



CARDIOVASCULAR INSTITUTE OF NORTHWEST FLORIDA

801 East 6th Street, Suite 504
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850-769-0329

MUGA INFORMATION/INSTRUCTION SHEET

You have been scheduled of a MUGA SCAN of your heart by our office. Your appointment time for this test is _____.

Your Follow-up appointment with Dr. _____ to discuss your test results is _____.

THERE IS NO NEED TO PREPARE FORTHIS TEST WHAT SO EVER. EAT AND DRINK AS USUAL AND DO NOT STOP ANY MEDICATIONS FOR THIS TEST.

PROCEDURE: A small IV catheter will be inserted in a vein and a small sample of your blood will be collected. This blood sample will be tagged or mixed with a small amount of radioactive material. After a sufficient length of time (30 minutes) your own radioactive blood will be re-injected back into you through the IV catheter. The IV catheter will be removed and imaging of your heart will begin. You will be placed on a small imaging table and your heart rate (pulse) will be monitored. A gamma camera will be positioned over your heart and will slowly rotate around your body. As the camera rotates, many pictures (images) are recorded of your heart beating. These images are saved in a computer for evaluation and review by our physicians. The information obtained from this test will help your physician determine the state of your heart.

There are no known side effects or adverse reactions from the test or materials used in the tagging of your blood with the radioactive material.

If you have any questions, please call the Nuclear Department at (850) 769-0329.