

Cardiology Associates of Sussex County, LLP

222 High Street, Suite 205, Newton, NJ 07860

Phone: (973) 579 – 2100 || Fax: (973) 579 – 6638

Patient Name: _____

Appointment Date: _____

Appointment Time: _____

Dear Patients:

To ensure the highest quality results from your nuclear medicine procedure, please review and follow these important instructions. If you have further questions, please call our office to speak with a staff member.

The total average time for this test is 3-4 hours, but this can vary from patient to patient. If you wish, check with the office staff regarding our scheduled routine.

PLEASE NOTIFY THE OFFICE OF ANY INSURANCE CHANGES PRIOR TO YOUR TEST SO WE MAY UPDATE THE PREAUTHORIZATION REQUIREMENTS IF NECESSARY.

PREPARATION PRIOR TO PROCEDURE:

1. Please shower or bathe the day of the test. Do not apply lotion and/or powder to your chest.
2. Wear loose fitting slacks or shorts, a button-downed shirt or blouse, & sneakers or walking shoes. (Please no metal underwire bras.)
3. Bring a sweater or sweatshirt with you to the appointment for your comfort.
4. **DO NOT EAT, DRINK, OR SMOKE THE MORNING OF THE TEST**, unless otherwise instructed.
5. **NO CAFFEINATED OR DECAFFEINATED PRODUCTS 24 HOURS PRIOR TO THE TEST – this includes coffees, teas, herbal teas, cola products, or caffeinated medications.**
6. Bring a list of your current medications and doses. Viagra should not be used 24 hours prior to the test. If you are taking a “beta-blocker” or diabetic medication, your doctor or front-end staff will provide you with instructions about taking this medicine the day before or day of the test.
7. Bagels and water will be provided for you to eat at the time the technician instructs you. If you do not wish to have what we offer, please bring another snack or non-caffeinated beverage.
8. IF YOU REQUIRE OXYGEN OR INHALER, please bring that with you to the appointment.
9. DO NOT exercise on the day of the test.

TESTING PROCEDURE:

1. A nurse and/or nuclear medicine technologist will explain the test, ask you some questions, and will have you sign a consent form. We will need your informed consent prior to the beginning of the procedure.
2. An intravenous (IV) line will be started in your arm by the nuclear technologist or nurse. You will be injected with a radioactive isotope, and the first set of images obtained (approx. 15 minutes). The isotope allows us to take images of your heart.
3. You will then need to wait 30-60 minutes after the injection, when more pictures will be taken. These pictures will take approximately 20-25 minutes.
4. To prepare you for the next part, your chest is cleansed, and EKG electrodes are applied.
5. You will then exercise using a treadmill, or receive a medication to increase your heart rate. During this time, your EKG and blood pressure are monitored closely. At the end of this portion another injection of isotope is given.
6. After a monitoring period, during which your blood pressure and EKG are watched closely, your intravenous (IV) line is removed, and a final set of images are obtained (approx. 20 minutes). The test is then complete.

CAFFEINATED AND DECAFFEINATED PRODUCTS

**NO REGULAR OR DECAFFEINATED COFFEES, TEAS, HERBAL TEAS, SODAS,
OR CAFFEINATED MEDICATIONS 24 HOURS PRIOR**

COMMON BEVERAGES & FOODS CONTAINING CAFFEINE:

FOOD

Cocoa
Chocolate Milk
Brownies
Milk Chocolate
Dark semi-sweet chocolate
Baker's Chocolate
Chocolate Syrup
Chocolate Cake
Chocolate Candies
Chocolate Ice Cream
Chocolate Pudding
Other chocolate products

SOFT DRINKS

Coca-Cola
Diet Coke
Dr. Pepper
Dr. Pepper, sugar free
Mellow Yellow
Mountain Dew
Mr. Pibb
Pepsi Cola
Diet Pepsi
Storm
Red Bull
Monster
5 Hour Energy
Rockstar

MEDICATIONS:

PRESCRIPTION MEDICATIONS CONTAINING THEOPHYLLINE

(DO NOT take 48 hours prior to test)

Theo-24
Theovent Long-Acting
Slo-bid Gyrocaps
Theospan-Sr
Theobid Jr. Duracap
Slo-Phyllin Gryocaps
Quibron-SR
Theolair-SR
Theo-dur
Theoclear L.A.
Bronkodyl
Sustaire
Uniphyll
Theo-dur Sprinkle
Elixophyllin
Constant-T
Theochron
Theobid Duracap
Aeorlate
Respid
Trental

**Please also discontinue dipyridamole
(Persantine)**

Aggrenox (check with your physician)

**Commonly prescribed drugs containing
caffeine**

(DO NOT take 48 hours prior to test)

Cafergot (all forms)
Darvon Compound
Fiorinal
Synalgos
Wigraine

Over-the-counter drugs containing caffeine

Anacin
Excedrin
No Doz