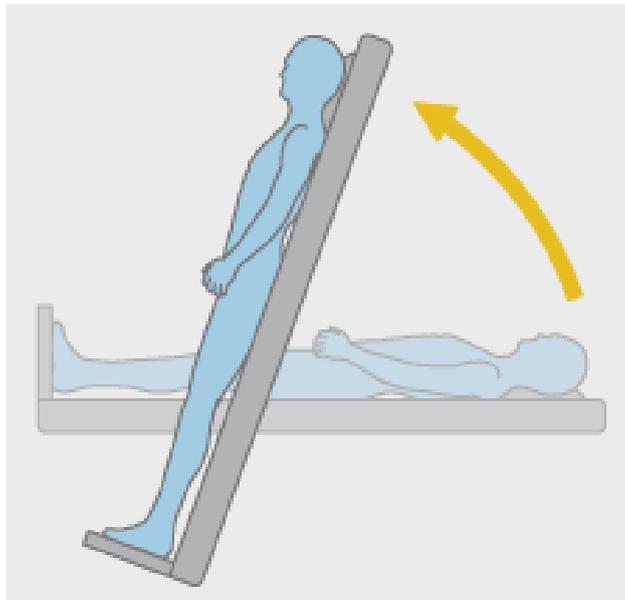


Coventry and Warwickshire Cardiovascular Network

Tilt Table Tests

This leaflet explains why you need a Tilt Table Test and what to expect when you attend for your test.



Positions during a Tilt Table Test.

The Tilt Table Test

You have been asked to attend the hospital to undergo a tilt table test.

You will receive a letter in the next few weeks telling you the time of your appointment and where to go when you arrive.

This leaflet gives you more information about what you should do before you come for your test, what you should bring with you and what will happen during the test. You will also be advised what to do when you are ready to go home.



Why do I need a tilt table test?

Your consultant will have decided to put you forward for this test because you have been experiencing episodes of collapse (syncope). This is the medical term for fainting or blackouts (loss of consciousness). You may also suffer from frequent dizziness and extreme light-headedness. Syncope happens when there is insufficient blood flow to the brain, depriving it of essential oxygen and nutrients for a short period of time. This is often caused by a sudden drop in your blood pressure and heart rate.

Because episodes of syncope tend to occur sporadically, usually with no one present, your doctor has little information to establish a firm diagnosis.

In this situation it is often helpful to perform a tilt table test to try to bring on your symptoms while you are being carefully monitored in the hospital setting. The staff supervising the test will be monitoring your heart rate and blood pressure continuously and so will be able to end the test very quickly if you begin to feel unwell.

What is a Tilt Table Test?

The tilt table test is one of a series of investigations used to determine the cause of your fainting or blackouts. It is a painless test which takes about one hour. It is done as an outpatient appointment in a room especially equipped with a range of heart and blood pressure monitors and the tilt table itself.

The tilt table is an electronically controlled trolley bed which has the facility to allow you to lay flat on your back or be raised and supported into the almost upright position (70-80 degrees from flat).

During the time you are in the upright position, you will have a comfortable strap or straps placed around your body to keep you secure as the table is tilted. There is a footplate at the end of the bed on which to rest your feet to stop you from slipping off at the bottom. The diagram at the beginning of this booklet will give you an idea of the action of the tilt table.

During the test your heart rate and blood pressure are continuously monitored while you are lying flat and then while standing in an almost

Patient Information

upright position. This change in position stresses the body's control mechanisms which normally keep your heart rate and blood pressure at a fairly even level. The careful monitoring of this system may give clues as to the cause of your symptoms. If no abnormal changes are detected about 20 minutes after being tilted, then you will be given a spray under your tongue which may provoke an episode. If you do experience a fainting episode during the test itself, the staff will make this as brief as possible.

If this test proves negative, in that you do not faint during the test, then you will probably need other tests to establish the reason for your fainting attacks.

Until the underlying reason for your fainting attacks is identified, it is not always possible to offer you informed advice or appropriate treatment.

What are the risks?

The tilt table test is generally a very safe test. You will be closely monitored and will be safely and comfortably secured onto the table throughout the test. You will usually have two members of staff in attendance who are experienced in doing tilt table tests.

If you do faint during the test, you will most likely recover uneventfully once the table has been lowered and you are lying flat on your back. Very occasionally, you may need to have some medication by injection to help you to recover by increasing your heart rate and blood pressure.

