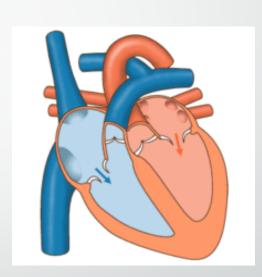


Cardiovascular Physiology

Cardiac Cycle-1



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Lecture Outcomes:

Main function of the heart.

cycle.

Different events that occur during the cardiac cycle.

General principles of the cardiac

Changes in volume & pressure during the cardiac cycle.

Various mechanical phases of the cardiac cycle.

Heart sounds recorded during the cardiac cycle.

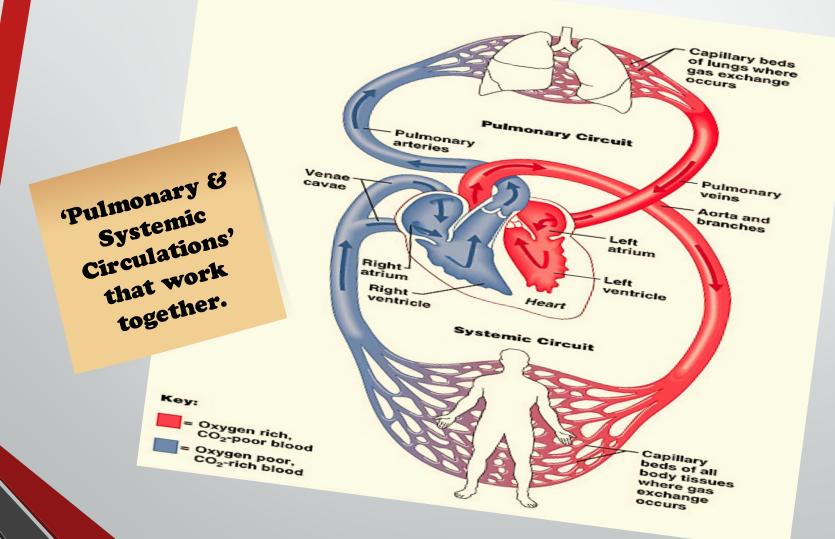


Function of the Heart?

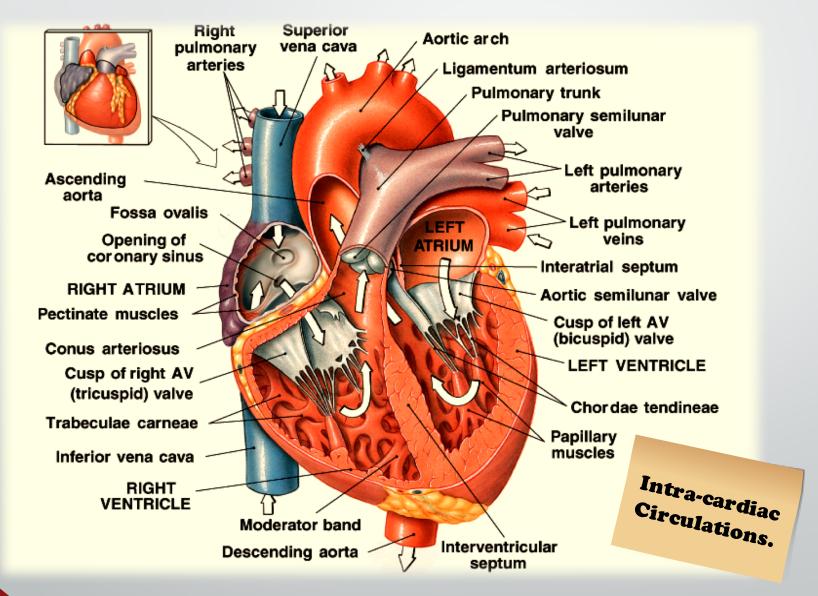




The Heart is a double pump









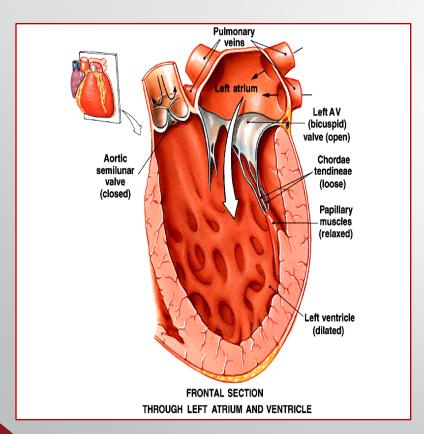
- 4 valves.
- Found at entry & exit of each ventricle.

