



TREADMILL STRESS ECHOCARDIOGRAPHY

Your physician has prescribed a treadmill stress echocardiography test. This heart echo test involves observing the heart at the moment its rate increases and reaches the set objective for your condition. You will be asked to walk on a treadmill for a few minutes to sufficiently increase your heart rate.

ABOUT THE TEST

- The test is by appointment only.
- The test is performed by a technologist and an echocardiography technologist.
- Plan to spend about an hour for the duration of the test.
- You can drive after your appointment.

PREPARING FOR THE TEST

48 hours before the test

- As prescribed by your physician, when needed, you must cease using beta blockers, nitrates, and calcium channel blockers.

On the day of the test

- Wear comfortable clothes and walking shoes.

CANCELLING OR POSTPONING AN APPOINTMENT

If you need to cancel or postpone your appointment, please notify the staff by dialling 819-346-1110, ext. 21073 or ext. 14430.

REMEMBER TO BRING...

- A valid medical insurance card (otherwise you will have to pay for this test).
- Your hospital card
 - * If you do not have a hospital card, before your appointment allow for 15 minutes to have one made at the admitting department.
- An up-to-date list of all your medications.

ON THE DAY OF THE TEST

- Go to the location at the time and date specified by the administrative officer or in your letter (received by mail or email).
- Upon your arrival, the technologist will place 10 electrodes on your thorax.
- The echocardiography technologist will then take images of your heart before and after you walk on the treadmill.
- While you are walking on the treadmill, the medical electrophysiology technologist will observe your blood pressure and check your electrocardiogram (electrical activity of the heart).
- You may leave the hospital after the test if your condition is stable.
- You will be able to drive home.

GETTING YOUR TEST RESULTS

Your results will be available 2 to 4 weeks after your examination and will be sent to you by your prescribing physician.

DO YOU HAVE ANY QUESTIONS?



santeestrie.qc.ca/cardiology



Info-Santé 811

OR

Speak to your prescriber.

CHECKLIST

My examination date: _____

Examination time: _____

Location: _____

Authors

Medical electrophysiology team

Revision and layout

Service des communications

Direction des ressources humaines, des communications et des affaires juridiques

© Centre intégré universitaire de santé et de services sociaux
de l'Estrie – Centre hospitalier universitaire de Sherbrooke, 2021

santeestrie.qc.ca

April 2021 – 4-6-10706 (French version) | 4-6-10707 (English version)