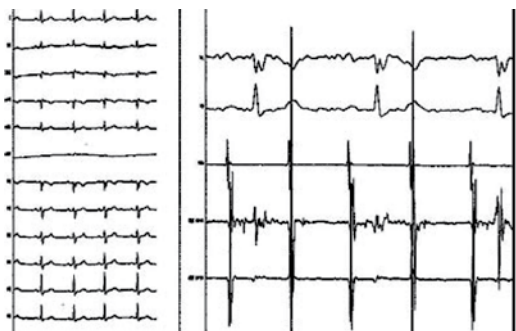


WHAT IS IT?

Electrophysiology (EPS) studies the electrical activity of the heart in patients who have irregular heartbeats (arrhythmias).

EPS shows the reaction of the heart to electrical impulses. These signals help your Cardiologist find out where the arrhythmia starts and what medicines or other therapies may help control it.



▲ Example of electrical recordings of the heart acquired during an electrophysiological study

A local anaesthetic numbs this area and usually prevents any pain during the procedure, although, you may feel some mild discomfort for about 20 seconds after this injection. Next, the Cardiologist makes a small incision in the skin, feeds the catheter into a vein or artery in your leg and then up to your heart.

Once the catheter is in place, the Cardiologist will give your heart small electrical impulses to make it beat at different speeds. The catheters will record the response to these impulses.



WHAT SHOULD I EXPECT?

Do not eat anything or drink anything up to 6 hours before your test. If you have diabetes, you should talk to your Cardiologist about your food and insulin intake, as these can affect your blood sugar levels. Also enquire whether the medicines that you currently take should be stopped before this test as some medicines, particularly Warfarin, can cause significant complications. Also, please bring a list of your medicines with you to the procedure.

You will most likely have blood tests, an ECG and a chest x-ray before the test. Once you are in the electrophysiology laboratory, you will see television monitors, heart monitors and blood pressure machines. You will lie on an examination table, which is usually near an x-ray camera.

Small metal disks called electrodes are placed on your chest. These electrodes have wires called leads, which attach to an electrocardiogram machine and monitor your heart rhythm during the test. Sometimes a general anaesthetic is given before the procedure, although most procedures are performed under sedation and local anaesthetic. To prevent infection, the nurse shaves and cleans the area of your leg where the cardiologist will insert the catheters.

You will be able to feel your heartbeat changing speeds and this may feel strange. The Cardiologist will remove the catheter after acquiring all of the necessary information and the catheter will be removed. Firm pressure will be applied to the site where the catheter was inserted to stop any bleeding.

You will be moved to another room where you will need to rest for a few hours. You may feel a little sleepy until the sedative has worn off. You must try to lie still and not bend your knee too much. Nurses will watch to see that your heart rate and blood pressure are normal.

After this time of rest, you should be able to go home. You need to be gentle with the puncture site for a day or so – no heavy lifting. You should not drive for 24 hours after the test.

Usually the doctor will have the results available at the end of the test. They will advise you about any further treatments required or changes to existing treatment.

You should read the consent form (over page) and understand the risks involved with this procedure. Please clarify any concerns or queries about this procedure with your Cardiologist before signing this form.

Disclaimer: This brochure has been prepared by Heart Care Partners for informational purposes only and is not medical advice. All care has been taken to ensure the accuracy of information, however, this information may be changed, improved, or updated without notice.

TESTING

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f (07) 3870 8481

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Suite 6
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CONSULTING

BRISBANE METROPOLITAN
Wesley
Clayfield
Mount Ommaney
Green Slopes

QUEENSLAND
Hervey Bay
Kingaroy
Maryborough
Rockhampton
Roma
Beaudesert
Emerald
Gladstone
Gympie
Ipswich

Name	Date of Birth	Medical Record Number
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I, Dr _____

Have discussed with the Patient/Parent/Guardian,

Patient's name _____

the patient's present condition, alternative treatments available and have explained the risks of

ELECTROPHYSIOLOGICAL STUDIES

Which may include:

- Risk of significant blood loss (1 in 300)
- Risk of heart attack (1 in 500)
- Risk of death (1 in 3000)
- Risk of Stroke (1 in 500)
- Risk of life-threatening contrast reaction (1 in 10,000)

Medical Doctor's signature _____

I, _____

of _____

request ELECTROPHYSIOLOGICAL STUDIES to be performed on me/upon

I also request the administration of anaesthetics, medicines, blood transfusions or other forms of treatment normally associated with this procedure.

I understand that other unexpected operation/procedures may be necessary and I request that these be carried out if required.

I understand that a sample of blood may be need to be tested, if there is any injury to either my doctor or a hospital staff member during the procedure.

Although this procedure will be carried out with all due professional care and responsibility, I understand that in some circumstances the expected result may not be achieved.

I also understand that complications may occur with any operation/procedure and I accept the possible risks associated with this procedure.

I have had the opportunity to ask questions about the procedure and I am satisfied with the information I have received.

Signature of Patient/Parent/Guardian/Other (specify below)

Signature of Witness to Patient's Signature

Specify Other (Print)

Full Name of Witness (Print)

Address of Witness

Special Provisions (if applicable)

Date