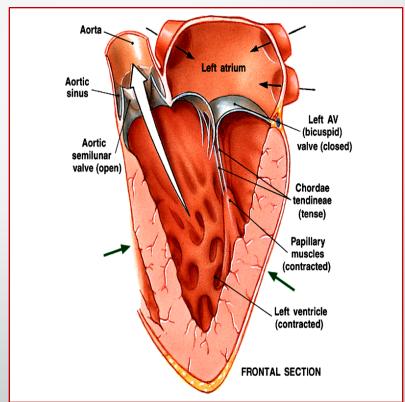
Valves of the Heart

- Allow blood to flow in only ONE direction.
- When AV- vs open, semilunar- vs close & vice versa.
- Opening & closure of vs occur as a result of pressure gradient across the vs.
- AV cusps are held by chordae tendinea to muscular projections called Papillary muscles.



Function of the Valves







General Principles

- Contraction of the heart generates pressure changes,
 & results in orderly blood movement.
- Blood flows from an area of high pressure to an area of low pressure.
- Events are the same in the right & left sides of the heart, but with lower pressures in the right side.



Cardiac Cycle?

Sequence of events that take place in the heart in each beat

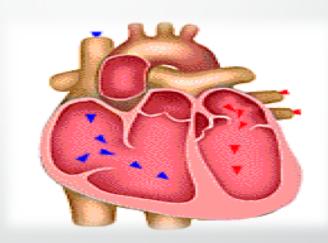
I: Mechanical events

II: Volume changes

III: Pressure changes

IV: Heart sounds

V: Electrical events (ECG)



- Cardiac cycle duration = 0.8 sec ...
 - When HR 72 bpm
 - Shortened when HR ↑



Events in the Cardiac Cycle

• Mechanical events

Volume changes

Pressure changes

4Heart sounds

• Electrical events (ECG)



Events in the Cardiac Cycle

• Mechanical events

Volume changes

Pressure changes

Heart sounds

• Electrical events (ECG)



Mechanical Events:

- Each heartbeat consists of 2 major periods:
 - Systole .. (Contraction)
 - Diastol . (Relaxation)

repeated in (Relaxation) next beat (Contraction)

- Atrial .. systole & diastole
- Ventricular .. systole & diastole



Mechanical Events' Periods

Normally diastole is longer > systole:

- Ventricular systole = 0.3 sec
- Ventricular diastole = 0.5 sec
- Atrial systole = 0.1 sec
- Atrial diastole = 0.7 sec

• Importance of long ventricular diastole?

- 1. Coronary blood flow
- 2. Ventricular filling



Definitions

End-diastolic volume (EDV):

- Volume of blood in ventricles at the end of diastole.
- ≈ 110-130 mL.

Stroke volume (SV):

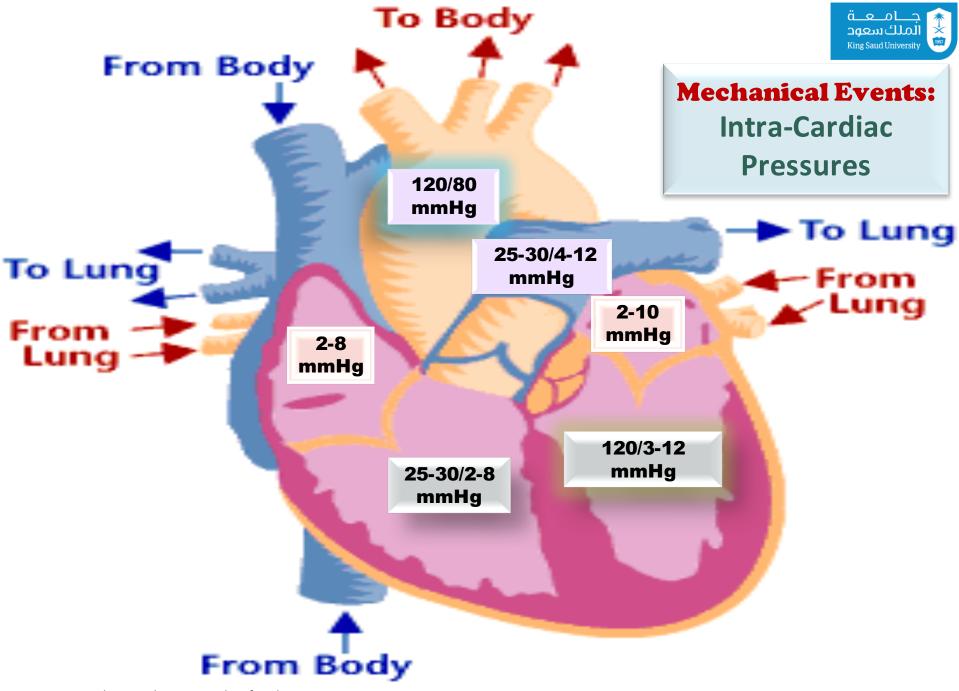
- Amount of blood ejected from ventricles during systole.
- ≈ 70 mL/beat.