You are also likely to experience the same feelings of tiredness, as you would after you have had one of your fainting episodes.

Preparing to come for your test

- Please do not eat a heavy meal before you come for your test, as this could increase your chances of feeling nauseous during the test.
- It is also advisable not to drink coffee, tea, or any other stimulant drinks such as coca cola or alcohol before you come in for your test.
- Take your usual medication on the day, unless you have been told not to, and bring in a list of the medicines you are on, just in case the staff need to see it.

Patient Information

- You will need to have someone to bring you into the hospital and also to take you home again, because you should not drive for the rest of the day, after you have had your test. Your companion will be able to wait for you while you have the test.
- If you do not have someone who can bring you for your test and take you home afterwards, please let us know as soon as you receive your letter by ringing your consultant's secretary during office hours.

The telephone number is 02476965669

- Wear loose-fitting easily removed clothing, either a top and trousers or top and skirt, because you will be asked to put on a hospital gown before you go for your test.
- Please also bring in a change of clothing, just in case you should need one. (On rare occasions if the test proves to be positive, you may lose bladder control.)

For female patients:

- We shall try to make your appointment for a time when you are not having a period.
- Please let your consultant's secretary know, before you come in, if you think you could be pregnant, to give us the opportunity to decide whether it is advisable for you to go ahead with the test.

What happens when I arrive at the hospital?

The letter you receive with your appointment date and time will have instructions on where to go for your test

- Please arrive 15 minutes before your appointment time and be prepared to stay for at least an hour
- You will be met by the staff who will be looking after you during your test
- You will be escorted to the test room, and the staff will discuss the procedure with you. If you have any concerns, or questions please ask them now
- You will be asked to put on the hospital gown.
- Please make sure that you go to the toilet just before you go for your test.

The Tilt Table Test

- The test is conducted in a pleasantly warm, darkened room to help you to relax.
- The staff will attach several electrodes to stick-on patches that they will put onto your chest, together with a blood pressure cuff on your arm and a small finger monitor. The electrodes will monitor your heart beat throughout the test and your blood pressure will be monitored by the arm and finger cuffs. You will feel the blood pressure cuff on your arm inflate and feel tight at regular intervals as the test progresses. One of the finger monitors will also feel tight, as it will be constantly measuring your blood pressure throughout the test.
- You will get on to the tilt table, with help if necessary, and be made comfortable lying down, before you are strapped in to keep you safe when the table tilts. Your feet will rest against the foot-plate at the end of the table bed.
- You will be told when the test begins and from then on it will be timed until it is finished.
- Please don't talk and try to relax as much as possible during this time.
- The first part of the test will last between 5 and 15 minutes, during which time you will be resting quietly whilst we monitor your heart and blood pressure.
- At the end of this time, the table will be put gently into the almost upright position, where you will remain for 20 minutes. Please try to keep as still as possible during this time.
- You may experience a warm, heavy feeling in your legs during the time you are standing, but this is nothing to worry about and it will go away once you are lying down again.
- This period may pass uneventfully or it may cause you to faint or have other significant symptoms such as dizziness/light-headedness, feelings of nausea, or you may feel clammy.
- Please let us know if you begin to feel unwell; observations will be taken and the test may be halted.
- If you continue to feel well without any of your usual symptoms, the staff may decide to give you a couple of sprays of GTN (glyceryl trinitrate) into your mouth which can give you a head-ache.

Patient Information

- This is given to see if it will bring on a faint by reducing your blood pressure and heart rate.
- Occasionally you may also have the artery in your neck massaged to check if this brings on an abnormal response. The massage is generally painless and, if performed, the staff will explain in more detail before they start.
- You will remain in the standing position during this time, but if these techniques do not cause your symptoms to develop, the table will be returned to the flat position and you will be monitored for a few more minutes.
- After the test you will be helped off the table and you can then get dressed before you return to your companion in the waiting area.
- If you have had a fainting attack, you may be taken back to the waiting area in a wheelchair; otherwise you will return to the area on foot and you may be advised to have a drink before going home.

The test results

You should get the results of your test when it is finished.

The test will be classed as positive if it causes you to have an episode of fainting and a record of your heart and blood pressure monitoring will be kept to assist the doctors to decide on possible treatment options.

