

Informed consent form

Cardiac SPECT

(isotope stress test)

1. What is this?

This is a test for patients with heart disease, or suspected to have disease of the coronary arteries, for diagnostic and prognostic purposes.

2. What is it used for?

It allows the response of the heart to controlled physical exercise to be determined. It can also be used to determine how a radioactive substance (isotope) is distributed throughout the heart, differentiating between healthy and damaged regions.

3. How is it performed?

It is performed by walking on a treadmill or pedalling on an exercise bike while the speed or slope of the former, or the resistance of the latter, is gradually increased at pre-determined times. Blood pressure, heart rate and an electrocardiogram are monitored throughout this test to analyse changes in them. The test will be halted if any alarming signs or symptoms appear. The isotope is injected into a vein at the end of the maximum stress. Its uptake by the heart is then detected using the appropriate instruments.

4. What risks does it entail?

Signs (high blood pressure) and/or symptoms (muscle tiredness, dizziness, angina pectoris, leg pain) that will improve or disappear once you stop the physical activity may appear. In some cases of severe heart disease, serious heart rate disorders, syncope and, very occasionally, myocardial infarction or heart failure, may appear; the risk of death is minimal (1 per 10,000 patients). Although the radiation from the isotope is insignificant for your body, it is contraindicated in pregnant women. Other risks or complications that may appear as a result of your personal clinical situation and circumstances include In your current clinical state, the benefits derived from performing this test exceed the possible risks. As such, it is recommended that you undergo this test. In the event of any complications, the medical and nursing staff who care for you are fully trained and have all the means needed to resolve them.

5. Are there any other alternatives?

This test provides very useful data when a conventional stress test has not provided conclusive findings.

Before signing this document, please do not hesitate to ask for any doubts or questions you may have to be answered.

DECLARATIONS AND SIGNATURES

Name of patient, national ID no.
....., age, sex

Date Time

PATIENT

Dr. has explained to me what a stress test with isotopes is, how it is performed and what it is useful for to my satisfaction. He/she has also explained to me the possible risks, discomfort or complications and that this is the most appropriate procedure for my current clinical condition.

I have fully understood the above and give my consent for Dr. and his/her assistants to perform a stress test with isotopes.

I may revoke this consent at any time.

Signed

(Patient)

REPRESENTATIVE*

Dr. has explained to me what a stress test with isotopes is, how it is performed and what it is useful for to my satisfaction. He/she has also explained to me the possible risks, discomfort or complications and that this is the most appropriate procedure for your current clinical condition.

I have fully understood the above and give my consent for Dr. and his/her assistants to perform a stress test with isotopes.

I may revoke this consent at any time.

Signed.....

(Name, both surnames and national ID no.)

*Order of preference: spouse, children, parents, siblings and others.

PHYSICIAN

Dr., with medical licence no.

has informed the patient and/or their representative of the purpose and nature of the stress test with isotopes procedure, the risks thereof and the alternative procedures.

Signed

(Physician)

DENIAL/REVOCATION
(Delete where NOT applicable)

Mr./Ms.

Does not authorise a to be carried out.

Revokes the consent given on/...../.....

Date Time

Signed: Patient/Legal representative
National ID no.:

Signed: Physician
Medical licence no.: