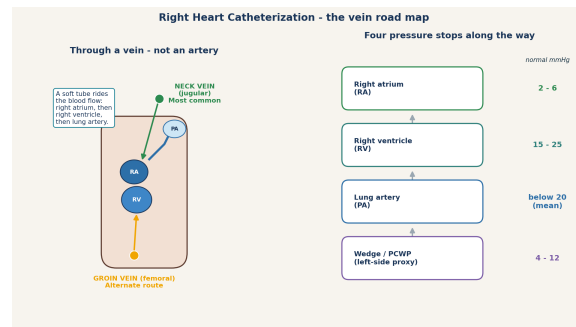


Understanding Your Right Heart Catheterization

Swan-Ganz / Pulmonary Artery Catheter - Measuring the Pressures in Your Heart and Lungs

An awake, same-day test that uses a thin tube in a vein to measure the pressures on the right side of your heart and in your lungs.



Online: <https://go.riasalimd.com/rhc-guide>

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Names & Terms You Will Hear

Term	Meaning
Right heart catheterization (RHC)	A test that threads a thin, soft tube through a vein to the right side of the heart and the lung arteries to measure pressures and blood flow.
Swan-Ganz catheter	The name of the balloon-tipped tube most often used. The balloon helps the tube float forward with the blood flow into the lung artery.
Pulmonary artery (PA) catheter	Another name for the same tube, because its tip ends up in the pulmonary artery - the vessel that carries blood from the heart to the lungs.
Hemodynamic study	The medical phrase for measuring blood pressures and flow inside the heart and lungs. 'Hemodynamics' simply means how blood moves.
Wedge pressure (PCWP)	A pressure taken with the balloon gently parked in a small lung vessel. It is a stand-in for the pressure on the LEFT side of the heart.
Cardiac output (CO)	How many liters of blood your heart pumps each minute. A normal resting value is about 4 to 8 liters per minute.
Right heart cath vs left heart cath	Right heart cath uses a VEIN to measure pressures. Left heart cath (the artery dye test) looks for artery blockages. They answer different questions.



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What Is Your Right Heart Catheterization?

- Right heart catheterization is a test that measures the pressures inside the right side of your heart and the arteries that lead to your lungs.
- A thin, soft tube is placed in a VEIN - most often the large vein in the neck (jugular), sometimes the vein in the groin (femoral) or the arm. This is not the artery test that looks for clogged arteries.
- The tube has a tiny balloon at the tip. When inflated, the balloon lets the tube float forward with the blood flow, through the right atrium and right ventricle, and out into the lung artery.
- At each stop, the team records a pressure: right atrium, right ventricle, lung artery, and a 'wedge' pressure that reflects the left side of the heart. The team also measures how much blood your heart pumps each minute.
- You are awake but relaxed with light sedation. A small numbing shot is used at the vein. You may feel pressure but should not feel pain as the tube moves - the inside of the heart has no pain nerves there.
- The whole study usually takes 30 to 60 minutes. Most people go home the same day and rest the next day.



