

THE HEART CARE GROUP, P.C. REGADENOSON (LEXISCAN) NUCLEAR STRESS TEST

NAME: _____

DATE: (____) _____ TIME: _____ () A.M. () P.M.

You are scheduled for a Regadenoson Nuclear Stress Test. This test will be performed at:

[] 1249 South Cedar Crest Blvd., Suite 100, Allentown, PA. 18103 (610) 770-2200

[] 858 Interchange Road, Lehighton, PA 18235 (610) 377-9303

THIS TEST WILL TAKE APPROXIMATELY 4 HOURS
(Bring a book to read or something else to help pass the time.)

If the patient requires SPECIAL ASSISTANCE, or has a LANGUAGE BARRIER, please have a family member or friend over 18 years of age (not pregnant) accompany and STAY with the patient for the entire duration of the test.

IF YOU ARE CLAUSTROPHOBIC PLEASE CALL AND LET US KNOW

1. **MEALS:**
 - A. Eat a **light meal** no sooner than 3 hours prior to arriving at the office (ie; 6a.m. meal for a 9a.m. arrival)
** If your appointment is scheduled after 12:00 you may eat a normal breakfast prior to 9a.m.

★ Toast, dry cereal, fruit, juice, etc. (**No Milk!**)
★ Water is okay prior to the test – please drink plenty of fluids to aid in the starting of your IV line.
 - B. **No caffeine, decaf, chocolate, or carbonated beverages 24 hours prior to the test!**
This includes coffee and tea (regular or decaf), soft drinks such as colas or Mountain Dew, chocolate, cocoa and over the counter medications containing caffeine (Anacin, Excedrin).
2. **MEDICATIONS:** There are medications that interfere with this test and **MUST** be discontinued 48 hours prior to the test.
DO NOT take any of the following: **Persantine/Dipyridamole, Aggrenox (ASA/Persantine), Theo-Dur, Theophylline/Aminophylline** (for asthma or COPD), **Anacin/Excedrin**. If you have a problem omitting these medications for 48 hours, please call our office immediately. Continue to take all your other medications unless otherwise instructed by your physician. Please bring a list of all medications and doses you are currently taking.
3. **INSULIN:** Take ½ dose of insulin in the morning; please eat a light, low fat breakfast.
If you use an insulin pump – no special instructions. Oral diabetes medications – take as usual.
4. **INHALERS:** You may take all breathing treatments, including nebulizers prior to the test. **Bring your rescue inhaler.**
5. **SMOKING:** Nicotine raises the blood pressure and the heart rate. **DO NOT SMOKE** for at least 2 hours prior to the test.
6. **OXYGEN:** If you require Oxygen, please bring enough to last (4-6 hrs) duration of the test and transit.
7. **ATTIRE:** Wear loose fitting, lightweight clothing, short sleeves if possible. Women should wear slacks or shorts. Please wear comfortable shoes or sneakers. Gowns will be provided. You may change your clothes here.
7. **SKIN:** When showering/bathing on the day of the stress test, **DO NOT** use any body lotions, powders or oils on chest area as this interferes with the skin preparation. **Underarm deodorant is permitted.**
8. **INSURANCE:** If your insurance requires precertification, please let us know so we can obtain the necessary clearance for you to have this test done. **If you have insurance that requires a referral form for this test, (such as HMO) it is YOUR responsibility to obtain this referral form prior to the test from your primary care physician.**
9. **QUESTIONS OR CANCELLATIONS:** If you need to cancel this appointment, it is extremely important to notify us at least 24 hours prior to this appointment as the dose of Nuclear Medicine is ordered specifically for you. Please make every effort to notify us to cancel this appointment so there are no extra costs to you.

PURPOSE OF THE TEST:

This heart scan is a closely monitored test to evaluate the ability of the coronary arteries to provide your heart muscle with blood.

1. When you arrive in our office, please register with the receptionist. Bring your insurance card; we will verify your coverage and update our files. If your primary care physician referred you, please bring your prescription for your test. If a referral form was necessary from your primary care physician, please give this to the receptionist. You may also be asked to complete a patient information form and a history and physical form.
2. A diagnostic staff member will escort you to the testing area. Your medical history will be reviewed.
3. A diagnostic staff member will start an intravenous line. The nuclear technologist will inject the Sestamibi/Cardiolite. This medicine attaches to the red blood cells, tracing the blood flow to your heart muscle.
4. After the injection, you will wait in the waiting room for approximately 1 hour while the medicine circulates. Then you will have your first nuclear scan.
5. **In the nuclear scanning room, you will lie on a table and place your arms above your head. If you would have difficulty keeping your arms above your head, please call and let us know.** The scan lasts approximately 20 minutes.
6. After the scan, you will be brought into a stress room where a diagnostic staff member will place electrodes on your chest to monitor your heart rate and rhythm while you receive the Regadenoson.
7. Regadenoson dilates blood vessels. It is given as an injection through your IV line, with an injection of Sestamibi/Cardiolite given at 30 seconds. If applicable, we may ask you to walk on the treadmill at 1 mile/hour and no hill during this time.
8. After the Regadenoson infusion, you will wait 45 to 60 minutes before your second scan; this scan will take approximately 15 minutes. Smoking is not allowed until after the second scan.
9. You are now ready to check out with our receptionist. If another appointment is necessary, it will be scheduled at this time.

IF YOU ARE OF CHILD BEARING AGE AND SUSPECT YOU COULD BE PREGNANT, PLEASE NOTIFY US IMMEDIATELY.
****Preferably before arriving for the test****

SPECIAL INSTRUCTIONS: _____

Follow-up Appointment for results:
(_____) Time: _____