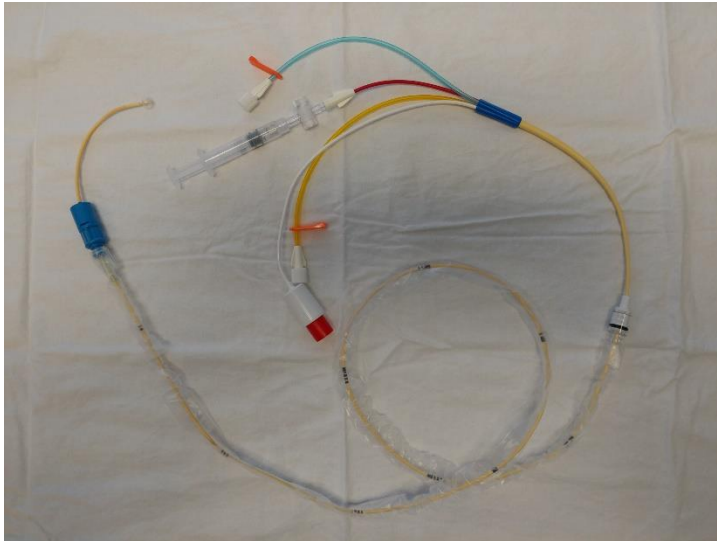


## Pulmonary Artery Pressure Monitoring



### *What is this procedure?*

Pulmonary artery pressure monitoring is performed with a soft, multiple-lumen catheter that is inserted through a central vein to access the heart.

### *Why is there a need to do it?*

The catheter is placed with its tip sitting in the pulmonary artery (the blood vessel that carries blood from the right side of the heart toward the lung). It measures the pressures within the heart, acting as an indicator of its pumping performance. The doctor can then adjust fluid replacement and drug dosages accordingly. In some situations, drugs will be administered through this catheter.

### *How is it done?*

#### **Before the procedure:**

- Your doctor will fully explain the procedure to you and your family members if condition allows.
- Your doctor may prescribe you painkillers or other medicine to help you relax.

#### **During the Procedure:**

- You are required to stay still. You may be asked to turn your head to the side and you will be covered with a sterile (clean) drape to keep the equipment clean. You can breathe normally.
- Your doctor will insert the catheter through a large vein. You will feel some pressure in the area the catheter goes in, but you should not feel pain. Let the doctor know if you feel any shortness of breath or pain.
- The catheter is then connected to the infusion and measurement devices. Pressure readings and other data are measured throughout the procedure.

**After the Procedure:**

- A chest x-ray is usually done to confirm the catheter position.
- You are required to stay in bed while the catheter is in use.
- The nurse will apply a dressing on the catheter to secure it, but you still have to move very carefully.
- You or your family members must not pull onto the catheter.

**Follow Up:**

- The medical teams will monitor your condition closely and may do measurements through the catheter from time to time.
- The catheter is usually kept in place for several days. The doctor will remove the catheter as soon as it is not required.

***Risks and complications***

- Cardiac arrhythmia (change in the rhythm of heartbeat)
- Injury to the heart or major blood vessel
- Injury to the lung
- Thrombosis (blood clot in the blood vessel)
- Infection
- Bleeding
- Air embolism (air trapped in a blood vessel causing blockage)
- There is a risk of catheter fracture or rupture up to about 4% in certain types of catheter of implanted central venous access devices, which may result in catheter displacement requiring removal or re-insertion.
- Catheter adhesion or fracture along the catheter course under the skin may cause retained fragment in the body.

***Possibility that the procedure cannot be carried out***

There is a possibility that we are unable to perform the procedure, e.g. patient intolerant to the procedure or occurrence of side effects or complications. The doctor may terminate the procedure.

***Other treatment options***

If the patient chooses not to perform this procedure, it may affect their overall condition. A variety of clinical factors can impact the degree of change, including the individual patient's physical condition before the onset of illness, the type of disease, the response to treatment and the progress, etc. Your doctor will explain other suitable options to you.

### **Disclaimer**

The information provided in this booklet is for general reference only. The risks and complications listed above are not exhaustive. Please consult your attending doctor for details.