

Dear Patient

This leaflet has been written to provide information about a basic breathing test (Spirometry). We hope it answers some of the questions or concerns you may have. It is not intended to replace talking with your Doctor or Practice Nurse. **Please complete the enclosed questionnaire prior to attending for your Spirometry appointment.**

What is Spirometry?

Spirometry is a basic breathing test which measures the amount of air you can breathe in and then blow out forcefully. Your G.P/ Practice Nurse has requested this test to assess your lung function following your recent visit.

How is the test performed?

The Practice Nurse/ Health Care Assistant performing the test will measure your height and weight and then ask you to sit upright in a chair next to the device. You will be asked to take a deep breath in and blow into the Spirometer as hard and fast as you can until your lungs are completely empty. This routine will be repeated several times to ensure the results are consistent.

Reversibility Test.

Depending on your results you may be given an inhaler (bronchodilator) which will open up your airways to their best possible. The technician will demonstrate how to use the inhaler via a spacer. You will then have the test repeated 20 minutes later to see if there is any improvement. During the 20 minute interval you will be asked to sit and wait in the waiting area.

Will I feel any pain or discomfort?

The test is not painful but can feel a little uncomfortable. Some patients experience light-headedness. You will be encouraged to do your best and will be given time between each blow but you must inform the technician if it is causing you to feel unwell.

How long will the test take?

The initial part of the test takes approximately 30 mins, if reversibility is then required you will have the 20 minutes interval whilst the inhaler takes effect and then another 10mins of testing. On completion of the spirometry you will have a 40mins appointment with the Practice nurse who specialises in respiratory. This will either be on the same day or a separate appointment will be given to you.

How should I prepare for spirometry?

If you are already taking regular inhalers or medication for your breathing, please bring them to your appointment but we ask that you do **not** use them if possible for the time specified below:

| | |
|--|-----------|
| Relievers – Salbutamol/ Terbutaline | 4-8 hours |
| Short acting anticholinergics – Atrovent | 6 hours |
| Long acting relievers – Salmeterol/Formoterol/Seretide/Symbicort/Fostair/Relvar | 12 hours |
| Long acting anticholinergics – Spriva/Incruse/Eklira /Anoro/Braltus/Tiotropium | 24 hours |
| Long acting oral bronchodilators – theophylline tablets | 24 hours |

If you feel breathless and need to use any of these inhalers within the times above please inform the technician at the start of your appointment.

Other Instructions:

- Please **do** take all of your other medications as normal.
- Please **do** bring any inhalers you have to the appointment.
- Please **do not** smoke in the 24 hours before the test.
- Please **do not** drink alcohol on the day of the test.
- Please **do not** have caffeine e.g tea/coffee in the 4 hours before the test.
- Please **avoid** eating a large meal 2 hours before the test.
- Please **avoid** vigorous exercise in the last 30 minutes.
- Please wear non-restrictive, comfortable clothing.

For your comfort please empty your bladder just before your appointment.

If on the date of your test you have a chest infection please ring the surgery to cancel & re-book the appointment when you have been well for **at least 6 weeks**. A chest infection and / or oral steroids will affect your test and give your G.P/ Nurse Practitioner invalid results.

What are the benefits of having spirometry?

The results of the test will greatly benefit your G.P/Practice Nurse when diagnosing problems with your breathing or when monitoring an existing respiratory condition.

What are the risks involved?

The procedure is performed frequently at the surgery and is very low risk. However, because the test requires **MAXIMUM EFFORT** it is important to ensure that it is suitable for you.

If you have any of the following, please inform the technician prior to starting the test.

- Uncontrolled high blood pressure
- An ear infection
- A heart attack or stroke
- A collapsed lung (pneumothorax)
- Uncontrolled angina
- Coughed up blood recently and the cause is unknown
- Any chest, abdominal or cerebral aneurysms
- Any operations (including chest, abdominal or eye surgery)

You may feel light-headed after each attempt at the test but this should only last a few seconds. Occasionally some patients feel shaky after they have had the inhaler, this is also normal and should only last for a short time.

