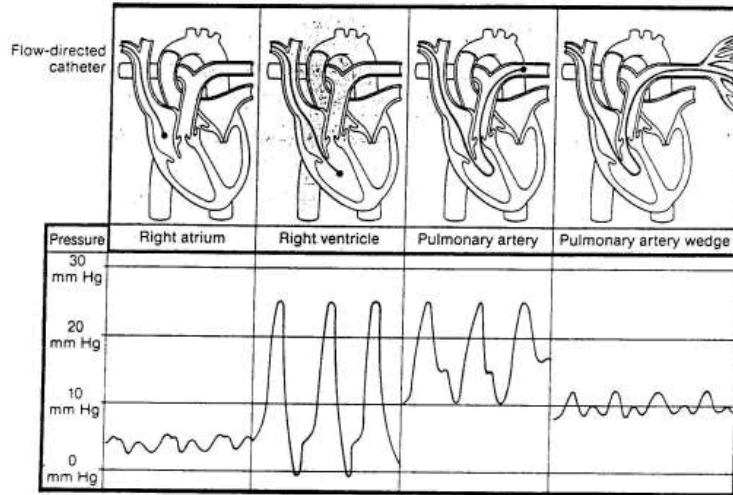
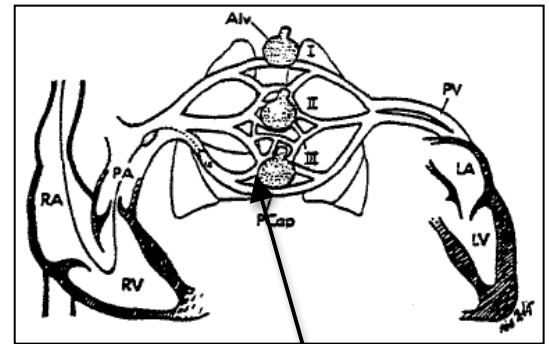


Interpretation of PAOP



PAOP (pulmonary artery occlusion pressure or wedge pressure) is used to estimate preload which is the length of the myocardial fiber distension at end LV diastole. LVEDP (pressure) is used to estimate LVEDV (volume) but alterations in LV compliance may change this association between volume and pressure. Moreover, many pathologic changes between the great vessels (CVP) and the LV (LVEDV) may make interpretation more difficult and therefore the relationship between measured LVEDP (estimated by PAOP) and actual LV volume less valid or invalid.

LV	← PA	← RA	← SVC
<p>LVEDV ∝ LVEDP ∝ LAP</p> <p>ΔLVEDV ∝ ΔLVEDP</p> <ul style="list-style-type: none"> • Acute MI • Vasopressors 	<p>∝ PAOP ∝ PAEDP</p> <p>PCWP > LVEDP</p> <ul style="list-style-type: none"> • MS • ↓ Airway pressures • PEEP • West zone 1 or 2 1: PA > Pa > Pv 2: Pa > PA > Pv 	<p>∝ RAP ∝ CVP</p> <p>RAP > PAOP</p> <ul style="list-style-type: none"> • ↑ PVR (↓ O₂, acidosis) • Reduced filling times (HR > 120) 	

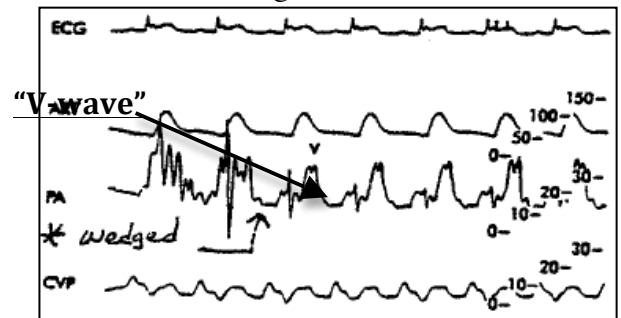


“Zone 3”

• PAC (pulmonary artery catheter) tip should be located in West Zone 3 of the lung.

- Zone 1: PA > Pa > Pv
- Zone 2: Pa > PA > Pv
- Zone 3: Pa > Pv > PA**

V-Wave: Physiologic V-waves are seen in the LA at the end of systole and are secondary to filling from the pulmonary veins against a closed mitral valve. With MR, the regurgitant wave into the LA is superimposed on a physiologic V-wave producing a **“Giant V-wave”**. **“Pathologic V-waves”** may be seen with severe LV dysfunction or ischemia.



Cardiac Tamponade: Equalization of pressures across the heart chambers secondary to a compressive outside force (CVP = PADP = PAOP).