

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

Procedure Information Sheet – Tilt Table Test

1. Introduction

- 1.1. You may be referred for this test if you have had episodes of dizziness, fainting, or passing out with an unknown cause.
- 1.2. The tilt table test examination is usually used to diagnose whether the patient is suffering from vasovagal syncope, which is a kind of autonomic nervous system disease. The mechanism is a sudden drop in blood pressure or heart rate, in response to adrenergic stimulation (such as a crowded environment, sudden pain, etc.), leading to fainting.
- 1.3. During the examination, you will be lying on a stretcher and tilted up to an almost standing position. Together with the use of medication, it will excite the adrenergic stimulation to provoke vasovagal syncope.
- 1.4. Tilt Table test is a diagnostic test for vasovagal syncope. Specific treatment can be considered once the diagnosis is confirmed, If you refuse this test, your doctor may not be able to understand the cause of your symptoms.

2. Procedural Preparation

- 2.1. This test must be carried out as an inpatient.
- 2.2. Fasting for 6 hours before the test is necessary.
- 2.3. Our staff will explain to you the details of the procedure, possible risks and complications. Please sign an informed consent if you agree to do this test.
- 2.4. An intravenous line will be inserted.

3. Procedure

- 3.1. You will be lying horizontally on the tilt table bed and secured with restraining straps initially.
- 3.2. Your blood pressure, heart rate, ECG and respiratory rate will be monitored regularly.
- 3.3. You will then be tilted up to an almost standing (vertical) position and remain standing on a footboard for around 20 minutes.
- 3.4. If you develop symptoms like dizziness, blood pressure or heart rate drops significantly, or syncope, healthcare professionals will return the tilt table to a horizontal position and stop the test immediately, your symptoms normally will subside quickly.
- 3.5. If you did not show any of the above signs and symptoms, your cardiologist may then administer medication (intravenous drug i.e. isoprenaline or sublingual drug i.e. nitroglycerin) and maintain standing position for another 20 minutes. You may experience palpitation, headache or nausea due to the medication effect.
- 3.6. The examination room is equipped with the necessary equipment for emergency resuscitation.
- 3.7. The whole procedure takes around 60 to 90 minutes to complete.
- 3.8. The report will be generated on the same day and your cardiologist will explain the results to you.

4. Post Procedure Care

- 4.1. You may leave with the approval of a healthcare professional and after resting for at least 15 minutes.

5. Possible Risks and Complications

- 5.1. This procedure carries certain risks. Including sudden cardiac arrest (>5 sec).
- 5.2. The drugs infused may cause arrhythmia or heart attack.

6. Remark

- 6.1. The above-mentioned procedural information is not exhaustive. Please contact your physician for further inquiry.
- 6.2. This leaflet cannot include all the possible outcomes if you refused this test.

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- 6.3. The list of complications is not exhaustive and other unforeseeable complications may occur. The risk quoted is for general reference only.
- 6.4. If there is any complication developed, another life-saving procedure or treatment may be required immediately.
- 6.5. If you have further concerns about this procedure, please contact your cardiologist.

7. Reference

- 7.1. Hospital Authority. Smart Patient Website: Head Up Tilt Table Test.
- 7.2. Task Force for the Diagnosis and Management of Syncope, European Society of Cardiology (ESC), European Heart Rhythm Association (EHRA), et al. Guidelines for the diagnosis and management of syncope (version 2009). Eur Heart J 2009; 30:2631.

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: _____

