

وَبِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

السَّلَامُ عَلَيْكُمْ وَرَحْمَةُ اللَّهِ وَبَرَكَاتُهُ



# *Cardiovascular System Block*

## *Cardiac Cycle- 1&2*

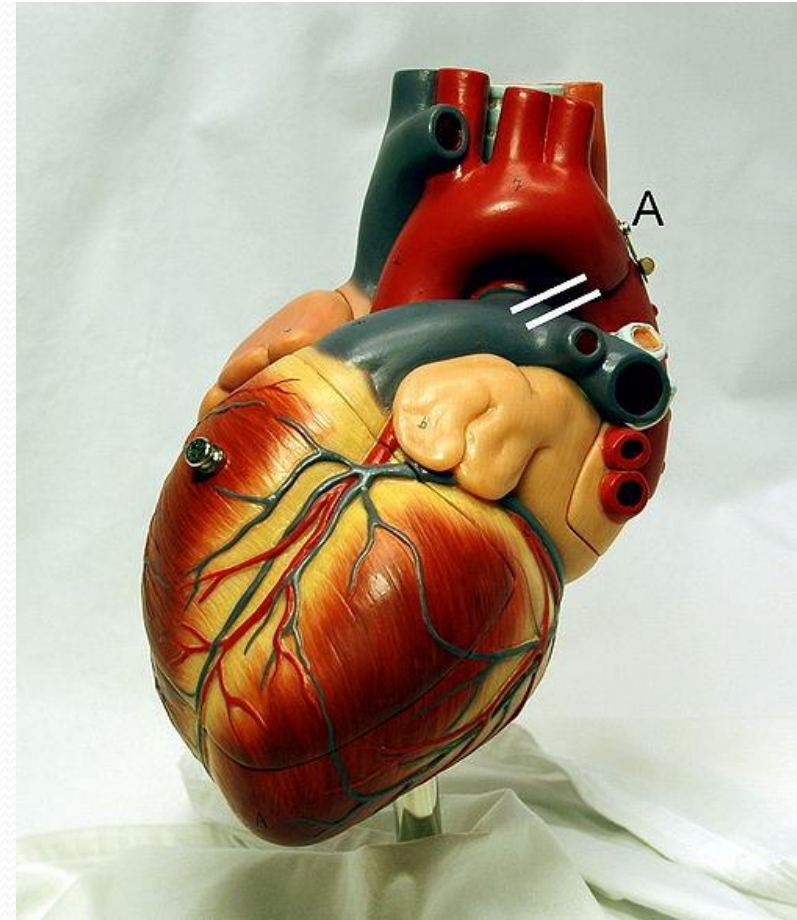
### *(Physiology)*

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# *Learning Objectives*

