Gleneagles Hospital
HONG KONG
港怡醫院

Procedure Information Sheet – Treadmill Exercise Test

Hosp No.	:		HKID No.:
Case No.	:		
Name	:		
DOB	:		M / F
Adm Date	:		
Contact No.	:		

1. Introduction

1.1. Treadmill exercise testing is a non-invasive test used to identify any electrocardiogram change during physical activity. It is useful to determine:

1.1.1. if there's any blockage in arteries (coronary artery disease)
1.1.2. effectiveness of the medications
1.1.3. a person's exercise capacity
1.1.4. monitor treatment progress

2. Procedural Preparation

2.1. Prepare casual wear and sports shoes.
2.2. Light meal can be taken, preferably at least 2 hours before.
2.3. Avoid caffeine drink on the examination date, e.g. coffee and tea.
2.4. Details will be explained and Consent will be obtained before the procedure

3. Procedure

3.1. Qualified Cardiologists will standby during the test.
3.2. Patient will be asked to walk on a motor driven treadmill at a progressively increasing speed and inclination until achieving at least 85% of your maximum heart rate (adjusted by age and medical condition) and at least 6 minutes.
3.3. Patient may request to stop at any time if any significant discomfort or any significant electrocardiogram changes observed by the operating staff. The result may not be able to interpret if test incomplete.
3.4. Patient's electrocardiogram, blood pressure, heart rate and general condition will be continuously monitored by standby cardiologist and operating nurse.
3.5. Equipment for Emergency resuscitation will be standby at the area.
3.6. The entire procedure may take around 30-40 minutes to complete.

4. Potential Risks and Complications

4.1. Chest discomfort
4.2. Cardiac arrhythmias
4.3. Acute myocardial infarction (Heart attack)
4.4. Sudden death

5. Remarks

5.1. The above-mentioned procedural information is not exhausted. Please contact your physician for further enquiry.
5.2. If any complication developed, life-saving procedure or treatment may be required immediately.

6. Reference

6.1. Exercise Standards for Testing and Training. A Scientific Statement from the American Heart Association.

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I acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient/ Relative Signature: _____

Patient/ Relative Name: _____

Date: _____