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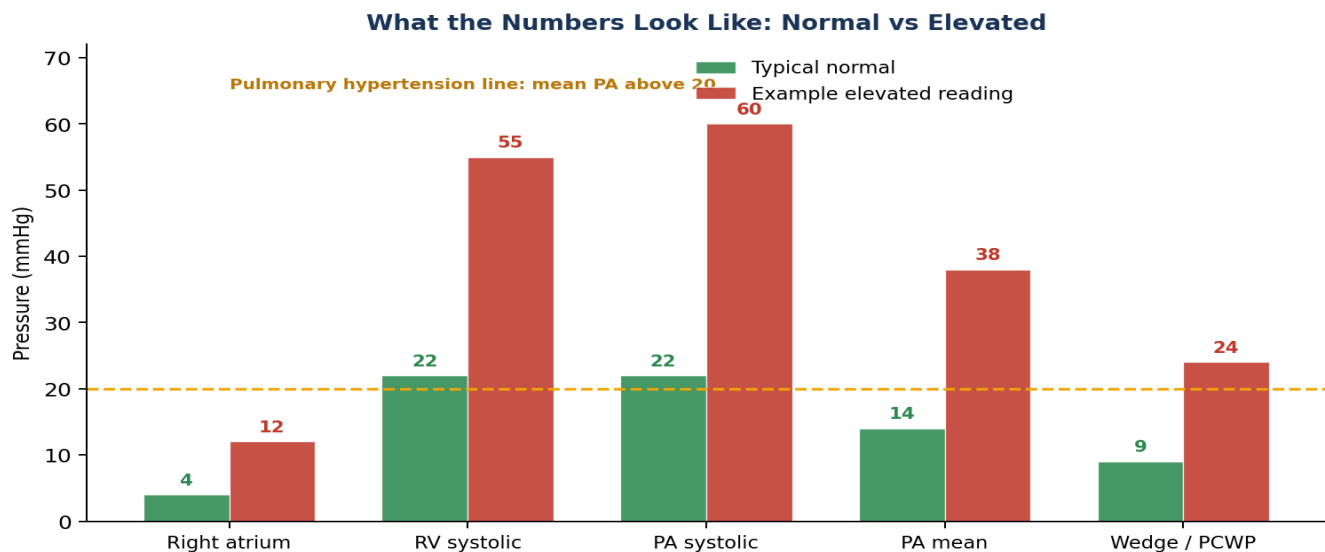
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Why It Matters

- Right heart cath is the gold-standard test to diagnose pulmonary hypertension - high pressure in the lung arteries. No echo or scan can replace these direct numbers.
- It tells your heart-failure team exactly how high the filling pressures are, which guides water pills, other medicines, and whether you are holding too much fluid.
- It is a required step in the work-up for a heart transplant or an LVAD (a mechanical heart pump), because lung pressures must be checked before those big decisions.
- In the intensive care unit, it can show why blood pressure is dangerously low (shock) - whether the problem is the heart, the blood volume, or the blood vessels.
- It can sort out tricky valve and shunt questions - for example, whether an abnormal connection (shunt) or a leaky/tight valve is the real driver of symptoms.
- Because the numbers are exact, they often change the treatment plan in ways a guess never could - the chart below shows what normal looks like next to a high reading.



Typical normal pressures (green) next to an example elevated reading (red). The dashed line marks the pulmonary hypertension cutoff: a mean lung-artery pressure greater than 20 mmHg. Your own numbers guide your treatment plan.



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Normal Pressure Ranges Measured During Right Heart Catheterization

Measurement	What it is	Typical normal range
Right atrium (RA)	Pressure where blood returns to the heart	2 - 6 mmHg
Right ventricle (RV)	Pressure in the pumping chamber that sends blood to the lungs	15 - 25 (top) / 2 - 8 (bottom) mmHg
Pulmonary artery (PA)	Pressure in the artery to the lungs (high is pulmonary hypertension)	15 - 25 (top) / 8 - 15 (bottom); mean below 20 mmHg
Wedge / PCWP	A stand-in for the pressure on the left side of the heart	4 - 12 mmHg
Cardiac output (CO)	How much blood the heart pumps each minute	4 - 8 liters per minute



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What the Numbers Mean in Plain Words

- Right atrium pressure: how full the veins are when blood returns to the heart. High numbers can mean too much fluid or a struggling right heart.
- Right ventricle pressure: how hard the right pumping chamber must work to push blood into the lungs.
- Pulmonary artery pressure: the pressure in the lung arteries. A mean value greater than 20 mmHg means pulmonary hypertension.
- Wedge pressure (PCWP): a stand-in for the LEFT side of the heart. It helps tell heart-driven high pressure from lung-driven high pressure.
- Cardiac output: how many liters of blood the heart pumps each minute. Low output can explain fatigue and breathlessness.
- Pulmonary vascular resistance (PVR): how stiff or narrowed the lung vessels are. A value greater than 2 Wood units is now considered abnormal.