1

**Main Function  
of the Heart**

2

**Cardiac Cycle  
Time**

3

**Phases of the  
Cardiac Cycle**

4

**Ventricular  
Volume during  
Cardiac cycle**

# *Learning Objectives*

5

**Pressure Changes  
During Cardiac  
Cycle**

6

**Heart Sounds  
During Cardiac  
Cycle**

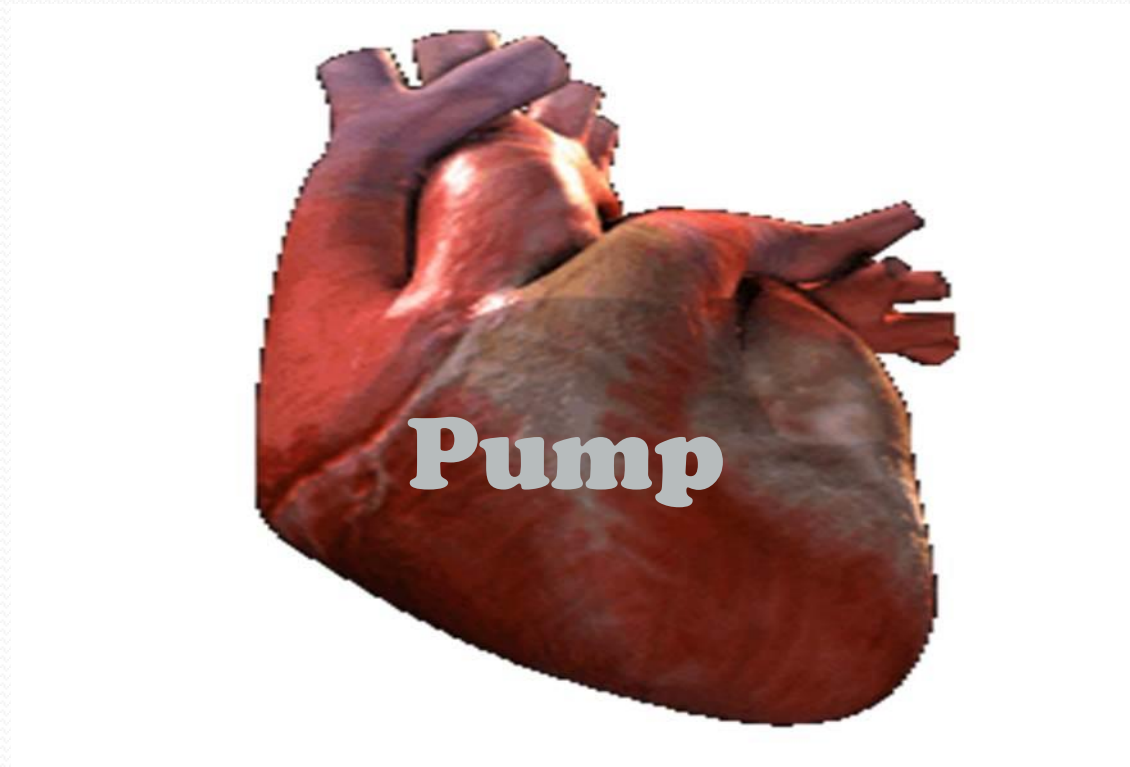