• End-systolic volume (ESV):

- Amount of blood left in ventricles at the end of systole.
- \approx 40-60 mL.

• Ejection fraction (EF):

- Fraction of end-diastolic volume that is ejected.
- **■** ≈ 60-65 %.





Ventricular diastole:

Early ventricular diastole:

- ?? Protodiastole
- 1. Isometric relaxation phase
- 2. Rapid filling phase

Mid ventricular diastole:

3. Reduced filling phase

Late ventricular diastole:

Atrial systole

Consists of 7 phases.

Ventricular systole:

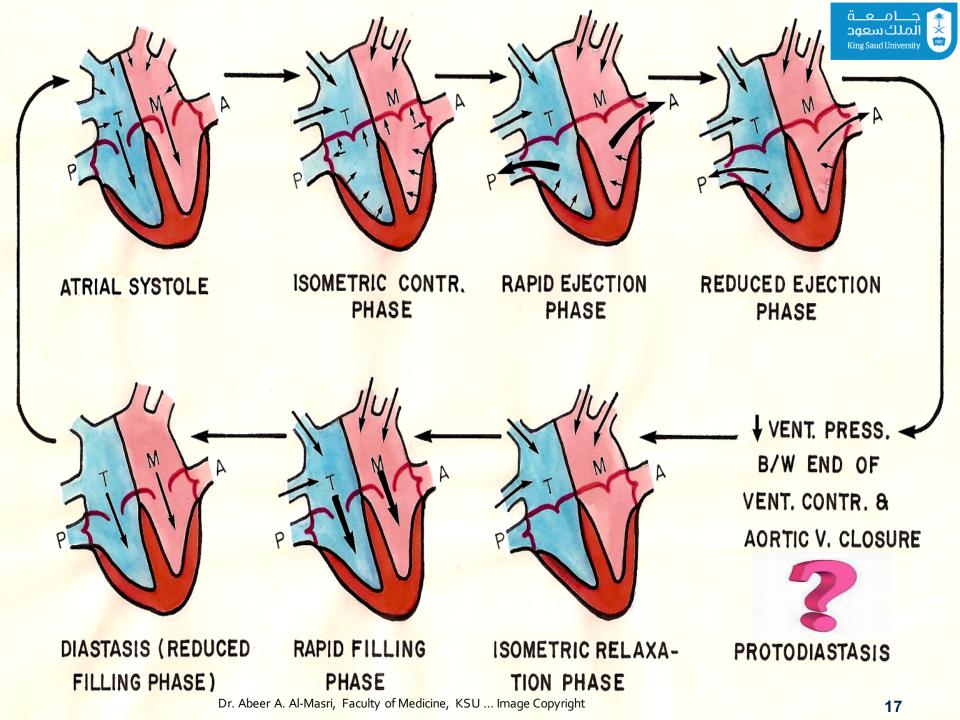
3. Reduced ejection phase.

Mechanical Phases ...

1. Isometric contraction phase.

> 2. Rapid ejection phase.

N.B. ? Considered '8' phases if including 1st phase of diastole





1. Atrial Systole:

- At end of ventricular diastole ... (lasts 0.1 sec.)
- Preceded by atrial depolarization.
- Valves: AV- vs open (semilunar- vs closed.)
- Volume changes: Tops off last 27-30% of ventricular filling.
- Pressure changes: Atrial pressure.
- 4th Heart sound heard.
- Blood arriving the heart can't enter atria, it flows back up jugular vein.

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Mechanical Phases of cardiac cycle:

2. Isovolumetric Contraction Phase:

- At beginning of ventricular systole ... (Lasts ≈ 0.04 sec.)
- Period between closure of AV- vs & opening of Semilunar- vs.
- Preceded by ventricular depolarization.
- Starts with <u>closure</u> of AV- vs.
- 1st Heart sound heard.
- Ventricle is a closed chamber.
 - Volume in ventricle = EDV
 - Ventricle contracts with no changes in volume.
- Ventricular pressure 个
- Aortic v <u>opens</u> at the end of this phase, when LV exceeds 80 mmHg.