Vein test, not artery test. Right heart catheterization goes through a **vein** to measure pressures on the right side of the heart and in the lungs. It does **not** use dye to look for clogged arteries - that is the separate left heart (coronary) catheterization. The two tests answer different questions, and they are sometimes done together in one visit.



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Risk Factors

Some patients are more likely to develop this condition. Knowing your risk helps your care team take extra precautions.

Risk Factor	Why It Increases Risk
Unexplained shortness of breath	When breathlessness does not match the echo or lung tests, direct pressures settle the question of whether the lungs' arteries are the cause.
Suspected pulmonary hypertension	An echo can suggest high lung pressure, but a firm diagnosis and treatment plan need the exact catheter numbers.
Advanced heart failure	Filling pressures guide diuretics and advanced therapy, and are needed before transplant or pump (LVAD) decisions.
Heart transplant or LVAD work-up	Lung-artery resistance must be measured and sometimes challenged with medicine before a transplant or pump can be planned safely.
Shock or unclear low blood pressure	In the ICU, the numbers show whether the heart, the fluid level, or the blood vessels are driving dangerously low pressure.
Valve or shunt questions	Pressures across chambers help confirm a tight or leaky valve, or find an abnormal connection (shunt) between heart chambers.



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Treatment Options

- Before the test: Most heart medicines are continued. Tell us about blood thinners - some are held, some are continued. You may be asked not to eat for a few hours, with small sips of water for pills.
- Getting ready: You lie flat on a table. The skin over the vein (neck, groin, or arm) is cleaned and numbed with a small shot. A sterile drape is placed. You stay awake with light sedation to help you relax.
- During the test: The soft, balloon-tipped tube is guided through the vein into the right heart and lung artery. Pressures are recorded at each stop. You may be asked to breathe normally or hold a breath briefly.
- Special tests if needed: A vasodilator challenge (a short-acting medicine to relax the lung vessels) or a fluid challenge (a small amount of IV fluid) may be added to see how your heart and lungs respond.
- After the test: Firm pressure is held on the vein for several minutes - veins are low pressure, so bleeding is usually easy to control. A neck or arm site needs little bed rest; a groin site needs a few hours lying flat.
- Going home: Most people are discharged the same day. You will get your key numbers and what they mean, plus any change to your medicines. Arrange a ride home because of the sedation.
- Follow-up: A clinic visit to review the results and the plan - for pulmonary hypertension, heart failure, or transplant - and to adjust medicines based on the exact pressures.



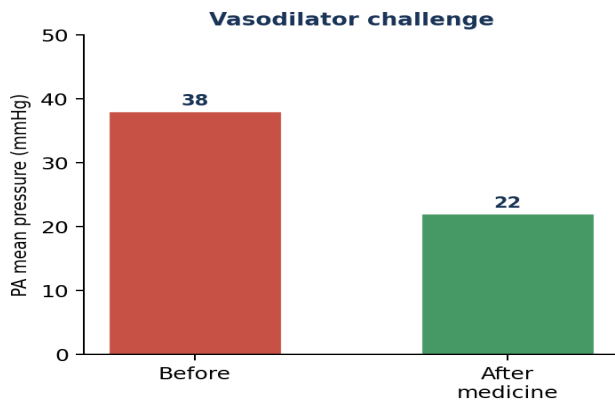
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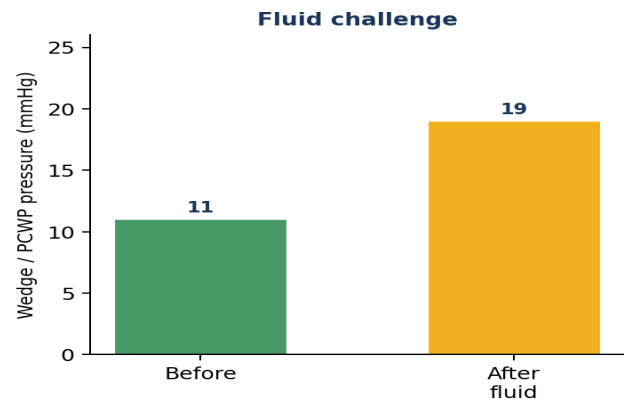


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Two Special Tests Done During the Catheter Study



A short-acting medicine relaxes the lung vessels.
If pressure drops, certain treatments may work well.