7

**Electrical  
Changes  
During Cardiac  
Cycle**

8

**Ventricular Volume-  
Pressure Diagram**

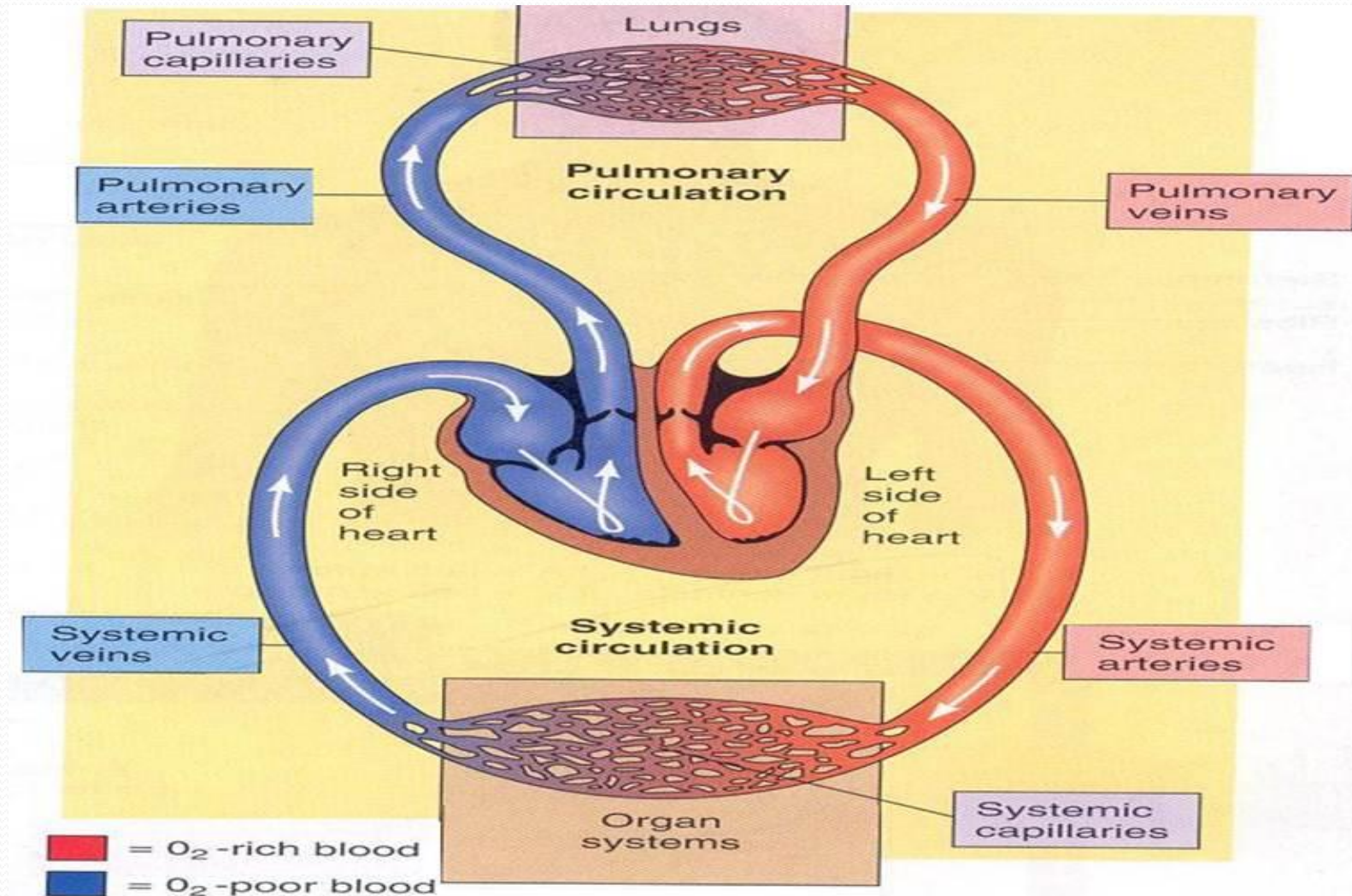
# *Function of the Heart*



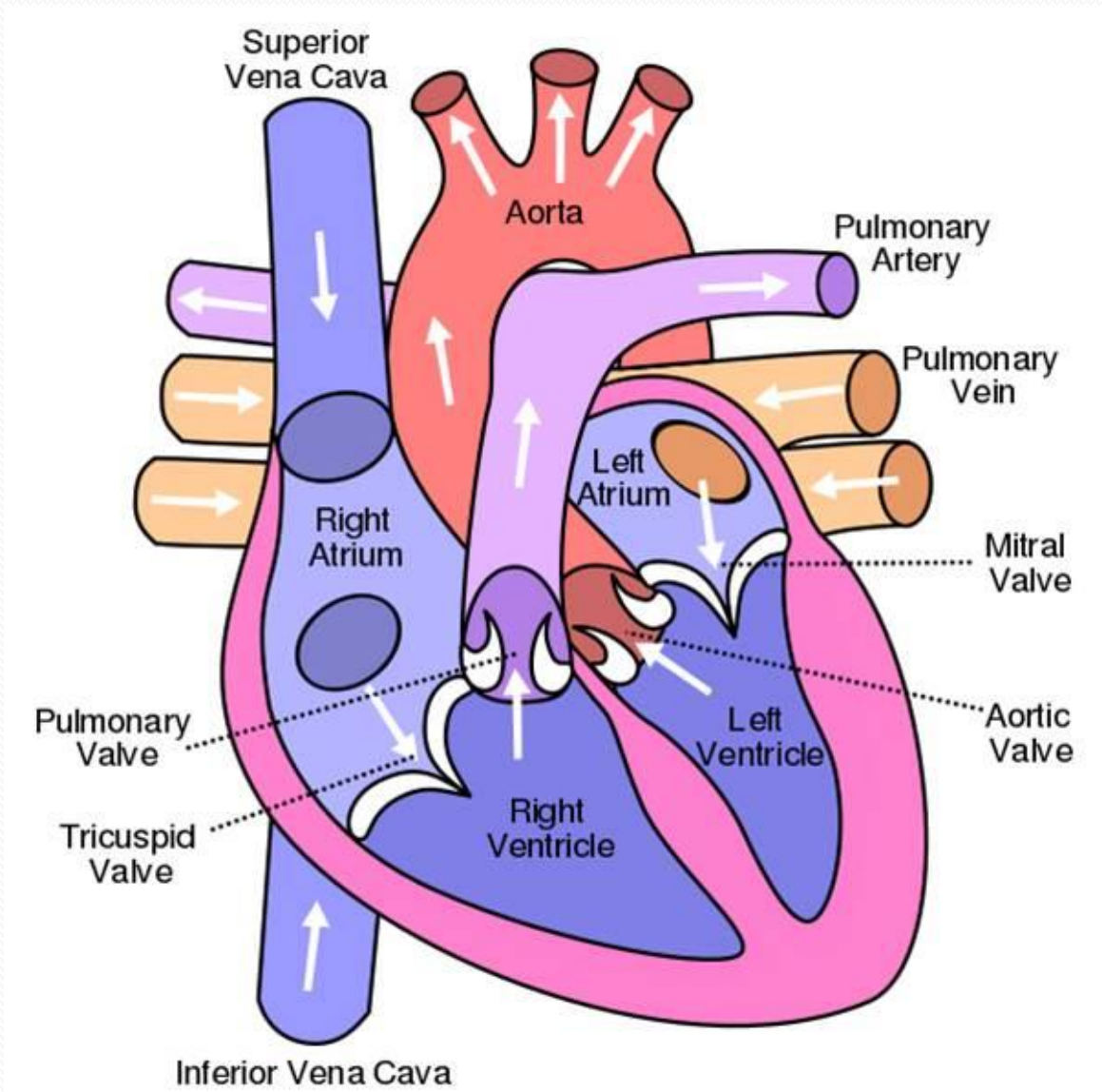
# *The Heart is a double pump*

Heart is a double pump (right & left) that work together.