Rarer complications include fainting due to the forced nature of the test and nausea

What can I expect after the test and when can I resume normal activities?

After the test and follow up appointment with the Nurse is over, you can go home and resume your normal activities straight away. You should not experience any lasting effects from the test. You should resume taking your inhalers as normal.

When do I get the results?

The Healthcare Assistant performing the test will not be able to give you any results at the appointment. She will ask you to make a follow up appointment with the GP/ Nurse Practitioner that referred you.

What if I have concerns/queries before the test?

Please feel free to phone the surgery and they will arrange for you to speak to the Practice Nurse who specialises in Spirometry and she will be able to address any questions you may have.

Spirometry Pre-Appointment Questionnaire

Please complete this before your spirometry appointment

COVID-19 (please circle):

- Have you had your COVID-19 vaccination?..... Had one dose / Had both doses / N
- Have you had any recent fever, cough or loss of taste/smell in last 1 month?..... Y / N

Possible Contraindications to spirometry – do you have or had (please circle):

- Current chest pain..... Y / N
- Coughing up blood Y / N
- Current/recent chest infection within last 6 weeks Y / N
- Active TB or bullous emphysema Y / N
- Detached retina in last 8 weeks Y / N
- Chest, stomach, eye or brain surgery in last 3 months..... Y / N
- Stroke, heart attack or collapsed lung in last 3 months..... Y / N
- Ear perforation in the last 4 weeks Y / N
- Chest, tummy or brain aneurysms..... Y / N
- Unstable or uncontrolled angina..... Y / N
- Current pain/nausea/vomiting Y / N

Are you or have you

- Current Smoker Y / N Date & time of last cigarette
- Ex smoker Y / N Yearsand approx. No of cigarettes.....
- Drank alcohol in last 4 hours Y / N
- Eaten heavy meal in last 2 hours Y / N
- Done any vigorous exercise in last 30 minutes Y/N
- Clothing loose for the test Y/N

Any symptoms of?

- Shortness of breath, especially during physical activities..... Y / N
- Wheezing..... Y / N
- Chest tightness Y / N
- Having to clear your throat/chest first thing in the morning, due to excess mucus Y / N
- Dry cough..... Y / N
- A chronic cough that may produce mucus that is clear, white, yellow or green Y / N
- Blueness of the lips or fingernail beds (cyanosis)..... Y / N
- Frequent chest infections..... Y / N
- Lack of energy..... Y / N
- Unintended weight loss Y / N
- Breathlessness at rest..... Y / N
- Breathlessness upon exertion..... Y / N
- Voice Changes..... Y / N
- Swelling in ankles, feet or legs..... Y / N

Do any of your symptoms: (cough, chest tightness, breathlessness or wheeze)

- Occur persistently (Y / N)
 - or is variable (Y / N) on a day to day basis
- Occur worse at night (Y / N)
 - and early in morning (Y / N)
- Occur during and/or after exercise (Y / N)
 - allergen exposure (Y / N)
 - cold air (Y / N)
- Occur after taking aspirin (Y / N)
 - or beta-blockers (Y / N)
 - or any other trigger (Y / N)

Any current or previous of the following?

- | | |
|---|-------|
| • Exposure to air pollution | Y / N |
| • Exposure to asbestos | Y / N |
| • Exposure to chemical..... | Y / N |
| • Exposure to dust..... | Y / N |
| • Exposure to noxious gases | Y / N |
| • Exposure to particles..... | Y / N |
| • Exposure to cigarette smoke as a child | Y / N |
| • Exposure to cigarette smoke as an adult | Y / N |
| • Eczema/dermatitis/hay-fever) | Y / N |
| • Family history of asthma, emphysema, hay-fever, eczema..... | Y / N |
| • Allergies to dust/dust mite | Y / N |
| • Allergies to animals | Y / N |
| • Gastroesophageal reflux | Y / N |
| • Prone to chest infections | Y / N |
| • Are you taking beta blockers or aspirin..... | Y / N |

What has been your job occupation in last 40 years?

What has been the job occupation of your partner/previous partners in last 20 years?