# The Medical Group of New Jersey Sussex Cardiology

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. Please bring a light snack and drink you will be instructed on when to eat. We do not provide refrigeration.
- 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 in 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

other choosiate produc

#### **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.

Bronkodvl

Sustaire

Uniphyl

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