**Systemic & Pulmonary circulation work together**



# *Intracardiac Blood circulation*



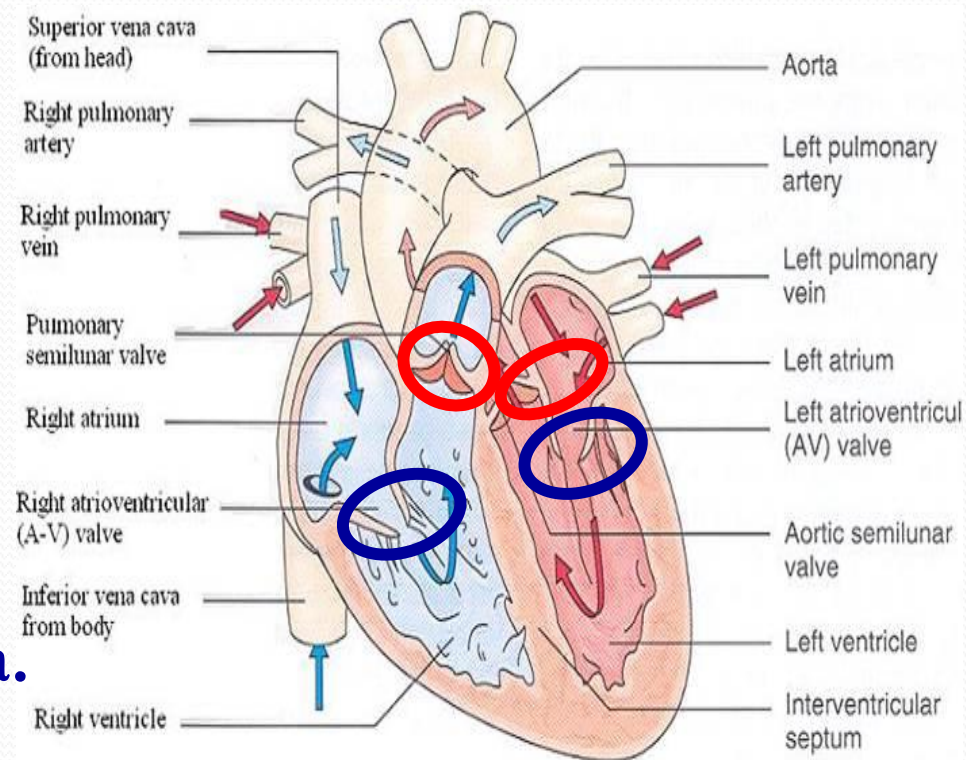
# Valves of the heart

## *Atrioventricular Valves:*

1. Tricuspid valve: between right atrium & right ventricle.
2. Mitral valve: between left atrium & left ventricle.

## *Semilunar Valves:*

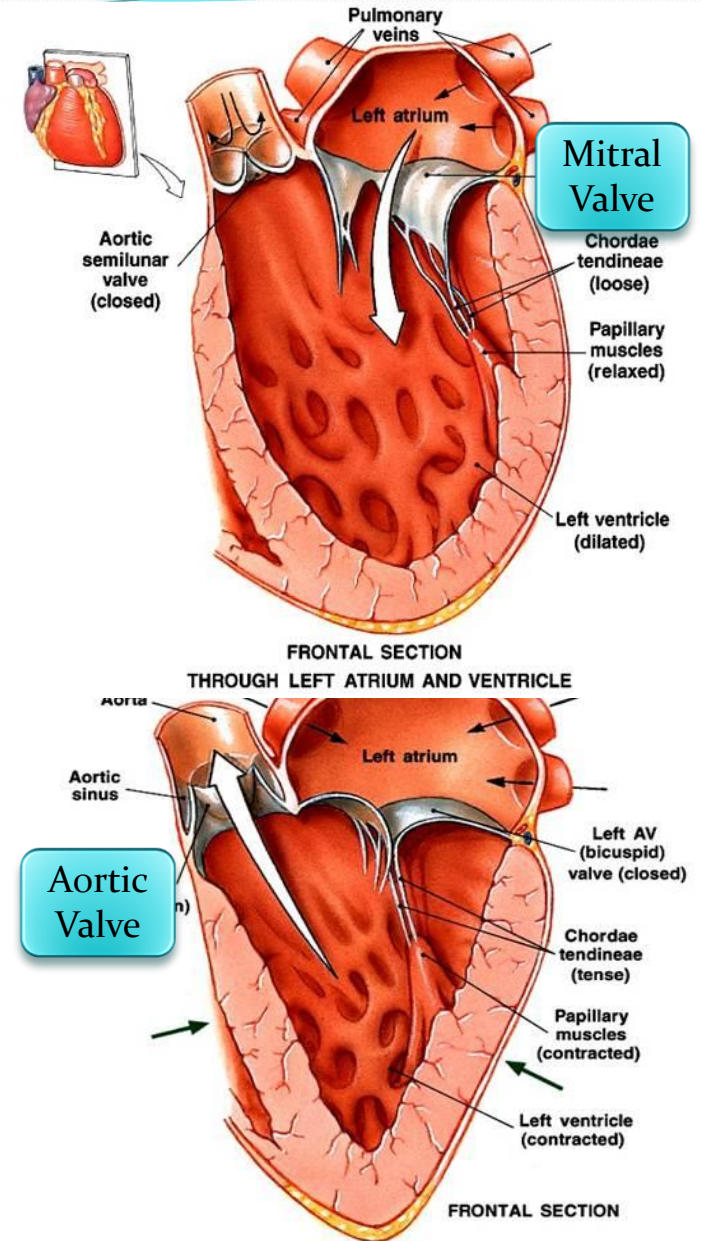
1. Pulmonary valve: between right ventricle & pulmonary artery.
2. Aortic valve: between left ventricle & aorta.