If the test is **positive** you will usually be advised to drink more fluids, possibly increase your salt intake and possibly start some 'Tilt' training exercises. These involve strengthening the body's control mechanisms by progressive periods of standing. You may be given leaflets about these measures and information about tilt training exercises can be found at the end of this information leaflet.

The test is classed as **negative** if you remain symptom free while you are on the tilt table and there are no abnormal changes in your heart rate or blood pressure. You may then require more investigations to determine the cause of your fainting episodes and so will need a further outpatient clinic appointment.

Patient Information

Any further appointments will usually be sent to you in the post.

When you return home, it is recommended that you rest after your test, in particular if you had a positive result, because you will most likely feel as tired as you do after one of your fainting episodes.

Please **contact your GP** if you have any other concerns after you have returned home.

This leaflet has been written by:

Dr. Shamil Yusuf. Consultant Cardiologist and Electrophysiologist ,
University Hospitals Coventry and Warwickshire NHS Trust.

Sister Helen Eftikhari

Sister Geeta Paul

Sister Sarah Abbott

Sister Albiona Zhupaj

Arrhythmia and Syncope Specialist Nurses Contact Number:
02476964794.

Useful Information

University Hospitals Coventry and Warwickshire NHS Trust

Clifford Bridge Road, Coventry, CV2 2DX

Telephone: 024 7696 4000

Fax: 024 7696 6056

Web: www.uhcw.nhs.uk

George Eliot Hospital NHS Trust

College Street, Nuneaton, CV10 7DJ

Telephone: 024 7635 1351

Fax: 024 7686 5175

Web: www.geh.nhs.uk

Patient Information

The Trust has access to translation and interpreting services. If you need this information in another language or format, we will do our best to meet your needs. Please contact the telephone number on your appointment letter.

The Trust operates a smoke free policy

To give feedback on this leaflet please email: feedback@uhcw.nhs.uk

Document History

Department	Cardiac services
Contact:	02476964794
Updated:	February 2021
Review:	February 2023
Version	7
Reference:	HIC/LFT/886/09



Tilt Training Exercises

If you have been found to have an abnormal Tilt Test then you may be advised to start some simple exercises which can be highly effective at preventing syncopal episodes (blackouts).

You will need to do them daily.

They are so simple that many people dismiss the idea that they can work. Some people have syncope (blackouts/fainting) due to an abnormality of what is called the autonomic nervous system. This is the part of the nervous system that controls the body without us having to think about it.

Examples of this are temperature control/sweating, control of our heart rate and blood pressure.

The autonomic nervous system is made up of two balancing systems:

- The sympathetic nervous system
- The Parasympathetic nervous system

Normally these two mechanisms are able to maintain the blood pressure at a fairly stable level by their ability to relax and constrict blood vessels throughout the body. This is why we don't collapse every time we stand up.

In some people the autonomic system becomes unbalanced from time to time and this can result in a fairly sudden fall in blood pressure, heart rate or both. If this is severe enough, it will result in loss of consciousness.

Like any system that is not working efficiently, it can be improved by training exercises. For the autonomic system, this involves actually stressing the autonomic system – normal exercise will not help.

The best way to stress the autonomic system is to stand still in an upright position. By gradually increasing the period of standing, you can improve the function of the autonomic nervous system and this often results in a very significant reduction in symptoms.

It is important to realise that this doesn't happen quickly.

Patient Information

You will need to persevere with standing exercises for a few weeks before improvement is likely to be noticeable.

When you start tilt training, find a safe place where you will not hurt yourself if you fall.

(Avoid anything close by with sharp edges or stone floors)

It is best to have a chair at your side so that you can sit down quickly if begin to feel unwell.

If possible, at least for a week, do these sessions when there is someone else around in case you need help.

If you start to feel your symptoms, then sit or lie down immediately.

Below is a suggested training regime, but this can be varied according to how you feel while doing the training. If you begin to feel light headed before the end of the selected time, then just sit down.

The next day stand for the same length of time and only extend the time if you no longer feel light headed.

Stand with your back to the wall with your feet together

(A little away from the wall, so that you are not touching it)

Day 1 and 2	10 minutes
Day 3 and 4	20 minutes
Day 5 and 6	30 minutes
Day 7 onwards	40 minutes (Or 2 x 20 minute sessions)