

PREPARING FOR THE SPYROMETRY EXAMINATION OR BRONCODILATION EXAMINATION

The purpose of a spirometry test is to measure the ability of the lungs to ventilate and to determine lung dysfunction, such as bronchoconstriction and decreased lung volume.

A bronchodilation test is performed to determine the reversibility of bronchoconstriction or to evaluate the effectiveness of asthma treatment.

The examination takes about half an hour to complete and **an appointment must be booked for the laboratory.**

If you are unable to arrive at the laboratory at the appointed time, please notify the laboratory.

Preparing for the examination

Before the examination

2 hours	avoid intense physical exertion
2 hours	without smoking
4 hours	without coffee, tea, cola-containing drinks and other stimulants and no heavy meals, but not without food
24 hours	without alcohol
2 weeks	healthy weeks must have passed since any respiratory infection (for example a cold)

Loose clothing is recommended for the examination or test.

Medication

Taking medications prescribed for respiratory illnesses should always be discussed with your doctor. If a doctor orders a break in medication before the examination, the break should follow the guidelines stated on the list of medicines (list on page 2).

The examination process

In the spirometry examination, first breathe calmly, then fill your lungs with air and blow vigorously into the mouthpiece as instructed. The blows must be repeated a few times in the same way.

In the bronchodilation test, after normal exhalation, a fast-acting bronchodilator is inhaled as a spray, followed by a new breath test at the earliest after 10 minutes. The medicine used in the examination causes passing tension-like symptoms, mild hand tremors, and palpitations in some people.

Before the diagnostic lung function test, the subject should be without the following medicine at minimum for the time mentioned below.

Accolate	3 days	Incruse	3 days
Adrenalin, Epipen	12 h	Ipramol	24 h
Aerobec	4 weeks	Ipraxa	24 hours
Airomir	12 h	Lomudal	12 h
Alvesco	4 weeks	Medrol*	4 weeks
Aminocon	3 days	Montelukast	3 days
Anoro	3 days	Nuelin depot	3 days
Asmanex	4 weeks	Novopulmon*	4 weeks
Astecon	3 days	Onbrez	7 days
Atrodual	24 h	Oxis	48 h
Atrovent and Atrovent comp.	24 h	Prednisolon*	4 weeks
Bricanyl	12 h	Prednison*	4 weeks
Beclomet	4 weeks	Pulmicort*	4 weeks
Budenofalk	4 weeks	Racinephrine	12 h
Budesonid(e)	4 weeks	Retafyllin	3 days
Buventol	12 h	Rinexin	12 h
Cykloterol	48 h	Salbutamol	12 h
Daxas	5 days	Seebri	12 days
Duaklir	48 h	Solomet*	4 weeks
Dexametason	4 weeks	Singulair	3 days
Efedrin	12 h	Serevent	48 h
Efedriini	12 h	Spiriva	4 days
Efedriini hydrokloridi	12 h	Striverdi	7 days
Eklira	2 days	Tilade	24 h
Euphylong	3 days	Theofol and Theofol comp.	3 days
Entocort	4 weeks	Theofylliini	3 days
Flixotide	4 weeks	Ultibro	12 days
Flutide	4 weeks	Ventilastin	12 h
Fomeda	48 h	Ventoline	12 h
Foradil	48 h	Cough medicine	3 days
Formaxa	48 h		
Formoterol	48 h		
Hydrocortison*	4 weeks		

*Break only if medicine is part of asthma or chronic obstructive pulmonary disease treatment

If only the sympathomimetic effect needs to be ruled out, the minimum time is 48 or 72 hours. If the steroid effect also needs to be ruled out, the minimum time is 4 weeks.

Bufomix	48 h or 4 weeks
Flutiform	48 h or 4 weeks
Innovair	48 h or 4 weeks
Seretide	48 h or 4 weeks
Symbicort	48 h or 4 weeks
Relvar	72 h or 4 weeks