3. Maximum (Rapid) Ejection Phase:

- Semilunar- vs open at beginning of this phase:
 - When LV pressure exceeds 80 mmHg.
- Almost 75% of ventricular blood is ejected, i.e. 75% of SV.
- Ventricular pressure reaches 120 mmHg.

4. Reduced Ejection Phase:

- End of systole.
- Almost 25% of ventricular blood is ejected, i.e. 25% of SV.
- Aortic- v closes at the end of this phase when LV pressure reaches 110 mmHg.



5. Isovolumetric Relaxation Phase:

- Period between closure of semilunar- vs & opening of AV- vs.
- Beginning of diastole ... (Lasts ≈ 0.04 sec.)
- Preceded by ventricular repolarization.
- 2nd Heart sound heard.
- LV is a closed chamber, i.e. relax with no changes in volume.
- Volume of blood in ventricle = ESV.
- AV- vs open at the end of this phase.



6. Rapid Filling Phase:

- Atrial pressure > ventricular pressure.
- AV- vs open.
- ≈ 60-70% of blood passes passively to the ventricles along pressure gradient.
- 3rd Heart sound heard.

7. Reduced Filling Phase (Diastasis):

- Remaining atrial blood flows slowly into ventricles.
- AV- vs still open.



Events in the Cardiac Cycle

Mechanical events

Volume changes

• Pressure changes

4Heart sounds

• Electrical events (ECG)



Ventricular Volume Changes During the Cardiac Cycle



Ventricular Volume Changes

Phases	Ventricular volume
1. Atrial systole	↑
2. Isometric contraction phase	Constant
3. Rapid ejection phase	↓ rapidly
4. Reduced ejection phase	↓ slowly
? Protodiastole	Constant
5. Isometric relaxation phase	Constant
6. Rapid filling phase	† rapidly
Reduced filling phase	↑ slowly



Events in the Cardiac Cycle

• Mechanical events

Volume changes

• Pressure changes

4Heart sounds

• Electrical events (ECG)



Pressure Changes During the Cardiac Cycle

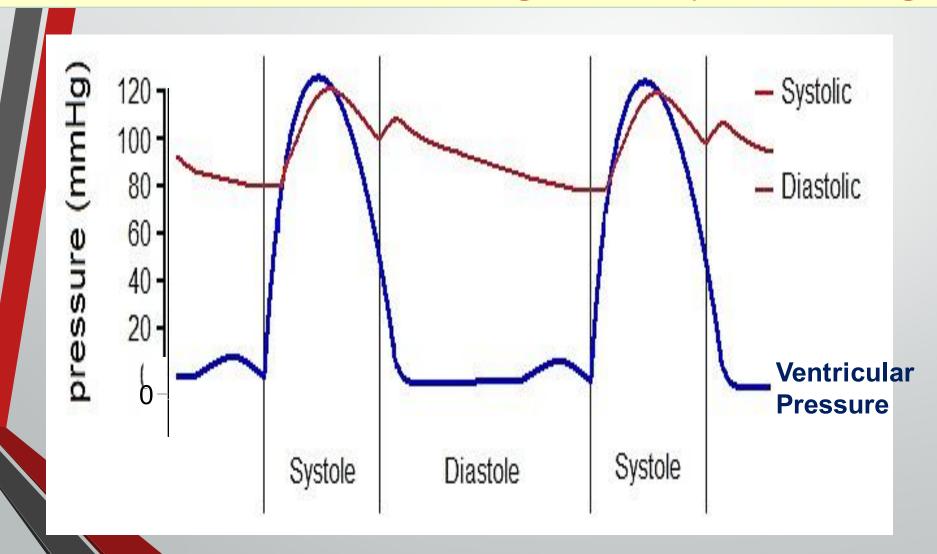


Recorded Pressure Changes

- Ventricular pressure
- Aortic pressure
 - Arterial pressure waves
 - Pulmonary artery pressure
- Atrial pressure
 - Jugular venous pressure



Ventricular Pressure Changes ... 120/3-12 mmHg





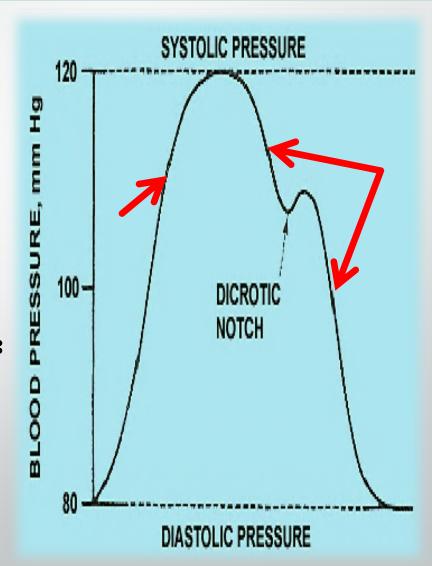
Aortic Pressure Changes ... 120/80 mmHg

a. Ascending or anacrotic limb:

- With 'rapid ejection phase.'
- Aortic press † up to 120 mmHg.

b. Descending or catacrotic limb:

Passes in 4 stages.





