



UPRIGHT TILT TABLE TEST INFORMATION SHEET

PF08407 (R 4/09)

You are scheduled for an Upright Tilt Table Test. This study is used to identify if there is a cardiac cause for your syncope or near syncopal spells (fainting, dizziness). The Upright Tilt Table Test attempts to establish if you have an abnormal heart rate and/or blood pressure response to positional changes.

The test will be done by the electrophysiology Lab staff, with the authorization of your physician. The nursing staff will start an IV line for the purpose of medication infusion. At the beginning of the test, you will be asked to lie flat on an exam table with a strap around you to maintain your balance when the table is placed in an upright position.

The table will be tilted upright, simulating a standing position for approximately 15 minutes while your heart rate and blood pressure are continuously monitored. After 15 minutes, if no abnormal response is noted, the medication called Isuprel is started through the intravenous line. This medication normally increases the heart rate and blood pressure. You will feel your heart pounding very hard and you may feel hot and flushed. If your heart rate and blood pressure drops, the test is considered positive. This may create the same symptoms that you experience prior to your fainting spells.

If your test is positive, medication may be prescribed to prevent the abnormal changes in heart rate and blood pressure that may cause fainting spells.

The doctor will discuss the results and his plan of care with you after the test.

You will remain in the hospital 3 hours after the study for observation before discharge.

You will need to plan on being at the hospital for at least **4 hours** for this test.

TEST PREPARATION:

- Avoid food and drink for 6 hours before the study.
- No pre-test lab work is necessary.
- Cardiac and blood pressure medications may need to be held 24 hours prior to the test.
- Take all your other medications with sips of water.
- If you are a diabetic and not instructed regarding your diabetic medication on the day of your study, please call the office.

Your test is scheduled at _____ Date: _____ Arrival Time: _____

We hope this information sheet will answer some of your questions regarding this procedure. If you have further questions, please call the office at (989) 583-4700.