. Additional sets of echo images are obtained during the infusion of dobutamine and afterwards.

The test usually ends when sufficient information has been obtained. It may also be stopped when your heart beats fast enough, when the ECG shows abnormal changes, or when you experience any significant symptoms.

The physician then compares the images (before, during and after dobutamine) side by side to see how your heart responds to the stress induced by the drug.

**How Long Does It Take?**

You should allow one hour and thirty minutes to complete the exam. This includes the preparation for the test, the dobutamine infusion and the echo imaging.

**Is the Dobutamine Stress Echo Safe?**

The echocardiogram itself is very safe. There are no known risks associated from the ultrasound waves.

The dobutamine test is also safe. A small amount of risk does exist because the dobutamine does stress the heart. Possible complications include abnormal heart rhythms and low blood pressure. Experienced personnel are available to handle any emergency.

Side effects may occur during dobutamine infusion. They may include chest pain, headache, flushing, palpitations, nausea, and shortness of breath. The symptoms are relieved when the infusion is stopped.

**THE RESULTS**

The physician or his staff conducting the test may be able to give some preliminary results before you leave. A complete interpretation may take several days.

The information gained from this test helps your physician make an accurate diagnosis and develop a treatment plan that’s best for you.

If you have any questions or comments, please call (909) 982 - 6500.
LIST OF COMMONLY ORDERED MEDICATIONS

Stop taking all **Nitrates** 12 hours prior to your test.

- Isosorbide dinitrate (BiDil, Isordil, Sorbitrate, Dilatrate-SR)
- Isosorbide mononitrate (ISMO, Monoket, Imdur)
- Nitroglycerin ointment / paste (Nitrol, Nitro-Bid)
- Nitroglycerin spray (Nitrolingual)
- Nitroglycerin sublingual (Nitrostat, NitroQuick)
- Nitroglycerin sustained release (Nitrong, Nitroglyn)
- Nitroglycerin transdermal (Deponit, Minitran, Nitrodisc, Nitro-Dur, Transderm-Nitro)
- Nitroglycerin transmucosal (Nitroguard)

Stop taking all **Beta-Blockers** 12 hours prior to your test.

- Acebutolol (Sectral)
- Atenolol (Tenormin, Tenoretic)
- Betaxolol (Kerlone)
- Bisoprolol (Zebeta, Ziac)
- Carteolol (Cartrol)
- Carvedilol (Coreg)
- Esmolol (Breviloc)
- Labetalol (Trandate, Normodyne)
- Metoprolol (Toprol, Lopressor, Lopressor HCT)
- Nadolol (Corgard, Corzide)
- Nebivolol (Bystolic)
- Penbutolol (Levatol)
- Pindolol (Visken)
- Propranolol (Inderal, Inderide LA)
- Sotalol (Betapace)
- Timolol (Blocadren, Timolide)