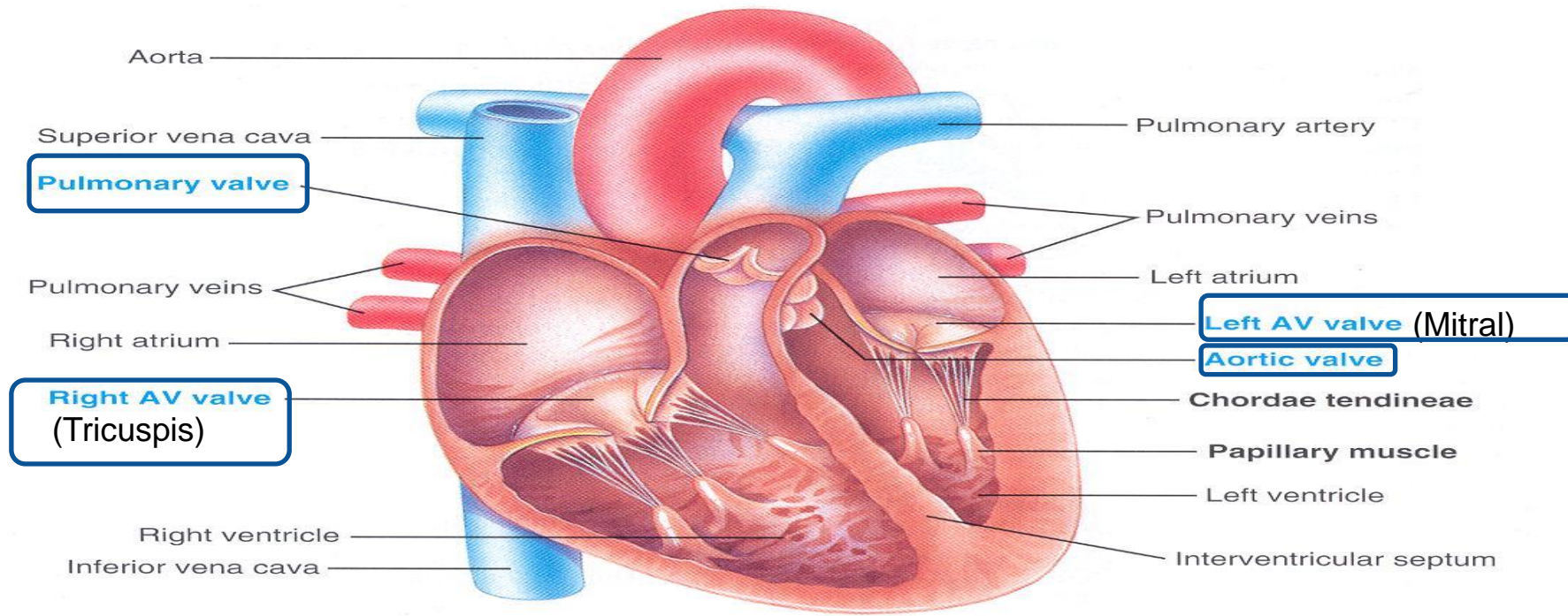




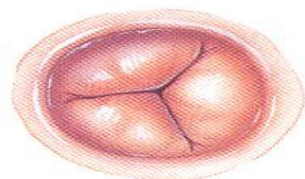
# Functions of the Valves

- Valves allow blood to flow in only ONE direction.
- Opening & closure of valves occur as a result of pressure gradient across the valve.
- When A-V valves open, semilunar valves close & vice versa.
- A-V cusps are held by chordae tendinea to muscular projections called “Papillary muscles”.

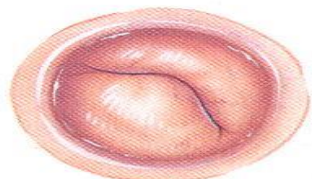




(a)



Right AV valve

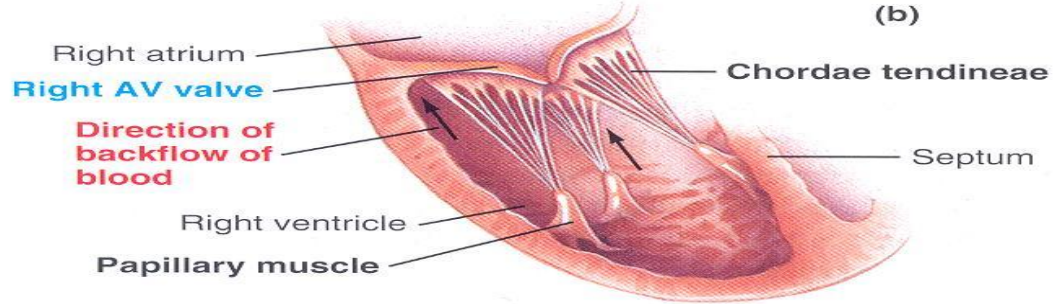


Left AV valve

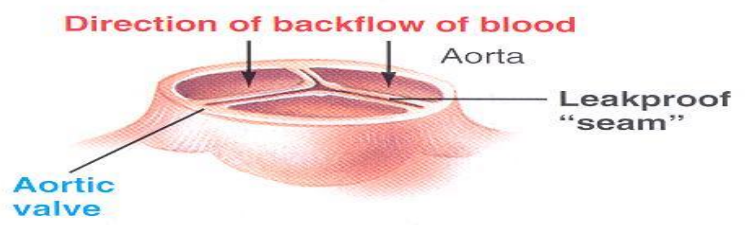


Aortic or pulmonary valve

(b)



(c)

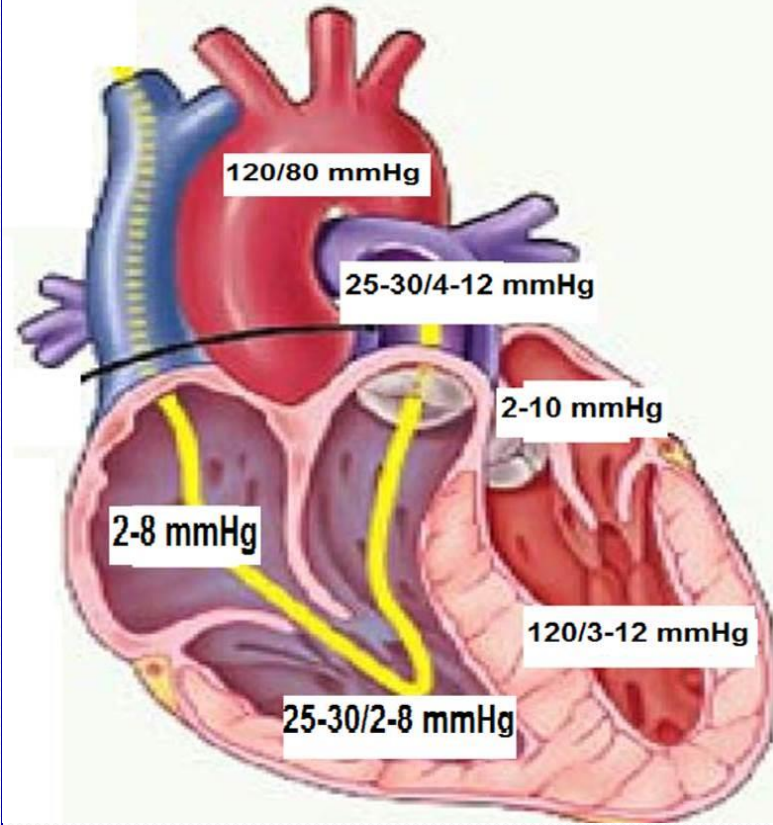


(d)

