



Aspen Medical Practice

**ASPEN MEDICAL PRACTICE**  
Horton Road  
Gloucester  
GL1 3PX  
Tel. 01452 337 733  
Fax. 01452 337 734

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### **Spirometry ( lung function) Patient information**

Date of appointment and time.....

We hope that this leaflet provides the information you need about your forthcoming breathing test (spirometry). Please read and complete the questionnaire and bring this with you to your appointment.

#### **What is spirometry?**

Spirometry is a test to measure your lung function or breathing. A machine called a spirometer measures the speed and amount of air that you blow out. The test is easy to perform and may be done to help make a diagnosis of respiratory disease or before starting treatment to help monitor any response. It is also used to assess the severity of airways disease.

#### **What will happen at your appointment?**

- The nurse will review your questionnaire
- Basic examination i.e. height, weight, blood pressure – will be taken
- You will be shown and asked to perform a series of blows into the spirometer whilst sitting down
- Depending on your results, you may be given an inhaled medication to try and open your airways.
- Allow up to 1 hour for the appointment.

#### **Before the test**

##### **1. You should avoid the following:-**

- Ideally no smoking for 24 hours
- Having a large meal in the last 2 hours
- Consuming alcohol in the last 4 hours
- Vigorous exercise
- Wearing clothing that is tight and restricts full chest and stomach expansion.



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## 2. For your comfort:

- Please arrive in time to empty your bladder
- Be prepared to remove your dentures if loose, otherwise leave in place
- Remove any chewing gum.

## 3. Inhalers

If you are taking an inhaler or medication listed below, we ask that you do not use them for the time periods stated.

Inhaler Type	Inhaler / medication	Stop taking before appointment
<b>Relievers (blue)</b>	Salbutamol / Terbutaline	<b>4 hrs</b>
<b>Short acting anticholinergics</b>	Atrovent / Ipratropium	<b>6hrs</b>
<b>Long acting relievers</b>	Salmeterol / Formoterol / Fostair, Symbicort, Flutiform, Sirdupla, Duoresp, Seretide	<b>12 hrs</b> <b>(Relvar 24 hrs)</b>
<b>Long acting anticholinergics</b>	Spiriva / Incruse / Eklira / Anoro / Trimbaw / Trelegy	<b>24hrs</b>
<b>Long acting oral bronchodilators</b>	Theophylline tablets	24 hrs

***Please contact your GP if you have concerns about stopping your inhalers.***

***Please bring all your inhalers to the appointment.***

If you are unwell on the day of the test or your chest condition is unstable (e.g. you have a chest infection and have used or recently used antibiotics and steroids), please cancel and re-book the appointment when you have been well for at least 5 weeks.



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## **Spirometry Pre-Appointment Questionnaire**

**Name:**

### **Possible contraindications to spirometry**

**Do you have or have had (please circle):**

- In the past 3 months: surgery to eyes, chest, head or abdomen..... Y/N
- Heart attack, stroke, collapsed lung in last 3 months..... Y/N
- Uncontrolled angina or current chest pain..... Y/N
- Perforated ear drum or ear infection.....Y/N
- Aortic (tummy) or brain aneurysm.....Y/N
- Coughing up blood.....Y/N
- Feeling unwell; especially nausea or vomiting.....Y/N
- Uncontrolled or untreated high blood pressure.....Y/N
- Chest infection in the past 6 weeks.....Y/N
- History of TB, or other longstanding chest infections.....Y/N
- Immunosuppression.....Y/N
- Pregnant.....Y/N
- Detached retina in the last 12 weeks.....Y/N

**Do you have any of the below symptoms:**

- Shortness of breath.....Y/N
- Wheezing.....Y/N
- Chest tightness.....Y/N
- Having to clear throat/chest of excess mucous in mornings.....Y/N
- Dry cough.....Y/N
- Long term cough .....Y/N



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- Blueness of lips or fingertips.....Y/N
- Lack of energy.....Y/N
- Unintended weight loss.....Y/N
- Breathlessness at rest or on exertion.....Y/N
- Voice changes.....Y/N
- Swelling in ankles, feet or legs.....Y/N

**Have you had exposure to:**

- Asbestos.....Y/N
- Occupational chemicals, dusts or particles.....Y/N
- Noxious gases.....Y/N
- Passive smoker as child or adult.....Y/N

**Do you have or have you ever had:**

- Allergies to dust mite.....Y/N
- Allergies to animals.....Y/N
- Eczema / Dermatitis.....Y/N
- Hayfever.....Y/N
- Family history of respiratory conditions.....Y/N
- Hobbies (i.e. bird keeping, metal work, carpentry).....Y/N