

Patient information

Short Synacthen Test

What is a Short Synacthen?

The short synacthen test is a 30 – 60-minute procedure to measure your cortisol reserve produced by your adrenal glands which sit at the top of the kidneys.

Why would I need this procedure?

Cortisol is a vital steroid hormone that is responsible for enabling the body to respond to stress and illness and also regulates your immune system, blood pressure and blood sugar levels. This test will help your endocrinologist exclude a condition called 'adrenal insufficiency.' Adrenal insufficiency is a condition in which your adrenal glands does not produce enough cortisol hormone.

What are the symptoms that have led to me having this procedure?

People with adrenal insufficiency typically report some or all of the following symptoms:

- overwhelming exhaustion
- weakness
- weight loss
- deepening skin pigmentation (looking like they had a sun tan even when they haven't been out in the sun)
- dizziness on standing
- low blood pressure
- poor appetite
- nausea or vomiting
- difficulty concentrating
- muscle weakness with cramps
- salt cravings
- headaches
- stomach pains

What are the alternatives?

There are no recommended alternatives to this test.

What are the expected benefits of having the test?

This test will tell your doctor if you are making enough of the hormone cortisol, which will help him or her plan your treatment.

What are the potential risks and side effects?

You may experience headache, facial flushing or feel a bit sick once the synacthen is administered. However, these symptoms are rare and do not last for long.

There is a risk of allergic reaction to this test, although this is extremely rare. Please tell the endocrine team of any previous allergic reactions you have had, or if you suffer from asthma or breathing problems.

If you have diabetes, this test might cause a temporary rise in your blood glucose levels after the test for about a day. The nurse looking after you during the test will advise you about what to do if this happens.

If you are pregnant or think you may be, please let your specialist endocrine nurse know prior to your appointment on the number below.

A cannula (tiny plastic tube) will be inserted into a vein in your arm or hand using a needle. The cannulation process is similar to that of a blood test.

Associated risks with cannulation or a blood test may include:

- multiple punctures to locate veins
- bleeding from puncture site
- bruising
- haematoma (blood build up under the skin)
- fainting or feeling lightheaded
- infection (a slight risk any time the skin is broken)
- phlebitis (inflammation of the vein)

Keeping pressure on the puncture site for a few minutes after the needle is removed will help to reduce bruising

Preparation for your test.

If you are taking steroid medications (e.g. hydrocortisone, prednisolone, dexamethasone or Plenadren) you will need to stop them for at least 24 hours prior to this test. If you are not sure what kind of medicine you are taking or it is not possible to stop your medicine, please contact the endocrine team on the number below for advice.

If you are taking oestrogen containing medicines (e.g. contraceptive pill or HRT), you will need to stop these medications for at least 6 weeks prior to the test. If you are taking the oestrogen pill for contraception, **it is important that you consider other forms of contraception to avoid pregnancy.**

You should let your endocrine nurse know if you have significant asthma.

Please bring the medications you have not taken with you. You can eat and drink as normal before your test. As the test will take over an hour you may want to bring a book to read.

For further queries/clarifications on the preparation, please contact the endocrine team on the numbers provided below.

What happens during the test?

The timing of your test is important so please attend at the time specified in your letter. If you are unable to keep your appointment, please contact the department at least three days prior to your appointment and we will try to rearrange it for you.

A small, thin tube (a cannula) will be inserted into a vein in your hand or arm after you arrive. This means that your nurse can take blood from you throughout the duration of the test without having to use a needle every time bloods need to be taken. Over the following hour a total of two samples will be taken.

Your endocrine nurse will take a blood sample at the start of your test to measure your baseline cortisol level. Depending on the result of your test a sample of blood (taken at the same time) may have another hormone (ACTH – adrenocorticotrophic hormone) measured. ACTH is a hormonal signal which stimulates your adrenal glands to make cortisol.

You will then be given an injection of synacthen (a synthetic version of ACTH). After 30 minutes another blood sample will be taken to see if your adrenal glands have responded appropriately.

Smoking and strenuous exercise should be avoided during the test. The test will take approximately 1-2 hours, depending on how you respond to it. You will be able to drive afterwards.

Will I have an anaesthetic?

No

How will I feel afterwards?

This test should not affect your normal activities of daily living.

How long will I be in hospital?

You will be in the hospital for approximately 1-2 hours.

What should I do when I go home?

In most cases, patients resume their normal activities.

How soon will I be able to resume normal activities?

In most cases, this test should not affect your normal activities.

Will I have to come back to hospital?

Depending on the test results, further tests may be required.

When can I return to work?

There are no work restrictions involved for this test as in most cases, patients resume their normal activities after the test

Consent

Although you consent for this test, you may at any time withdraw such consent. Please discuss this with your endocrine team.

Sources of information

For queries concerning this leaflet or your procedure please contact:

Endocrine Team at ESHT

Telephone: 0300 131 5910 - EDGH and CQ

Opening Hours: 8am – 4pm (Monday – Friday except Bank Holidays)

Important information

This patient information is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team – 0300 131 4731 (direct dial) or by email at: esh-tr.patientexperience@nhs.net

Hand hygiene

The trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.

Tel: 0300 131 4434 Email: esh-tr.AccessibleInformation@nhs.net

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

Reference

The following clinicians have been consulted and agreed this patient information:

Consultant Endocrinologists (ESHT):

Dr David Till, Dr Umesh Dashora, Dr P. Sathis Kumar, Dr Ashref Bdiri, Dr. Koshy Jacob, Dr Shakeel Ahmad, Dr Sadekh Elrokh

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Mrs Maria Ravelo (Senior Endocrine Specialist Nurse)

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Mrs Debby Gordon (Endocrine Assistant Practitioner)

The Endocrinology Department has agreed this patient information leaflet.

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Responsible clinician/authors: Mrs Maria Ravelo (Senior ESN)
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