A small amount of IV fluid is given.
A big jump can unmask hidden heart-failure pressures.

Two optional tests during the study. Left: a vasodilator challenge checks whether the lung vessels relax with a short-acting medicine. Right: a fluid challenge gives a small amount of IV fluid to unmask hidden heart-failure pressures.



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The Two Challenge Tests, Explained Simply

- Vasodilator challenge: a short-acting medicine (often inhaled or through the IV) is given to relax the lung vessels. The team watches whether the lung-artery pressure falls.
- Why it matters: a good drop suggests certain pill treatments may work especially well - this is called being a 'responder'.
- Fluid challenge: a small, measured amount of IV fluid is given to see how the heart handles a little extra volume.
- Why it matters: a big jump in the wedge pressure can unmask heart failure that was hidden at rest, changing the diagnosis and the treatment.
- Both challenges are done with you awake and closely monitored, and they add only a short time to the study.

What Happens, Step by Step

1. Get ready	2. Place the tube	3. Measure	4. Recover
• Lie flat on the table • Vein site cleaned and numbed • Light sedation to relax • Stay awake the whole time	• Soft tube enters the vein • Balloon tip floats it forward • Pressure felt, not pain • Ultrasound helps guidance	• Record RA, RV, PA, wedge • Measure cardiac output • Add challenge if needed • About 30 to 60 minutes	• Brief pressure on the vein • Little bed rest for neck/arm • A few hours flat for groin • Usually home the same day



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Comfort Measures at Home (No Medication Needed)

These simple steps support healing and ease symptoms. Use them alongside any medication your doctor prescribes.

- Rest the access site for the first day - avoid heavy lifting or straining, especially with a groin site.
- Keep the small bandage clean and dry; you can usually remove it the next day as instructed.
- Drink fluids normally unless your team told you to limit fluid for heart failure.
- Take it easy the day of the test - the sedation can make you sleepy and a little forgetful for several hours.
- Sit up slowly the first time after a groin procedure to avoid lightheadedness.



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Risks, Benefits, and Alternatives

Every choice has trade-offs. Use this table to start the shared decision conversation.

Option	Risks	Benefits	Alternatives
Right heart catheterization	Bleeding or bruise at the vein (about 1 in 100), a brief skipped or extra heartbeat as the tube passes (common and harmless), infection (rare), a small chance of lung-artery injury (very rare), collapsed lung if a neck vein is used (uncommon).	The most exact way to measure lung and right-heart pressures and blood flow. Often changes the treatment plan. Required before transplant or pump decisions.	Echocardiogram (good screen, less exact), CardioMEMS implanted sensor for ongoing monitoring, or close clinical follow-up without measuring pressures.
Echocardiogram (ultrasound) instead	None from the test itself - it is a painless ultrasound. The trade-off is accuracy: it estimates pressures and can be wrong, especially when image quality is limited.	No needles, no sedation, no recovery. An excellent first screen and good for follow-up once a diagnosis is known.	Right heart cath when the numbers must be exact; stress echo; cardiac MRI.
Watch and wait (no measurement now)	Risk of missing or under-treating high lung or heart pressures. Symptoms may keep limiting you while the cause stays unclear.	Avoids any procedure. Reasonable when symptoms are mild and other tests are reassuring.	Right heart cath, repeat echo, or a CardioMEMS sensor if heart failure is the concern.



