



PACIFIC COAST  
CARDIOLOGY  
& RESEARCH

## PATIENT PRE-TEST INSTRUCTIONS:

### Tilt Table Test

1. Nothing to eat or drink for 6 hours prior to the exam.

\*\*\*YOU SHOULD NOT STOP ANY MEDICATIONS WITHOUT CONTACTING YOUR PRESCRIBING DOCTOR. USE THE FOLLOWING LIST IN ORDER TO SPEAK WITH YOUR DOCTOR:

Commonly Used Beta Blockers: Blocadren (timolol), Coreg (carvedilol), Inderal (propranolol), Lopressor (metoprolol), Tenormin (atenolol), Toprol –XL (metoprolol), Trandate (labetalol), Visken (pindolol), Bystolic.

Caffeinated Food and Beverages: Coffee including “decaffeinated”, teas, cocoa and any food containing cocoa (chocolate), and soft drinks.

### **Tilt Table Test (HUT Head Up Tilt)**

The Tilt Table Test is used to determine a cause of syncope (fainting or loss of consciousness). There can be different reasons people experience syncope. For some people it is related to an abnormal nervous system reflex causing the heart to slow and the blood vessels to dilate (open up) lowering the blood pressure. When this happens there is a reduced amount of blood to the brain causing one to faint. This type of syncope is called vasovagal, neurocardiogenic or abnormal vasoregulatory syncope and is considered benign (not dangerous or life-threatening), except for the injuries that can happen when one faints unexpectedly.

The Tilt Table Test is performed to reproduce (bring on) symptoms of syncope while the person is being closely monitored.

A Tilt Table Test is performed to evaluate one of the causes of syncope (fainting). Vasovagal or neurocardiogenic syncope is when the heart rate slows and the blood pressure decreases because the blood vessels dilate (open) as a result of an abnormal reflex of the nervous system.

## **How is the Test Performed?**

A trained nurse or technician and a physician may do the test. You will be asked to lie down on a special examining table with safety belts and a footrest. An intravenous line (IV) is inserted into one of your arms and a blood pressure cuff (or similar device) is attached to your other arm to monitor your blood pressure during the test. You are attached with electrodes (adhesive stickers) to an electrocardiograph (ECG) recorder to monitor your heart rate. For your safety, you are belted onto the tilt table. It is then tilted upright to a 60-80 degree vertical angle for approximately 45 minutes. You are instructed to limit the movement of your legs and not to shift your weight during the test. You will also be asked to describe any symptoms you may be experiencing during the test.

If after 45 minutes you have not experienced syncope, a medication, usually Isoproterenol/Isuprel that is similar to adrenaline that the body naturally releases, is administered while you are tilted again, for up to another 45 minutes while your heart rate and blood pressure continue to be monitored.

If you faint during the test, the table will be returned to a flat (horizontal) position and you will be continued to be monitored closely while you recover. Recovery is usually immediate.

Typical symptoms of vasovagal or neurocardiogenic syncope include:

Nausea

Sweatiness

Pallor

Lightheadedness

Sensation of palpitations

Near-fainting

Fainting

Symptoms frequently happen when standing for long periods or changing positions from lying down to standing.

## **Preparation for the Tilt Table Test**

Generally, there is no eating or drinking 4-6 hours prior to the test to limit symptoms of nausea/vomiting

Ask your physician if you need to discontinue any of your routine medications prior to the test

### **Risks**

The Tilt Table Test is generally a safe test. You are closely monitored and belted safely onto the table. You may faint during the test. Most people recover once the table is lowered to a horizontal (flat) position. In rare cases a medication has to be administered to help increase the heart rate and blood pressure.

### **Results**

If you faint during the test, it is considered "positive" for vasovagal or neurocardiogenic syncope. Your doctor will be notified of the results. You can discuss with him/her what the best treatment may be for you.

If you do not experience fainting during the test it is considered "negative" and you and your physician can discuss other tests you may need to undergo to determine the cause of your fainting.