Adenosine Stress Cardiac MRI Study

A. Interpreter / cultural needs
An Interpreter Service is required? □ Yes □ No
If Yes, is a qualified Interpreter present? □ Yes □ No
A Cultural Support Person is required? □ Yes □ No
If Yes, is a Cultural Support Person present? □ Yes □ No

B. Condition and treatment
The doctor has explained that you have the following condition: (Doctor to document in patient’s own words)

This condition requires the following investigation. (Doctor to document - include site and/or side where relevant to the procedure)

This test looks at the function of the heart. It looks for areas of the heart not receiving a good supply of blood. It looks for any scarring of the heart muscle.
The following will be performed:
Before the test starts, you will be asked questions about your medical history. This is to make sure it is safe for you to have an MRI scan.
An electrocardiogram (ECG) is taken. This is a recording of your heartbeat on paper. A needle is placed in a vein in each arm. Your pulse, blood pressure and heartbeat are watched during the study. If we are worried about these, the study will be stopped.
You are moved on a bed into the MRI scanner.
The examination is in three parts:
1. Scans are done to look at how your heart is working.
2. Your heart is ‘stressed’ with a drug called Adenosine. This may increase your heartbeat. A doctor is with you while the drug is given. The injection is stopped if you develop severe chest pain, severe shortness of breath or major changes in your heartbeat. These symptoms usually go away within 10 seconds of the Adenosine being stopped. Rarely will you need a drug to settle any chest pain, shortness of breath or to slow your heartbeat.
While your heart is ‘stressed’ you are given a contrast agent called Gadolinium–DTPA. A scan is taken. This helps show areas of abnormal blood flow in your heart.
3. After a short break, more scans are taken to look for any scarring of the heart muscle.

At the end of the study another ECG is done. Please see the Appointment sheet for The Prince Charles Hospital MRI Department for important preparation information and for more detailed information about the test.

C. Risks of an adenosine stress cardiac MRI study
The main risks of the test are associated with the drugs that are used. They include but are not limited to the following:

Side effects of Adenosine:
You may get:
Facial flushing, mild headache, mild shortness of breath (feeling puffed), chest tightness, palpitations (fast heart beat), slow heart beat, low blood pressure or light headedness.
These generally go away quickly when the adenosine infusion is stopped.

Severe side effects of adenosine are rare but include:
For 1 in 1500 people
• The heart stops (Asystole). This needs drugs or a temporary pacing wire to fix.
• A fast heart beat (Ventricular Tachycardia). This may need an electric shock to return to the normal heart beat.
• Ongoing severe chest pain. This requires drugs to fix.
• Heart attack.
• Severe shortness of breath. This requires drugs to fix.

For 1 in 10 000 people
• Death

Side effects of Gadolinium-DTPA:
Mild reactions:
• General feeling of being warm or cool, feeling dizzy, nausea, headache or strange sense of taste or smell.

Rarely
• Rash, itching, vomiting or irritation of your throat.
• It is very rare to get a severe reaction to the Gadolinium-DTPA.

Other possible side effects:
• Swelling around intravenous drip site.
• Death as a result of this study is possible but very rare.
D. Significant risks and investigation options

(Doctor to document in space provided. Continue in Medical Record if necessary.)

- This consent document continues on page 3 -

E. Risks of not having this investigation

(Doctor to document in space provided. Continue in Medical Record if necessary.)
F. Patient consent

I acknowledge that the doctor has explained;

- my medical condition and the proposed investigation, including additional treatment if the doctor finds something unexpected. I understand the risks, including the risks that are specific to me.
- other relevant investigation options and their associated risks.
- my prognosis and the risks of not having the investigation.
- that no guarantee has been made that the investigation will improve my condition even though it has been carried out with due professional care.
- tissues and blood may be removed and could be used for diagnosis or management of my condition, stored and disposed of sensitively by the hospital.
- if immediate life-threatening events happen during the investigation, they will be treated based on my discussions with the doctor or my Acute Resuscitation Plan.
- a doctor other than the Consultant may conduct the investigation. I understand this could be a doctor undergoing further training.

I have been given the following Patient Information Sheet/s:

☐ Adenosine Stress Cardiac MRI Study

- I was able to ask questions and raise concerns with the doctor about my condition, the proposed investigation and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.
- I understand I have the right to change my mind at any time, including after I have signed this form but, preferably following a discussion with my doctor.
- I understand that image/s or video footage may be recorded as part of and during my investigation and that these image/s or video/s will assist the doctor to provide appropriate treatment.

On the basis of the above statements,
1. What is an adenosine stress cardiac MRI study?
This test looks at the function of the heart. It looks for areas of the heart not receiving a good supply of blood. It looks for any scarring of the heart muscle.

The following will be performed:
Before the test starts, you will be asked questions about your medical history. This is to make sure it is safe for you to have an MRI scan.
An electrocardiogram (ECG) is taken. This is a recording of your heartbeat on paper. A needle is placed in a vein in each arm. Your pulse, blood pressure and heartbeat are watched during the study. If we are worried about these, the study will be stopped.
You are moved on a bed into the MRI scanner.
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While your heart is ‘stressed’ you are given a contrast agent called Gadolinium–DTPA. A scan is taken. This helps show areas of abnormal blood flow in your heart.
3. After a short break, more scans are taken to look for any scarring of the heart muscle.

At the end of the study another ECG is done.
Please see the Appointment sheet for The Prince Charles Hospital MRI Department for important preparation information and for more detailed information about the test.

2. What are the risks of this specific investigation?
The main risks of the test are associated with the drugs that are used. They include but are not limited to the following:

Side effects of Adenosine:
You may get:
Facial flushing, mild headache, mild shortness of breath (feeling puffed), chest tightness, palpitations (fast heart beat), slow heart beat, low blood pressure or light headedness.
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Rarely
• Rash, itching, vomiting or irritation of your throat.
• It is very rare to get a severe reaction to the Gadolinium-DTPA.

Other possible side effects:
• Swelling around intravenous drip site.
• Death as a result of this study is possible but very rare.

Some people can not have this investigation. Please ring us immediately if you have any of the following:
• Cardiac pacemaker
• Cardiac defibrillator
• Neurostimulator
• Ear implants
• Cerebral aneurysm clips from brain surgery
• Recent heart attack (less than 3 days ago)
• Asthma
• Severe obstructive pulmonary disease
• Unstable angina
• Severe high blood pressure
• Very low blood pressure
• Heart block or sick sinus syndrome
• Severe heart failure
• Claustrophobia (fear of enclosed spaces)
• History of metal fragments in the eye
• Pregnant or breastfeeding
• Weigh around 150kgs or overweight for your height.
• An allergy to adenosine
• You are taking the following drugs:
  - Aminophylline
  - Theophylline
  - Dipyridamole