Stages of the Descending / Catacrotic Limb:

1. ↓ Aortic press:

- With 'reduced ejection phase.'
- Amount of blood enters aorta < leaves.</p>

2. Dicrotic notch (incisura):

Due to closure of aortic-v.

- Sudden drop in aortic pressure.
- At end of ventricular systole.

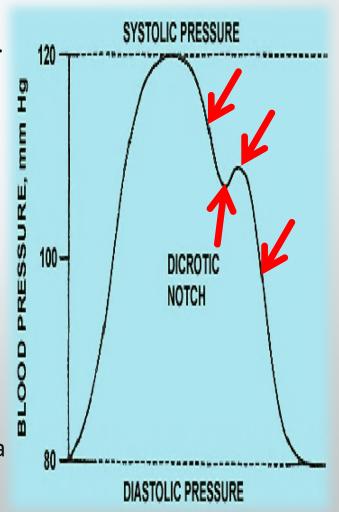
3. Dicrotic wave:

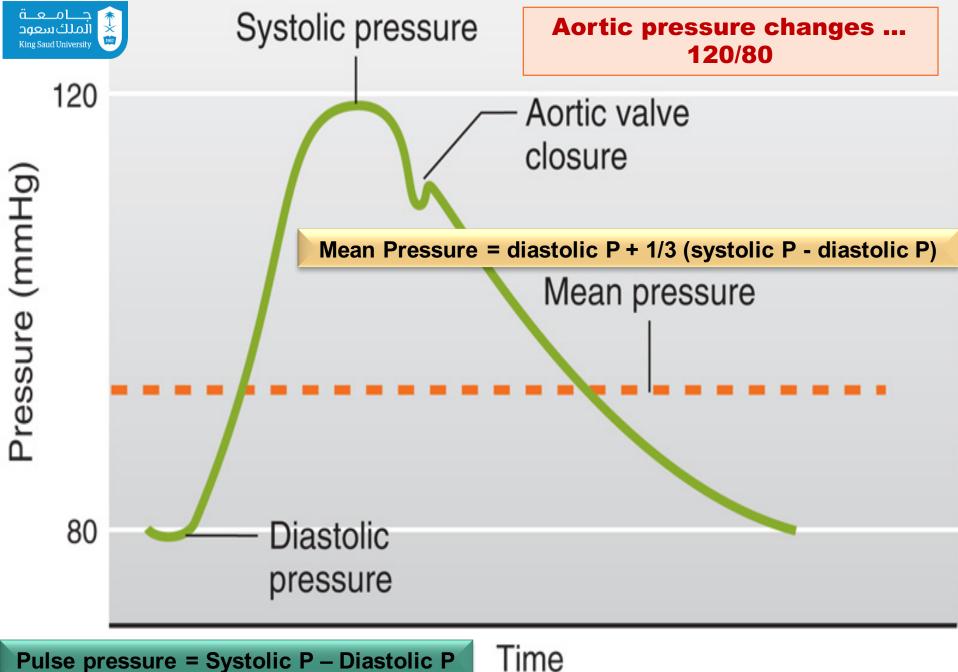
Due to elastic recoil of the aorta.

- Slight † in aortic pressure.
- **4. Slow** ↓ **aortic press:** up to 80 mmHg.

Due to continued flow of blood from a orta

→ systemic circulation.