**Heart valves**

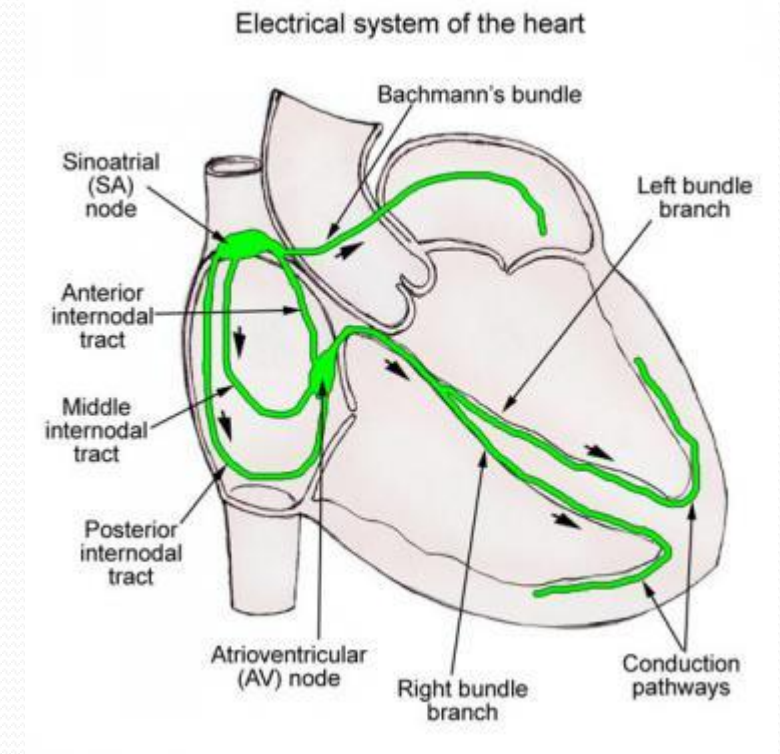
# General Principles

- Contraction of the heart generates pressure changes & results in orderly 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.
- Atrial & ventricular systole do not occur at same time, but their relaxation occurs at same time during diastole of whole heart which lasts for 0.4 sec.



# *The Cardiac Cycle*

- Sequence of events that take place in the heart during each beat (from the beginning of one heart beat to beginning of the next one).
- Each cycle is initiated by depolarization of S-A node, followed by contraction of the atria.
- The signal is transmitted to ventricles through A-V node & A-V bundle to cause ventricular contraction.



## Cardiac cycle Time

- This is time required for one complete cardiac cycle.
- When heart rate (HR) is 75 beats/min, the time will be 0.8 Sec

$$\text{Cardiac cycle time} = 60/\text{HR} = 60/75 = 0.8 \text{ Sec.}$$

- The time is inversely proportional to HR.
- Cardiac cycle starts by systole of both atria (0.1 sec), then systole of both ventricles (0.3 sec), then diastole of whole heart (0.4 sec).

# Cardiac Cycle Duration

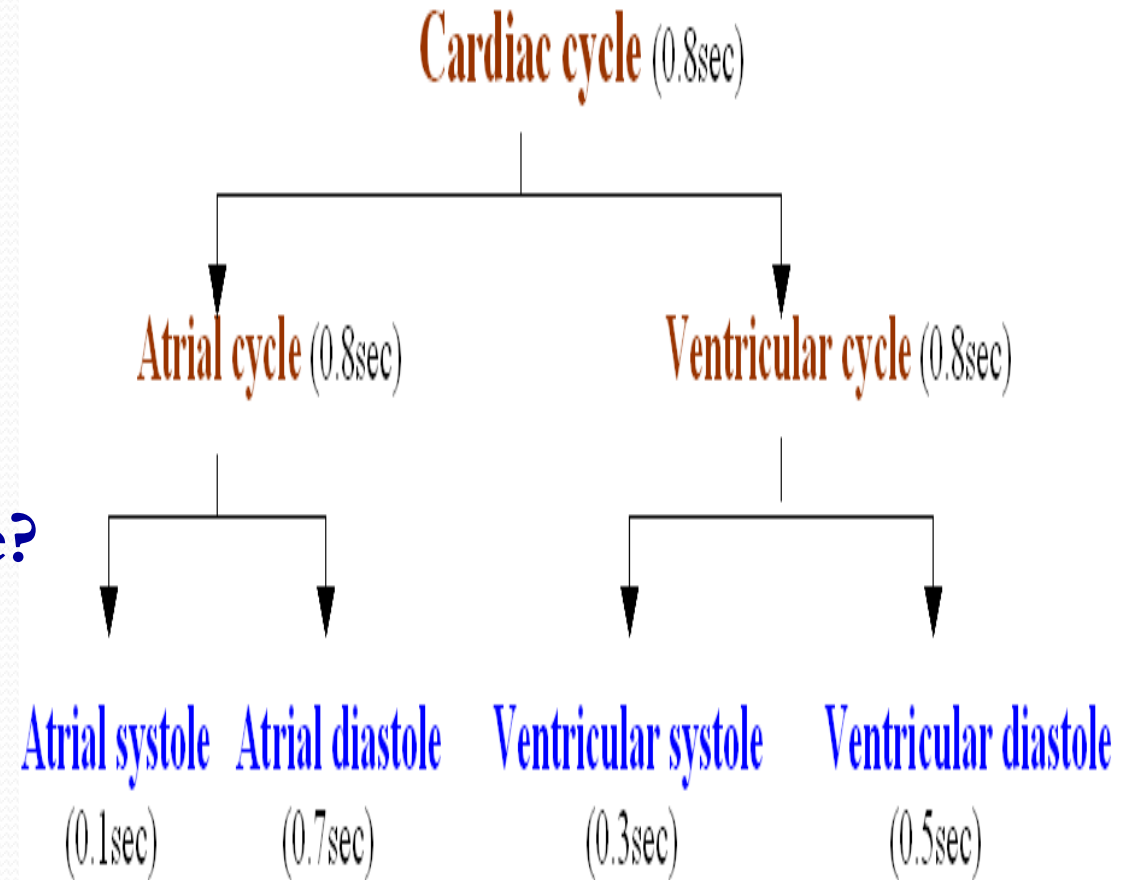
⇒ Cardiac cycle duration = 0.8 sec (when HR 75 beats/min).

