



# ACCREDITED CARDIOLOGY OF ARIZONA



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## **Informed Consent for Transcranial Doppler with or with/out Bubble Study**

Your physician has ordered for you to undergo a Transcranial Doppler (TCD) with or without Bubble Study. A TCD uses high frequency sound waves or ultrasound to examine the arteries in your brain. If you are to undergo the Bubble Study, it involves an injection of agitated sterile saline solution (salt water) through an arm vein by a nurse practitioner or physician. This injection will help the sonographer (someone trained to perform ultrasound examinations) see if there are any unusual connections within your heart as well as any blocked arteries within your brain.

Before you undergo the test, a sonographer, physician and/or nurse practitioner will interview you and review your medical records to determine if any condition exists that would contra-indicate the performance of the test. If you have had eye surgery within the last month, please inform the technician immediately.

The length of the examination is approximately 30-45 minutes. It is not unusual for a test to run longer if the arteries of your brain are difficult to visualize because of the thickness of the skull.

In the examination room, an intravenous tube (IV) will be inserted into one of your arm veins and will be removed at the end of test. During the test, you will be asked sit up or lie down. A sonographer will use a small hand-held probe, called a transducer, which will be placed gently against your temples, base of the skull and closed eyelids. A small amount of clear water-soluble gel is applied to the transducer and your skin for lubrication. If you do feel any discomfort during the test, do not hesitate to bring it to the sonographer's attention.

The potential risks, although remote, include stroke, pulmonary embolism and discomfort from pressure applied with the probe.

I have read the foregoing and understand it, and any questions, which may have occurred to me, have been answered to my satisfaction.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Physician/Nurse Practitioner Supervising Test