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Common Misconceptions

Myth	Reality
Right heart cath is the same test that looks for clogged arteries.	No. That is left heart cath, which uses an ARTERY and dye to find blockages. Right heart cath uses a VEIN and measures pressures. They answer different questions and are sometimes done in the same visit.
They will put a stent in during this test.	Not during a right heart cath. This test only measures pressures and blood flow. No stent or balloon is placed in the arteries. Treatment decisions come after the numbers are known.
I will be put completely to sleep.	No. You are awake with light sedation to help you relax. A small numbing shot is used at the vein. General anesthesia is not needed.
Moving the tube through my heart will hurt.	You may feel pressure, but the inside of the heart and lung arteries have no pain nerves there, so threading the tube is usually not painful.
A vein procedure is more dangerous than an artery one.	Veins are low-pressure, so bleeding is usually easy to control with brief pressure. Serious problems are uncommon. Most people go home the same day.
If my echo already showed high pressure, I do not need this test.	An echo estimates the pressure and can be off. A firm diagnosis of pulmonary hypertension - and the right treatment - usually needs the exact catheter numbers.
The wedge pressure measures my lungs.	The wedge (PCWP) is taken in a small lung vessel, but it is really a stand-in for the pressure on the LEFT side of the heart. It helps tell heart-driven from lung-driven high pressure.



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Possible Complications

Knowing what can go wrong helps you spot problems early. Most complications are uncommon, especially with treatment.

Where / What	What Can Happen
Vein access site (neck, groin, or arm)	Bruising or bleeding is the most common issue and is usually minor. Firm pressure stops it. Infection is rare.
Heart rhythm	As the tube passes through the right ventricle, brief extra or skipped beats are common and usually stop on their own. A sustained rhythm problem is uncommon and is watched on the monitor.
Lung (with a neck vein)	Rarely, placing a neck line can let a little air around the lung (a small collapsed lung, or pneumothorax). The team uses ultrasound guidance to lower this risk.
Pulmonary artery	Very rarely, the balloon or tube can injure a small lung artery. This is why the balloon is inflated gently and only briefly for the wedge reading.
Blood clot or infection from the line	Uncommon, and more a concern if a catheter stays in for monitoring over days in the ICU rather than a single short study.



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Points to Know

If you remember nothing else, remember these key points.

- Right heart cath is a VEIN test that measures pressures - it is not the artery dye test that looks for blockages.
- It is the gold standard for diagnosing pulmonary hypertension and for guiding advanced heart-failure care.
- You are awake with light sedation; threading the tube is felt as pressure, not pain.
- The four key stops are the right atrium, right ventricle, lung artery, and the wedge (a left-heart stand-in).
- Pulmonary hypertension is defined as a mean lung-artery pressure greater than 20 mmHg on this test.
- Sometimes a vasodilator or fluid challenge is added to see how your heart and lungs respond.
- Bleeding is usually easy to control because veins are low pressure - most people go home the same day.
- Arrange a ride home because of the sedation, and rest the access site for the first day.



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When to Call Us - and When to Call 911

If you are not sure, call. We would rather hear from you twice than miss a real problem.

- Trouble breathing that suddenly gets worse, or chest pain - call 911.
- Bleeding at the vein site that does not stop after 10 minutes of firm pressure - call 911.
- A fast, pounding, or very irregular heartbeat that does not settle - call 911.
- After a neck procedure: sudden sharp chest pain with shortness of breath - call 911 (possible collapsed lung).
- A growing lump, spreading bruise, or swelling at the vein site - call us today.
- Fever over 100.4 degrees, chills, redness, or drainage at the site - call us today.
- Lightheadedness or fainting after going home - call us today.
- If you are not sure about a symptom, call. We would rather hear from you twice than miss a real problem.

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Trusted Resources

The links below are the trusted resources Dr. Ali used to write this guide and that he recommends you visit for more information. Each is a clickable link in the digital version and a Short.io tracked URL on the printed version.

