



Arrhythmia Alliance

The Heart Rhythm Charity

Promoting better understanding, diagnosis, treatment and quality of life for individuals with cardiac arrhythmias

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Tilt Test



Introduction

This booklet is intended for use by people who have had, or are about to have a head-up Tilt Test. The information comes from research and previous patients' experiences and gives a brief explanation of what a Tilt test involves. This booklet should be used in addition to the information given to you by healthcare professionals.

Contents

Glossary of technical terms used

What is a Tilt Test?

Why do I need one?

What does a Tilt Test involve?

How long does a Tilt test take?

How will I feel during the test?

What if my test is positive?

How will I feel after the test?

Going home

Glossary of technical terms used

Cardiac Physiologist	a staff member skilled in interpreting and providing information on your heart rhythm
Cardiology Department	a hospital department where investigations for your heart take place

What is a Tilt Test?

A Tilt test lets us monitor your blood pressure and heart rhythm when you are lying down and standing up. The test will normally be done as an outpatient appointment. Your doctor will advise you whether YOU need to stop any of your tablets prior to your test. You may be advised not to eat or to only have a light meal before your test.

You will be asked to lie on a special bed called a Tilt Table which can be adjusted to move slowly up and forwards until you are in an almost upright position. During the test your blood pressure and heart rhythm will be monitored.

Why do I need a Tilt Test?

You may have been experiencing symptoms such as loss of consciousness (blackouts/fainting episodes), dizziness or severe lightheadedness, which may be due to a drop in your blood pressure or heart rate.

Normally your blood pressure and heart rate will change according to your body's needs, such as when you are sleeping or exercising. However at times they may not respond appropriately to your body's requirements and this may cause a sudden drop in your blood pressure/heart rate. This reaction may produce loss of consciousness (syncope) or a number of symptoms including dizziness or severe lightheadedness (pre-syncope). Tilt testing is used to determine if you are having this type of reaction.

The tilt test is painless and is used to help identify symptoms and reach a diagnosis

What is involved in a Tilt Test?

When you attend for your appointment, you may be asked to change into a hospital gown prior to lying down on the tilt table. It is advisable not to wear make-up and to bring a change of clothes. Safety belts will be placed around your body to make you feel secure. The bed also has a footplate at the bottom to rest your feet on.

Electrodes (stickers) and leads will be attached to your chest in order to monitor your heart rate and rhythm during the test. A small cuff to measure your blood pressure will also be placed around your arm or finger, you will feel the cuff inflate and deflate throughout the test.

You will be asked to lie still and quiet during the test as talking can disturb the information being recorded.

You may be given medication during the procedure but your Doctor or Physiologist will discuss this with you when you arrive for the test. Sometimes an intravenous cannula is inserted into a small vein on the back of the hand at the start of the test. This allows intravenous medication to be given. In some patients this will improve the sensitivity of the test.

While you lie quietly on the table, recordings of your blood pressure and heart rhythm will be taken. Once this is collected the table will then move

slowly up and forwards until you are in an almost upright position, where you will remain for approximately 45 minutes, your blood pressure and heart rhythm will be recorded throughout this time. On completion of the test the table will be lowered until you are back in a lying position.

How long will a Tilt Test take?

The length of time the test will take depends on when or if you experience a drop in your blood pressure or heart rate. Some people will demonstrate this within the first few minutes. Others may finish the complete test without any such reaction, this is a negative test. If no results have been recorded after approximately one hour the tilt bed will be lowered and the test terminated.

It is suggested that make-up is removed so that the healthcare professional can witness the pallor of your skin should the tilt test induce a drop in your blood pressure or heart rate.

How will I feel during the test?

The symptoms that you may experience during the test include light headedness, nausea, a cold and clammy feeling, sweating, a “spacey” feeling, or a feeling as if you are about to faint/blackout. If you do lose consciousness this normally only lasts for a short period of time and the bed is lowered whilst you recover.

You can ask for the test to be stopped at any time.

Some people develop symptoms even though their blood pressure remains normal. While this would be considered a negative test, this would be reported to your Doctor.

What if my test is positive?

If you develop a drop in blood pressure/heart rate associated with symptoms your test will be classed as positive.

The results of your test will be reported to your consultant. An appointment will then be made for you to return to discuss the results of the test and any treatment options that may be needed.

How will I feel after the test?

If your test is positive you may experience all the usual sensations you experience during a natural episode.

You will be allowed to fully recover before standing up and getting dressed.

If you have a negative test, it is common to report feeling tired but otherwise fine.

Going home

It is recommended that you are accompanied by a friend/relative so they can drive you home after the test. You may also wish to bring a change of clothes as some people may very occasionally experience loss of bladder control during the test.

Useful Websites

If you have access to the Internet you may find the following websites useful:

www.arrythmiaalliance.org.uk

www.bhf.org.uk

www.cma.org.uk

www.dvla.gov.uk/at_a_glance/ch2_cardiovascular.htm

www.sadsuk.org

www.stars.org.uk

Finally

Please feel free to discuss any concerns you may have with your doctor, physiologist or your specialist nurse at any time.

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Please remember these are general guidelines and individuals should always discuss their condition with their own doctor.



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