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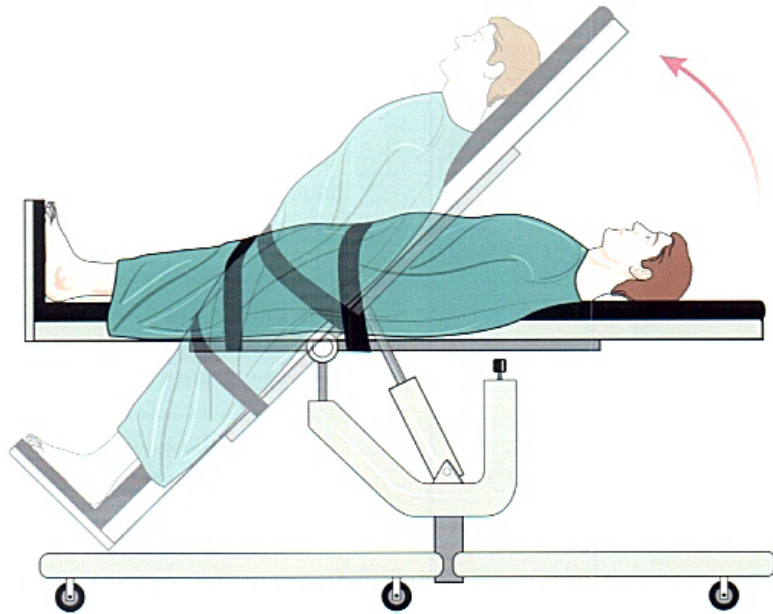
Head-up Tilt Table Testing

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The head-up tilt test is commonly suggested for patients with a history of unexplained blackouts, fainting or near-fainting spells, known as "syncope" by the medical staff. During the test, potential causes for syncope are investigated, and preventive therapy tested. Heart rate and blood pressure are measured after the patient is gently tilted to standing, using a special rotating bed, while gently restrained from falling.

Prior to the test, it is best not to have eaten for at least 4 hours. Some patients, for example women of childbearing potential may need to have routine blood tests (e.g. pregnancy screening) before testing. As a routine, for the testing period, intravenous access is placed to administer fluid or medicines if necessary. The test is performed in a quiet, low-light room so that the natural blood pressure regulating system, called the "autonomic nervous system" is not disturbed during the test. The

patient is made comfortable on a special bed that remains flat, but that can be rotated head-up. A blood pressure cuff is placed around the arm, and a heart rhythm (electrocardiogram, ECG) monitor is used during the test. Special comfortable wide Velcro restraining straps, generally placed just above the knee and chest, are used to support and protect the patient from any tendency for falls during testing.



After several minutes to allow the blood pressure and heart rate to stabilize in the normal lying down position, and while comfortably restrained and supported, the patient is slowly and gently rotated head-up nearly to standing up position using a special rotating bed. During the test the feet are firmly supported on a foot platform, and the patient is gently restrained for up to 45 minutes while the medical staff monitor for any symptoms or changes in blood pressure. During this time the patient is comfortable, and it is best just to close the

eyes and relax as much as possible. Many patients who complete the first period of tilt testing receive a small dose of medicine with adrenalin-like properties through the intravenous access to mimic low-level activity. This second period usually lasts about 10 minutes, then the bed is returned to the normal lying down position, and the test is finished.

During the test, symptoms of fainting or near fainting may occur—indeed the investigation of this, and specific changes in the blood pressure regulating system is the main reason for the test—but the patient is protected from falling or getting hurt. It is much safer to have such a fainting spell while under the careful supervision, and with the protection of the special hospital testing environment. The staff will ask you at frequent intervals how you are feeling, and to report any new symptoms. In addition to a fainting feeling, other symptoms may include a warm or sweaty sensation, nausea, head-ache or fatigue.

After the test, the patient is observed for a period, and the intravenous access (IV) is removed. The staff will discuss the results and any treatment options if appropriate after the test is complete, and follow-up plans will be reviewed. Depending on the results of the test, many patients resume activity shortly after the test.