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Consent for Adenosine Cardiac Imaging

Patient Name: Last _____ **First** _____ **Date** _____

In order to determine the state of blood supply of my heart muscle and as is requested by my Doctor, I will have a heart imaging procedure using Adenosine that is a stimulus for increasing blood flow to the heart muscle as an alternative to exercise stress. Adenosine (ADENOSCAN) is a standard, approved intravenous heart medication. This study is performed in conjunction with injection of approved radioactivity in patients who cannot achieve an adequate level of stress in the form of exercise or whom may have contraindications for exercise stress such as abnormal heart rhythm. I understand that I fall into one of the categories listed above and adenosine may be preferable to exercise in my case.

My procedure will involve the use of adenosine that will be administered intravenously over a period of four to six minute with intravenous injection of approved radioactivity. Subsequently, a perfusion scan will be obtained in the same manner as in patients who have the radioactivity injected during exercise stress.

Increased heart rate is an expected response to Adenosine. In most patients there are few side effects. Side effects that have been observed include, but are not limited to the following: flushing 44%, chest discomfort 40%, shortness of breath or urge to breath deeply 28%, headache 18%, abdominal discomfort 13%, dizziness and light headedness 12%, nervousness 2% and low blood pressure 2%. Further complications that may rarely occur include irregular heart rate and rhythm 0.8 to 2.6% and heart attack. I realize that although every effort will be made to keep side effects to a minimum, the side effects can be unpredictable both in nature and in severity. Discontinuing the adenosine injection may reverse each of these symptoms mentioned above and in less than 2% of patients Theophyline may be used to reverse the side effects.

During the performance of the test, my pulse, blood pressure and electrocardiogram will be under surveillance and a nurse practitioner and/or physician will be available to provide immediate treatment of any complications. Emergency equipment and trained personnel are available to deal with any unusual situations, which may arise.

The study has been explained to me. I have had the opportunity to discuss my questions with the doctor or his associates and I believe that I have obtained a complete explanation regarding the procedure to be performed, the medications to be administered and any and all potential hazards which are thought to exist.

By signing below, I give my informed consent and agree to have this procedure.

Patient Signature: _____ **Date:** _____

Witness name and signature: _____