This leaflet provides information about your forthcoming appointment so that you know exactly what to expect. We’ll go into more detail during your appointment, and you’ll also be able to ask any questions that you may have.

Ambulatory Blood Pressure Monitoring (ABPM) is used to measure your blood pressure (BP) intermittently for up to 24 hours (commonly 22 hours) during normal daily activities including sleep. You will be referred by your GP to our nursing team who will arrange an appointment for you to attend.

## Why is it done?

ABPM is performed on people who have high blood pressure (hypertension) that is difficult to control with medication or on people with variable blood pressure. Patients with suspected “white coat hypertension” often undergo this test. These patients often have high BP only when visiting the doctor.

# Cost:

$80 payable at Reception prior to the ABPM being fitted. Regrettably there is no Medicare or Private Insurance rebate for this vital test.

# Appointments

1st visit

You will be booked in with the nurse **only** where a cuff of an appropriate size is put on your arm. This appointment will take 15-20 minutes.

This ABPM is usually put on your non-dominant arm and attached to a small battery powered pump. The pump inflates the pressure to above your maximum (systolic) blood pressure and gradually releases the pressure to below the minimum (diastolic) blood pressure in time with the pulse. The pump will inflate every 20 minutes during the day and 45 minutes during the night. The procedure is not painful; however, you will experience tightness on the arm each time the cuff inflates during the measurement

phase. The tightness lasts for only 40 seconds. Please try to keep your arm still during measurement.  If the ABPM is unable to measure the blood pressure properly it will attempt to do so again and again. 2nd visit

The following day you will need to return for the nurse will remove the ABPM and review your diary sheet with you. This will take 10-15 minutes.

It’s very important that the ABPM is returned for other patients to use.

## When will I receive my results?

Please book an appointment with your referring GP 2 to 7 days later.

# What clothing and other preparations do I need?

The cuff, connecting tubing and pump are usually hidden under normal clothing but sleeves need to be relatively loose. The appointment time takes about 10 to 20 minutes at the first visit. You cannot bathe or shower during the test as the device is not waterproof. You should take part in all other life activities. We do need to know what time you went to sleep and what time you woke up during the ABPM.

It’s important that you carry on with your normal daily routine whilst you’re wearing the ABPM. This includes any exercise you would normally do, as advised by your doctor (if applicable). You will be given a diary sheet to complete whilst wearing the ABPM. Use this to make a note of the exact time and details of any symptoms you may experience.

**Patients are advised against having ABPM at Springs Medical if they:**

* are less than 18 years old, or
* have a history of
  + petechial bleeding
  + axillary clearance or
  + lymphedema

Patient name:

Start date/time: End date/time:

Problems during Monitoring:

* Complete the following information

|  |  |
| --- | --- |
| Event 1  **What time is it?**   **Where are you?**  Home Work   Other (Describe)  **What are you doing?**  Sitting Standing Lying Down  Talking Relaxing Eating  Walking Feeling Stressed  Other (Describe)  **What Symptoms do you have?**  None Headache Dizziness  Heart Flutters  Others (Describe)  **Comments:** | Event 2  **What time is it?**   **Where are you?**  Home Work   Other (Describe)  **What are you doing?**  Sitting Standing Lying Down  Talking Relaxing Eating  Walking Feeling Stressed  Other (Describe)  **What Symptoms do you have?**  None Headache Dizziness  Heart Flutters  Others (Describe)  **Comments:** |
| Event 3  **What time is it?**   **Where are you?**  Home Work   Other (Describe)  **What are you doing?**  Sitting Standing Lying Down  Talking Relaxing Eating  Walking Feeling Stressed  Other (Describe)  **What Symptoms do you have?**  None Headache Dizziness  Heart Flutters  Others (Describe)  **Comments:** | Event 4  **What time is it?**   **Where are you?**  Home Work   Other (Describe)  **What are you doing?**  Sitting Standing. Lying Down  Talking Relaxing Eating  Walking Feeling Stressed  Other (Describe)  **What Symptoms do you have?**  None Headache Dizziness  Heart Flutters  Others (Describe)  **Comments:** |

|  |  |
| --- | --- |
| Event 5  **What time is it?**   **Where are you?**  Home Work   Other (Describe)  **What are you doing?**  Sitting Standing Lying Down  Talking Relaxing Eating  Walking Feeling Stressed  Other (Describe)  **What Symptoms do you have?**  None Headache Dizziness  Heart Flutters  Others (Describe)  **Comments:** | Event 6  **What time is it?**   **Where are you?**  Home Work   Other (Describe)  **What are you doing?**  Sitting Standing Lying Down  Talking Relaxing Eating  Walking Feeling Stressed  Other (Describe)  **What Symptoms do you have?**  None Headache Dizziness  Heart Flutters  Others (Describe)  **Comments:** |
| Event 7  **What time is it?**   **Where are you?**  Home Work   Other (Describe)  **What are you doing?**  Sitting Standing Lying Down  Talking Relaxing Eating  Walking Feeling Stressed  Other (Describe)  **What Symptoms do you have?**  None Headache Dizziness  Heart Flutters  Others (Describe)  **Comments:** | Event 8  **What time is it?**   **Where are you?**  Home Work   Other (Describe)  **What are you doing?**  Sitting Standing Lying Down  Talking Relaxing Eating  Walking Feeling Stressed  Other (Describe)  **What Symptoms do you have?**  None Headache Dizziness  Heart Flutters  Others (Describe)  **Comments:** |

|  |  |
| --- | --- |
| Event 9  **What time is it?**   **Where are you?**  Home Work   Other (Describe)  **What are you doing?**  Sitting Standing Lying Down  Talking Relaxing Eating  Walking Feeling Stressed  Other (Describe)  **What Symptoms do you have?**  None Headache Dizziness  Heart Flutters  Others (Describe)  **Comments:** | Event 10  **What time is it?**   **Where are you?**  Home Work   Other (Describe)  **What are you doing?**  Sitting Standing Lying Down  Talking Relaxing Eating  Walking Feeling Stressed  Other (Describe)  **What Symptoms do you have?**  None Headache Dizziness  Heart Flutters  Others (Describe)  **Comments:** |