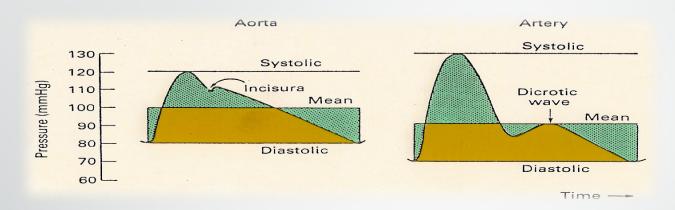




Time



Arterial Pressure Changes ... 110-130/70-85 mmHg



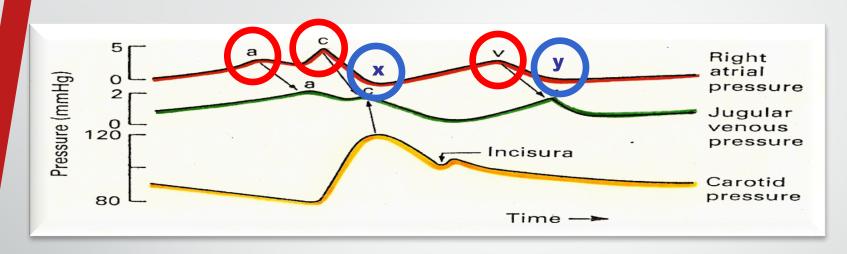
- Similar to aortic pressure waves, but sharper.
- Reflects a systolic peak pressure of 110-130 mmHg & a diastolic pressure of 70-85 mmHg.

Pulmonary Artery Pressure Changes ... 25-30/4-12 mmHg

 Similar to aortic pressure changes, but with difference in magnitude.



Atrial Pressure Changes:



- Results in:
 - 3 upward deflection → a, c, & v
 - o 2 components in each wave: +ve (↑ press), -ve (↓ press)
 - 2 downward deflection → x & y
- The 3 wave (a, c, & v) are equal to ONE cardiac cycle = 0.8 sec



Causes of atrial pressure waves

• 'a' wave: Atrial systole:

↑ atrial pressure during atrial systole.

• 'c' wave: Ventricular systole

- +ve → due to the bulging of AV- vs into the atria during 'isovolumetric contraction phase.'
- ve → due to the pulling down of the atrial muscle & AV cusps during 'rapid ejection phase', resulting in ↓ atrial pressure.

• 'v' wave:

- → **tve** → ↑ Atrial pressure **due to** ↑ **venous return (VR)** during atrial diastole.
 - $ightharpoonup \mathbf{ve}
 ightharpoonup \downarrow \downarrow$ atrial pressure during 'rapid filling phase.'



Causes of atrial pressure waves ... (Cont.)

• 'x' descent:

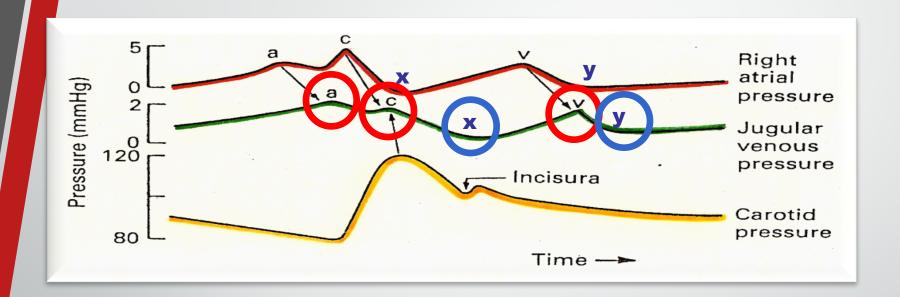
Downward displacement of AV- vs during 'reduced ejection phase.'

'y' descent:

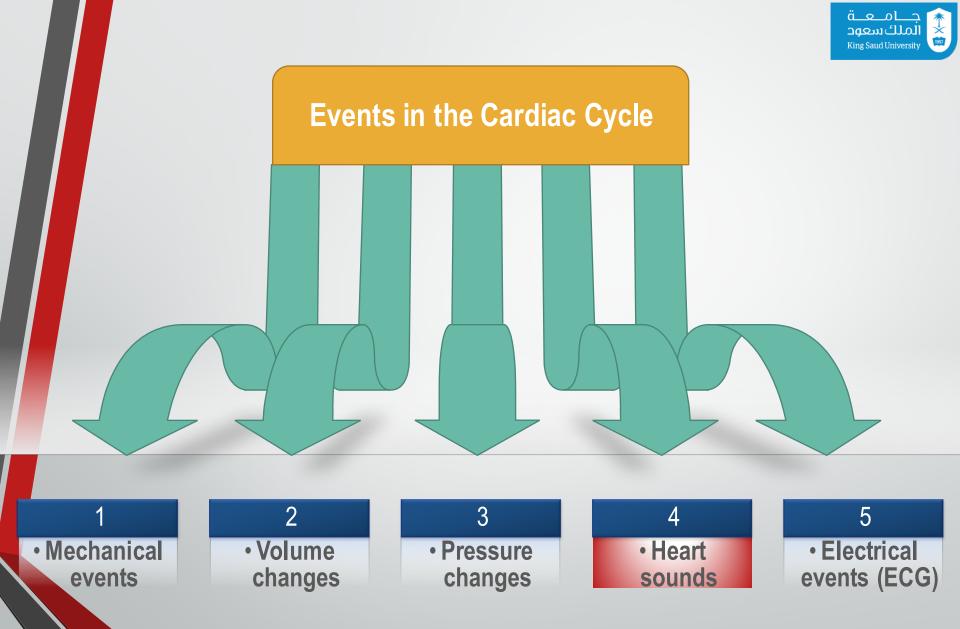
↓ ↓ atrial pressure during 'reduced filling phase.'