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

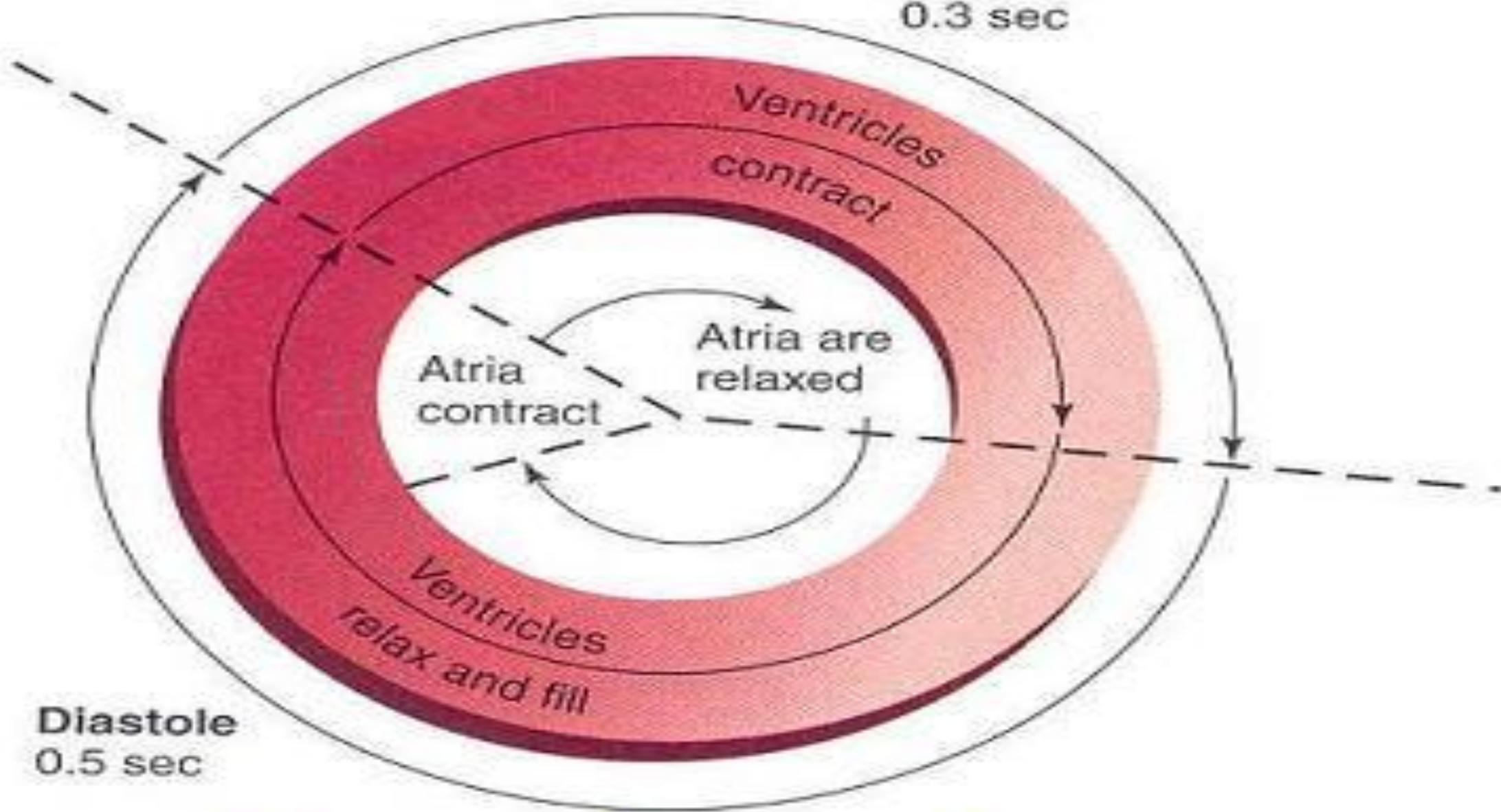
⇒ Normally, diastole is longer > systole

⇒ Importance of long ventricular diastole?

- Coronary blood flow
- Ventricular filling



**Systole**  
0.3 sec



**Diastole**  
0.5 sec

## **The cardiac cycle**

# Definitions

## ⇒ End-diastolic volume (EDV):

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

## ⇒ Stroke volume (SV):

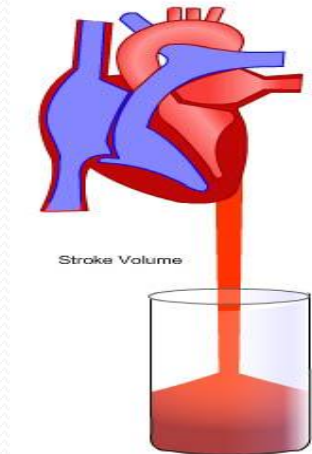
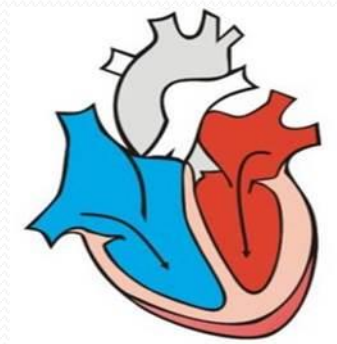
Amount of blood ejected from ventricles during systole = **70 mL/beat.**

