

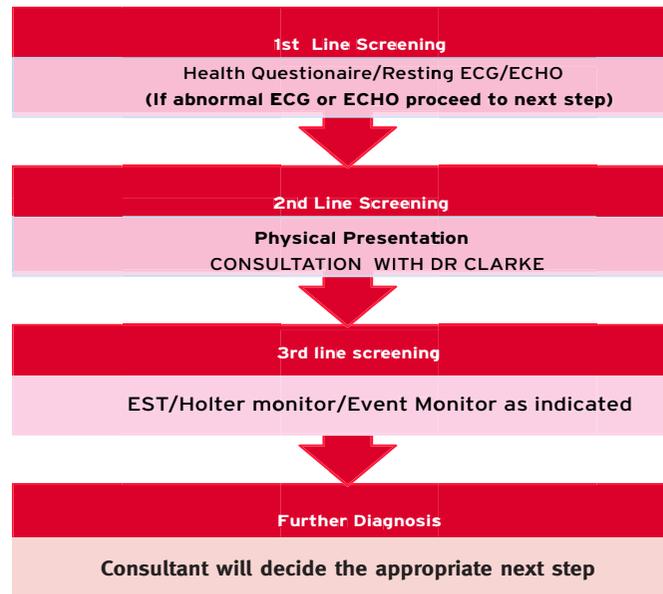
## Symptoms for Screening

You must complete this questionnaire prior to screening. Please ensure you bring these details to your appointment.

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. Has anyone in your family under the age of 40 years died suddenly and unexpectedly due to a heart problem or for which no cause was found. (This includes drowning or sudden infant death syndrome)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you or does anyone in your family have abnormal heart rhythms, cardiomyopathy or problems with the heart muscle such as Wolf Parkinson white syndrome, long QT syndrome, Marfan syndrome or other? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you or a family member ever lost consciousness or blacked out for no apparent reason especially during or after exercise?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have a history of a heart murmur or other heart related problems?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever experienced chest pain, chest discomfort, shortness of breath, dizziness or light-headedness during or after exercise?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever had an unexplained, noticeable change in exercise tolerance where you became tired for no reason?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever had palpitations of the heart, heart racing without reason or irregular heartbeat?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you ever, or do you currently suffer from Asthma, breathing problems or seizures such as epilepsy?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you have, or have you ever had, high blood pressure, high cholesterol or a heart related infection?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you take any drugs or medication? (Including recreational drugs) If YES please specify  | <input type="checkbox"/> | <input type="checkbox"/> |



### Screening Protocol



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KILKENNY**



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**CARDIAC  
SCREENING  
INFORMATION**

## Why Cardiac Screening?

It is recommended that individuals aged 14 years or older, involved in high intensity, highly competitive sports have a screening cardiac investigation. Treatment and prevention of complications may be possible when cardiovascular disease is identified at an early age.

## Dr. John Clarke, M.D., Ph.D., F.R.C.P.I Consultant Cardiologist

Dr. Clarke is a UCD graduate who trained in the Hammersmith Hospital in London and at Stanford University in California. Together with Dr Gerard King, the practice has been actively involved in research into the effects of exercise on cardiac performance and remodelling.



## Who will perform the tests?

### Karen Coen, Senior Cardiac Physiologist

Karen trained in the cardiology department of the Mater Misericordiae Hospital in Dublin. She gained paediatric experience while working in Crumlin Children's Hospital. She is currently a BLS instructor for the Irish Heart Foundation and an associate member of The Society for Cardiology Science and Technology. Karen has been a valued part of the team in Aut Even Hospital since 2007.



### Dr. Gerard King, PhD Chief Cardiac Clinical Physiologist

Dr. Gerard King is regarded as a leader in the field of cardiac echocardiography internationally. Gerard is a renowned specialist in cardiac echocardiography and has published extensively on the subject in peer reviewed medical journals. He was recently invited by a prestigious American Cardiology Journal to write the editorial in relation to the effects of exercise on the performance of the heart chambers. This was done together with his co-workers from Massachusetts General Hospital in Boston.



## The Process:

- Each patient will be greeted and registered by the Secretary when they arrive.
- Blood Pressure readings will be taken and recorded.
- The patient is then asked to lie on a bed for an ECG (Electrocardiogram). This measures the electrical pathways and activity of the heart. Small sticky pads are applied to the chest, arms and legs and are connected to an ECG machine which records the heart rhythm.
- An onsite ECHO (Echocardiogram) will be performed. This records moving images of the heart showing its structure and blood flow.

In the event that any abnormalities are detected you will have the option to be seen by our Consultant Cardiologist who will decide the appropriate next step as per protocol (see back cover).

## The Tests Involved:

### Resting ECG

This allows the doctor to assess the rhythm of the heart and give an idea as to whether there are any defects in the electrical conduction of the heart, information in relation to some of the common inherited defects that affect the electrical system of the heart. It may also provide indirect evidence of abnormal heart muscle function. The test takes approximately five minutes and is performed by the Cardiac Physiologist.

### Screening Echocardiogram

This allows the doctor to actually see what your heart looks like as it is working. It is possible using ultrasound waves to pick up the motion of the heart and the valves. These structures can be clearly seen as in a photograph. We can therefore get a good idea if the heart is normal. In particular an ECHO will pick up any sign of HOCM, a specific cause of Sudden Cardiac Death Syndrome. The procedure lasts 15 to 20 minutes and involves no discomfort.

**Total time involved: 30 minutes**

**Cost of tests: €150**

## Patient Details

Surname: \_\_\_\_\_

First name: \_\_\_\_\_ DOB / /

Address: \_\_\_\_\_

GP Details: \_\_\_\_\_

## A Consent for Screening

*Please read this consent form carefully before signing. Please ensure that any questions that you may have about this screening programme and/or the contents of this consent form are answered before you sign it.*

I the named above consent to my results of Aut Even/Dr. J. Clarke cardiac screening being held by Aut Even Hospital/Dr. J. Clarke on a research database and are treated as strictly confidential and I allow access to my records for research purposes.

The results will be disclosed only to the person who has been screened (and/or to the parent/Guardian or GP of a person aged between 16 and 18 years where we consider that it is in the best interest of that person to do so.)

Aut Even Hospital/Dr. J. Clarke cardiac screening in the form of medical questionnaire and ECG to be carried out on me or on the person under the age of 16 who is named above. And consent to the results being sent to a Cardiologist for review, interpretation and the Cardiologists findings.

**This screening process will detect up to 70% of known cardiac abnormalities most likely to affect young people. Our understanding of the cause of Sudden Cardiac Death Syndrome is incomplete and screening may not detect all cardiac conditions An abnormal condition may be missed if it is too subtle or because it was undetectable on the day of screening.**

I have filled out the questionnaire to the best of my knowledge and have read the detailed information of the consent form. I understand the service Aut Even Hospital/Dr. J. Clarke are providing and would like to proceed with this service.

I \_\_\_\_\_ (Print Name) have read and understand the risks, benefits and complications involved and consent to cardiac screening.

Patient Signature: \_\_\_\_\_

Technician Signature: \_\_\_\_\_

**I am signing as Parent/Guardian for the person undertaking Cardiac Screening as he/she is under the age of 16 years.**

Parent/Guardian Signature: \_\_\_\_\_