Jugular venous pulse changes:



- Similar recordings of transmitted delayed atrial waves:
 - 3 upward waves: a, c, & v
 - 2 downward waves: x & y



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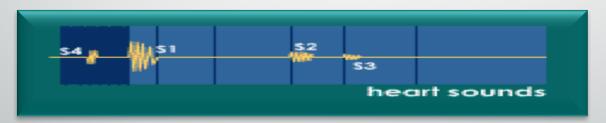


Heart Sounds Recorded During the Cardiac Cycle



HEART SOUNDS

- Detected over anterior chest wall by:
 - Auscultation... (Stethoscope.)
 - Phonocardiography... (sound recording device.)
- '4' heart sounds can be detected:
 - 1st & 2nd heart sounds ... (usually audible)
 - 3rd & 4th heart sounds ... (of low pitch, usually not audible)

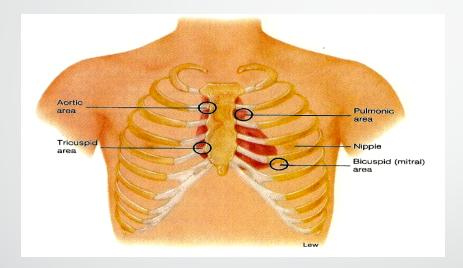


Important for diagnosis of valvular heart diseases (murmurs)



HEART SOUNDS' WINDOWS

Best heard at 4 certain areas:



Pulmonary area:

2nd Lt intercostal space.

Aortic area:

2nd Rt costal cartilage.

Mitral area:

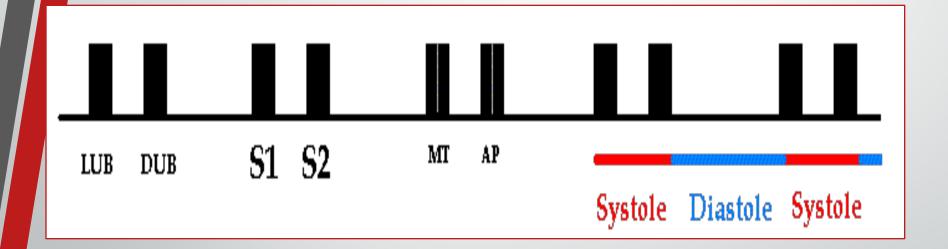
- 5nd Lt intercostal space crossing midclavicular line, or
- 9 cm (2.5-3 in) from sternum.

Tricuspid area:

• lower part of sternum towards Rt side.

