

PREPARING FOR A SPIROMETRY EXAMINATION OR BRONCHODILATION TEST

The purpose of the spirometry examination is to measure the ability of the lungs to move air in and out and to detect any functional disorders in the lungs, such as obstructions in the bronchial tubes and reduced lung capacity.

The bronchodilation test, in other words, a test to widen the bronchial tubes, is carried out when investigating the degree to which a person will recover from an obstruction of the bronchial tubes or when evaluating the effectiveness of asthma medication.

The examination takes around half an hour to complete and **requires an appointment with the laboratory**. If you are unable to keep the examination appointment at the agreed time, please inform the laboratory of it in advance.

Preparation

Before the examination

2 hours avoid strenuous physical activity

2 hours without smoking

4 hours without coffee, tea, cola drinks or other stimulating substances; without heavy meals, but stay nourished

1 day without alcohol

2 weeks must have elapsed since recovering from a respiratory infection

(e.g. a cold). Loose clothing is recommended for the examination or test.

Medication

Always discuss the use of medication prescribed for respiratory illnesses with the physician. If the physician orders a break in medication before the examination, breaks are taken according to the medication chart (see the chart on page 2).

Carrying out the examination

In a spirometry examination, the subject first breathes steadily and then takes a deep breath, after which they blow forcefully into the mouthpiece according to the instructions. The exhalations must be repeated a few times in the same way.

In a bronchodilation test, after normal exhalation, the subject inhales a fast-acting medication administered as a spray, which expands the bronchial tubes. At least 10 minutes later, a second exhalation test is taken. The medication used in the tests causes some people to experience momentary symptoms of jitteriness, slight trembling of the hands and heart palpitations.

Before a diagnostic pulmonary function examination, the subject must refrain from using the following medications for at least the time indicated below.

Accolate	3 days	Incruse	3 days
Adrenalin, Epipen	12 hours	Ipramol	24
Aerobec	4 weeks	Ipraxa	24
Airomir	12 hours	Lomudal	12
Alvesco	4 weeks	Medrol*	4
Aminocon	3 days	Montelukast	3 days
Anoro	3 days	Nuelin depot	3 days
Asmanex	4 weeks	Novopulmon*	4
Astecon	3 days	Onbrez	7 days
Atroidual	24 hours	Oxis	48
Atrovent and Atrovent	24 hours	Prednisolone*	4
Bricanyl	12 hours	Prednisone*	4
Beclomet	4 weeks	Pulmicort*	4
Budenofalk	4 weeks	Racinephrine	12
Budesonid(e)	4 weeks	Retafyllin	3 days
Buventol	12 hours	Rinexin	12
Cykloterol	48 hours	Salbutamol	12
Daxas	5 days	Seebri	12
Duaklir	48 hours	Solomet*	4
Dexamethasone	4 weeks	Singulair	3 days
Efedrin	12 hours	Serevent	48
Ephedrine	12 hours	Spiriva	4 days
Ephedrine hydrochloride	12 hours	Striverdi	7 days
Eklira	2 days	Tilade	24
Euphylong	3 days	Theofol and Theofol	3 days
Entocort	4 weeks	Theophylline	3 days
Flixotide	4 weeks	Ultibro	12
Flutide	4 weeks	Ventilastin	12
Fomeda	48 hours	Ventolin	12
Foradil	48 hours	Cough medicine	3 days
Formaxa	48 hours		
Formoterol	48 hours		
Hydrocortisone*	4 weeks		

*A break is necessary only if used for the treatment of asthma or chronic obstructive pulmonary disease

If the intention is to only rule out the sympathomimetic effect, the time limit is 48 hrs or 72 hrs. If the steroid effect should also be ruled out, the time limit is 4 weeks:

Bufomix	48 hrs or 4 weeks
Flutiform	48 hrs or 4 weeks
Innovair	48 hrs or 4 weeks
Seretide	48 hrs or 4 weeks
Symbicort	48 hrs or 4 weeks
Revlar	72 hrs or 4 weeks