Advanced Hemodynamic Monitoring Swan-Ganz Pulmonary Artery Catheter



Swan-Ganz CCO catheter

Thermodilution continuous cardiac output catheter

Continuous cardiac output measurements are made by periodically warming the blood in the right atrium or ventricle with a known quantity of heat. The catheter thermistor detects the small change in blood temperature downstream, and the compatible cardiac output computer computes a dilution curve via a modified Stewart-Hamilton indicator dilution equation.

Thermal filament Catheter insertion distance markings Thermistor connector connector Distance to Optical Proximal Location VC/RA junction Distance to PA module injectate connector Internal jugular 15-20 cm 40-55 cm lumen SvO, hub 35-50 cm Subclavian vein 10-15 cm Balloon Femoral vein 30 cm 60 cm Volume Right antecubital fossa 40 cm 75 cm infusion Thermistor Left antecubital fossa 50 cm 80 cm port (VIP) Note: Catheter markings occur every 10 cms and are denoted by a thin black line. 10 cm 50 cm markings are denoted by a thick black line. Catheter must exit introducer PA distal sheath before inflating balloon. lumen hub **Thermal** 50 cm 40 cm 30 cm 20 cm Balloon **Filament** inflation valve 60 cm 70 cm 80 cm 90 cm 100 cm

Applications and contraindications

Clinical applications for Swan-Ganz pulmonary artery catheters

- · Acute heart failure
- Severe hypovolemia
- Complex circulatory situations
- Medical emergencies
- Acute respiratory distress syndrome
- · Gram negative sepsis
- Drug intoxication
- Hemorrhagic pancreatitis
- Acute renal failure
- Intra and post-operative management of high risk patients
- History of pulmonary or cardiac disease

- Fluid shifts (e.g., extensive intra-abdominal operations)
- · Management of high-risk obstetrical patients
- Diagnosed cardiac disease
- Toxemia
- Premature separation of placenta
- Cardiac output determinations
- Differential diagnosis of mitral regurgitation and ventricular septal rupture
- Diagnosis of cardiac tamponade

Relative contraindications for Swan-Ganz pulmonary artery catheterization

- There are no absolute contraindications to the use of a pulmonary artery catheter; risk-benefit must be assessed for each patient
- Things to consider before use include*:
 - Left bundle branch block
 - Patients with tricuspid or pulmonic heart valve replacements
 - Presence of endocardial pacing leads
- * Not an exhaustive list. Please see contraindications, precautions and complications sections within the IFU.



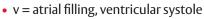
Swan-Ganz catheter insertion waveforms

Right atrial/central venous pressure (RA/CVP)

2-6 mmHg

Mean 4 mmHg

- a = atrial systole
- c = backward bulging from tricuspid valve closure



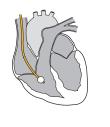




Right ventricle

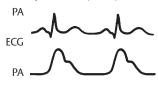
- Systolic pressure (RVSP) 15-25 mmHg
- Diastolic pressure (RVDP) 0-8 mmHg

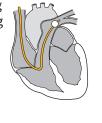




Pulmonary artery

- Systolic pressure (PASP) 15-25 mmHg
- Diastolic pressure (PADP) 8-15 mmHg
- Mean pressure (MPA) 10-20 mmHg



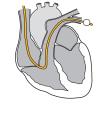


Pulmonary artery occlusion pressure (PAOP)

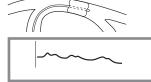
Mean 6-12 mmHg

- a = atrial systole
- v = atrial filling, ventricle systole

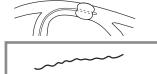




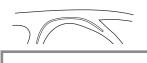




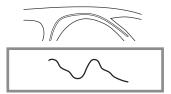
Appropriate "a" and "v" waves noted



Over inflation of balloon Note waveform rise



Catheter to distal Overdamping of tracing



Catheter spontaneous wedging, wedge type tracing with balloon deflated

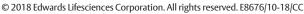
Normal parameters

Parameter	Normal range	Parameter	Normal range
CO	4.0 - 8.0 L/min	PAOP	6-12 mmHg
Cl	2.5 - 4.0 L/min/m ²	PAD	8-15 mmHg
SV	60 - 100 mL/beat	RVEF	40-60%
SVI	33 - 47 mL/beat/m ²	RVEDVI	60-100 mL/m ²
SVR	800 - 1200 dynes - sec/cm ⁻⁵	PVR	<250 dyne-sec/cm⁵
SVRI	1970-2390 dynes - sec/cm⁻⁵ x m²	RVSWI	5-10 g-m/m ² /beat
SVO ₂	60-80%		

For professional use, CAUTION: Federal (United States) law restricts this device to sale by or on the order of a physician. See instructions for use for full prescribing information, including indications, contraindications, warnings, precautions and adverse events.

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