

Delaware Cardiovascular Associates
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MYOCARDIAL PERFUSION SCAN INSTRUCTIONS – (STRESS TEST)

- o **ABSOLUTELY NO CAFFEINE 12 HOURS PRIOR TO TEST**
 - o (Includes DECAF, Coffee, Tea, Soda and Chocolate)
- o DRINK 2 – 8oz Cups of Water before your test.
- o Bring your insurance cards, referral and a list of your medications.
- o Wear comfortable walking shoes. Women, please wear a 2 piece outfit.
- o You may EAT a light meal 3 hours prior to the test.
 - o (Cereal, Toast, Bagel, Juice, Milk)
- o ALL PATIENTS BRING A SMALL LUNCH (Sandwich, Fruit, we do supply crackers)
- o You may bring a Caffeine Drink with your lunch/snack to drink when instructed.

IMPORTANT: DO NOT TAKE THE FOLLOWING MEDICATIONS FROM THE LIST BELOW WITHIN 24 HOURS OF THE TEST.

Atenolol	Labetalol (Trandate)
Beta Pace (Sotolol)	Levatol (Penbutolol HCL)
Blocadren (Timolol Meleate)	Lopressor (Metoprolol Tartrate)
Bystolic (Nebivolol)	Sectral (Acebutolol HCL)
Cabetolol	Tenormin/Tenoretic
Cartol (Carteolol HCL)	Timolide (Timolol HCL)
Corgard / Corzide (Nadolol)	Toprol (Metoprolol)
Coreg (Carvedilol)	Verapamil
Diltiazem	Visken (Pindolol)
Inderal/Inderide (Propranolol HCL)	Zebeta (Bisoprolol Fumarate)
Kerlone (Betaxolol HCL)	Ziac (Bisoprolol Fumarate)

THEOPHYLLINE/AMINOPHYLLINE

***Discuss with your doctor about stopping this medication for 48 hours prior to test.

ALL YOUR OTHER MEDICATIONS ARE TO BE TAKEN AS USUAL.

TESTING PROCEDURE

1. A Nuclear Technologist will start an intravenous (IV) and you will be injected with a SAFE radioactive isotope, which allows us to obtain pictures of the heart.
2. After one hour, pictures will be taken of your heart at rest. Imaging sessions last 15 -20 minutes.
3. Next you will exercise on the treadmill while a Cardiologist is present. IF the exercise treadmill cannot be preformed, you will be injected with a special medication.
4. A second injection of the isotope is given at the end of the exercise.
5. After one hour, a final set of images will be taken of your heart.

THE AVERAGE TIME OF THE TEST IS 3 HOURS

You must call 24 hours in advance if you must cancel or there will be a \$50.00 fee for “Not Canceling” your appointment or “Not following your instructions for prepping for the test and having to be turned away.”

PATIENT NAME: _____
Day/Date of test: _____ Time: _____

Drinks with "NO" Caffeine:

Ginger Ale
Diet Rite Cola
Sprite
7 Up
Mug Root Beer
Sundrop Orange
Fanta

Minute Maid Orange
A & W Root Beer
Slice
Sierra Mist
Yoo-Hoo
Fresca
Water

OVER THE COUNTER MEDICATION THAT
CONTAINS CAFFEINE

NoDoz
Vivarin
Excedrin/Excedrin Migraine
Anacin
Dexatrim
One Day Energy

Alka-Seltzer Wake-up call

Check Pain Medication if you are on any. Some contain Caffeine.