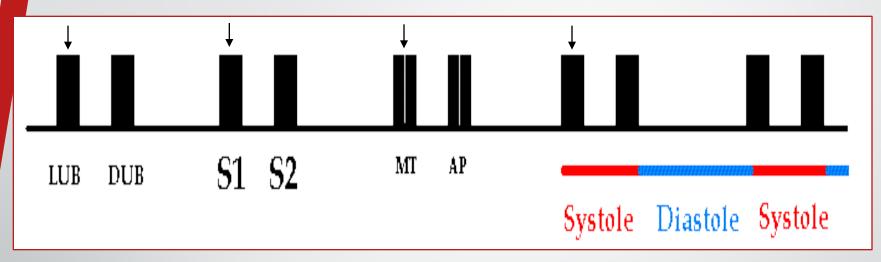


Normal Heart Sounds



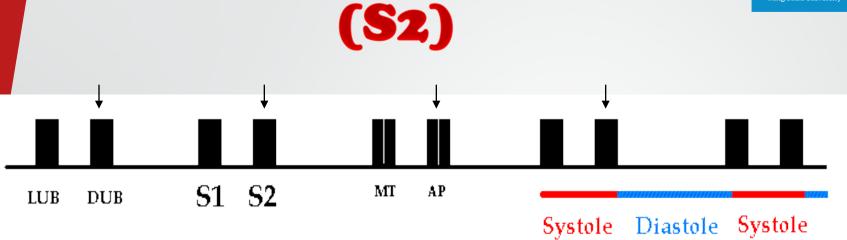






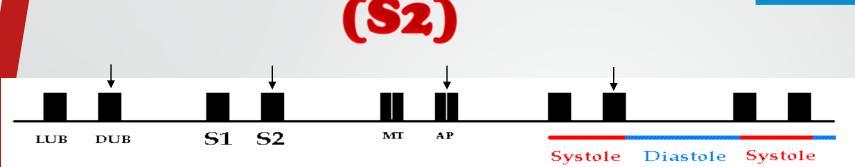
- Due to closure of the AV- vs.
- Recorded at the beginning of the the 'isovolumetric contraction phase.'
- It marks beginning of ventricular systole.
- Long in duration .. 0.15 sec.
- Of low pitch (LUB) .. Loud.
- 25-35 Hz.
- Best heard at Mitral & Tricuspid areas.



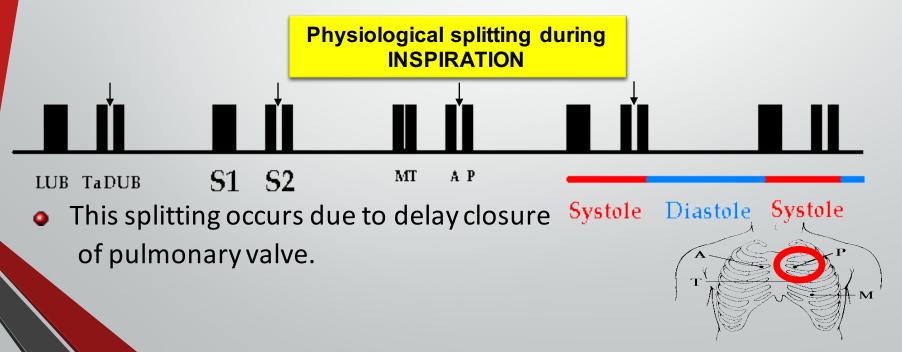


- Due to closure of semilunar-vs.
- Recorded at the beginning of the 'isovolumetric relaxation phase.'
- Marks the beginning of ventricular diastole.
- Short in duration .. 0.11-0.125 sec.
- Of high pitch (DUB) .. Soft & Sharp.
- 50 Hz.
- Best heard at Aortic & Pulmonary areas.



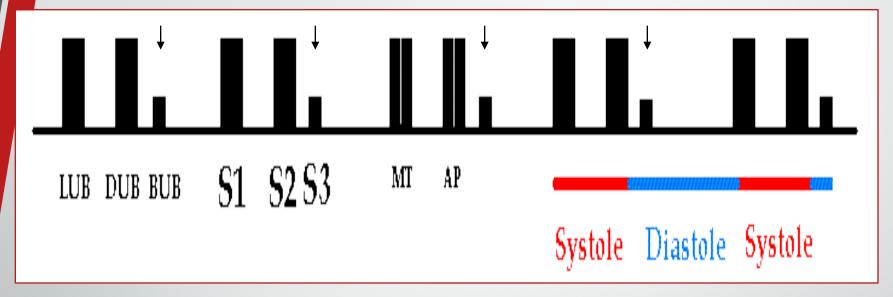


- S2 splits physiologically into 2 sounds during inspiration
 - = Physiological Splitting.





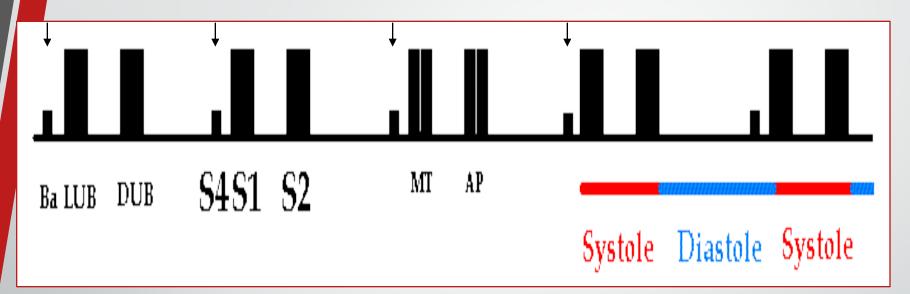




- Recorded during the 'rapid filling phase' due to rush of blood into the ventricle.
- S3 is usually not audible (very low pitch.)
- 0.05 sec.
- ? heard in children.
- Best heard at Mitral area.







- Recorded during 'atrial systole.'
- S4 is usually not audible (very low pitch.)
- 0.04 sec.
- ? heard in elderly.
- Best heard at Mitral area.