- [Cleveland Clinic - Right Heart Catheterization](#) - Patient-friendly overview of the procedure, the pressures measured, and recovery.
- [Mayo Clinic - Pulmonary Hypertension](#) - Explains how right heart cath confirms pulmonary hypertension and guides treatment.
- [MedlinePlus - Swan-Ganz \(Pulmonary Artery Catheterization\)](#) - NIH/NLM consumer reference with a step-by-step description of the catheter.
- [American Heart Association - Pulmonary Hypertension](#) - AHA explanation of high blood pressure in the heart-to-lung system.
- [Pulmonary Hypertension Association - Patient Resources](#) - Patient support and education hub for people living with pulmonary hypertension.
- [Our cardiac catheterization \(artery test\) guide](#) - Companion guide on the artery dye test that looks for coronary blockages.
- [Our pulmonary hypertension guide](#) - Deeper look at high lung-artery pressure - causes, types, and treatment.
- [Our advanced heart failure guide](#) - How filling pressures and these numbers guide advanced heart-failure care.
- [Our heart transplant preparation guide](#) - Why lung pressures are checked before a transplant or LVAD decision.
- [Our echocardiogram guide](#) - The ultrasound test that screens for high pressures before this catheter study.



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Sources Used to Build This Guide

Every recommendation in this guide is grounded in one or more of the studies, guidelines, or trusted resources below. Short links are tracked so Dr. Ali can see which references patients are reading; nothing personally identifying is captured.

- [Cleveland Clinic — Right Heart Catheterization](#) [Patient-Education]
Procedure overview, hemodynamics measured, and recovery
- [AHA — Cardiac Catheterization](#) [Patient-Education]
Patient-facing catheterization basics and risks
- [MedlinePlus — Swan-Ganz / Right Heart Catheterization](#) [Patient-Education]
Plain-language description of pulmonary artery catheterization
- [ESC/ERS Pulmonary Hypertension Guidelines \(2022\)](#) [Guideline]
RHC as the diagnostic standard for pulmonary hypertension; mean PA pressure greater than 20 mmHg and PVR greater than 2 Wood units define the disease
- [ACC — 2022 ESC/ERS Pulmonary Hypertension Guidelines: Key Points](#) [Guideline]
Concise summary of the updated hemodynamic thresholds confirmed by right heart catheterization
- [2022 AHA/ACC/HFSA Heart Failure Guideline](#) [Guideline]
Invasive hemodynamic assessment for advanced heart failure, filling pressures, and transplant/LVAD evaluation
- [Mayo Clinic — Pulmonary Hypertension \(Diagnosis & Treatment\)](#) [Patient-Education]
How right heart cath confirms pulmonary hypertension and guides therapy
- [JACC: Heart Failure — Hemodynamic Assessment by Right Heart Catheterization in HF \(2024\)](#) [Review]
Expert guidance on interpreting RA, PA, wedge, cardiac output, and PVR in heart failure
- [CardioNerds — Right Heart Catheterization \(normal hemodynamic values\)](#) [Reference]
Standard normal pressure ranges (RA, RV, PA, PCWP) and cardiac output used in the figures and table
- [EMCrit IBCC — Right Heart Catheterization \(RHC\)](#) [Reference]
Critical-care use of RHC in shock and the vasodilator/fluid challenge concepts
- [Pulmonary Hypertension Association — Patient Resources](#) [Patient-Education]
Patient support and education hub referenced in Trusted Resources



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About This Guide

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Reviewer note: Reviewed against Cleveland Clinic, Mayo Clinic, and MedlinePlus patient pages. Ours adds: a plain-words map of the four pressure stops (right atrium, right ventricle, lung artery, wedge), a normal-vs-elevated pressure chart with the 2022 ESC/ERS pulmonary hypertension line drawn in, a color-tinted normal-ranges table, before/after pictures of the vasodilator and fluid challenges, and a clear note that this is a VEIN test (not the artery cath that looks for blockages).

Disclaimer

This guide is for educational purposes only and does not replace medical advice from your physician. Recommendations may not apply to every patient. Always follow the specific instructions of Dr. Ali and your care team. In an emergency call 911 or go to the nearest emergency department.



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