## ⇒ End-systolic volume (ESV):

Amount of blood left in ventricles at the end of systole = **40-60 mL.**

## ⇒ Ejection fraction (EF):

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

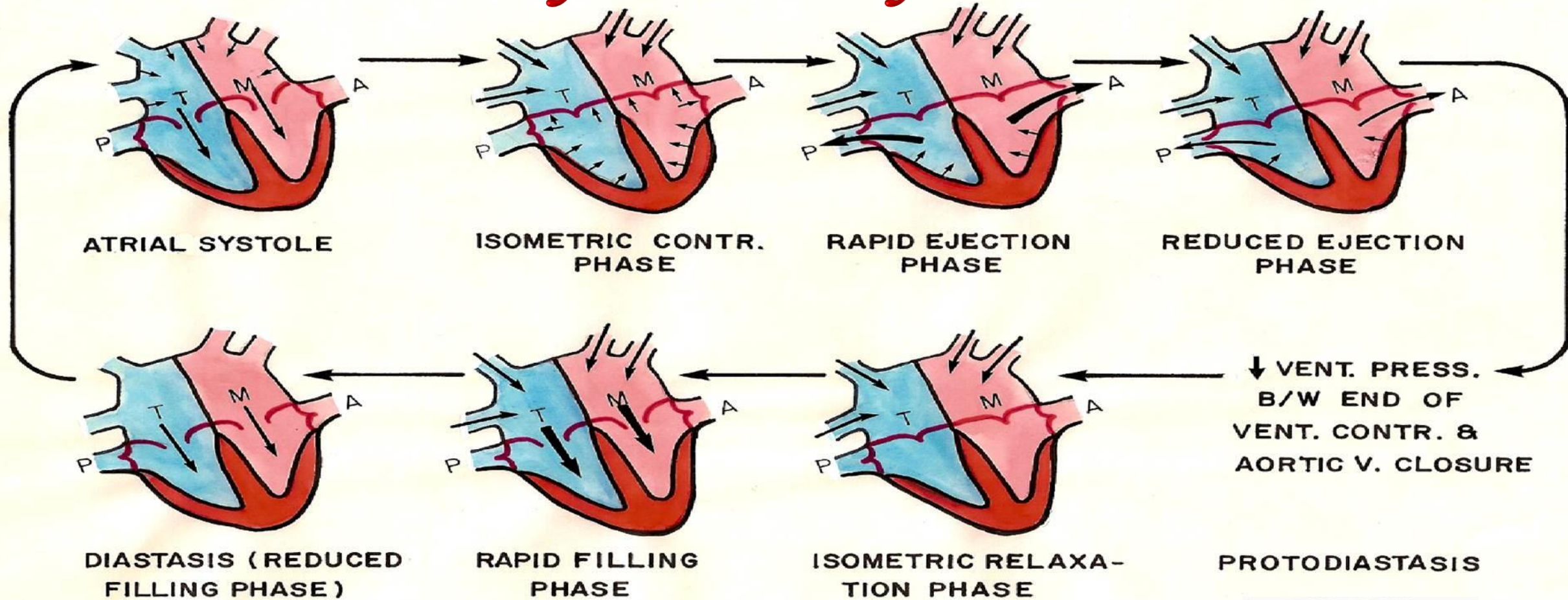




# *Phases of cardiac cycle*

- Atrial systole (0.1 sec.)
- Ventricular systole (0.3 sec.)
  - Isovolumic (isovolumetric) contraction phase (0.05 sec.)
  - Maximum ejection phase (0.15 sec.)
  - Reduced ejection phase (0.1 sec)
- Ventricular diastole (0.4)
  - Protodiastolic phase (0.04 sec.).....????
  - Isovolumic (isovolumetric) relaxation phase (0.06 sec.)
  - Rapid filling phase (0.1 sec.)
  - Reduced filling phase (0.2 sec.)

# Phases of Cardiac Cycle: 7 Phases



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



# *Events in the cardiac Cycle*

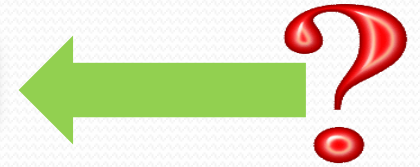
1 Mechanical events

2 Ventricular Volume Changes

3 Pressure Changes

4 Heart Sounds

5 Electrical Events (ECG)



# 1- Atrial Systole:

- ➡ It is a phase of atrial contraction, lasts for  $\approx 0.1$  sec.
- ➡ It is preceded by atrial depolarization.
- ➡ Valves: A-V valves open (semilunar valves closed). blood goes from atria to ventricles.
- ➡ Ventricular volume:  $\uparrow$  due to blood passage into ventricle. It reaches the end diastolic volume (EDV) 130 ml.
- ➡ Ventricular pressure: First slightly  $\uparrow$  due to entry of blood from atria. Then  $\downarrow$  due to dilatation of ventricles. In both cases, it is less than atrial P.
- ➡ Atrial pressure: First  $\uparrow$  due to systole of atria. Then  $\downarrow$  due to blood passage into ventricles.
- ➡ 4<sup>th</sup> Heart sound heard.

## *2- Isovolumetric Contraction Phase:*

- ⇒ It occurs at beginning of ventricular systole. It lasts for  $\approx 0.04$  sec.
- ⇒ Starts with closure of A-V valves.
- ⇒ 1st Heart sound heard.
- ⇒ Semilunar valves: Still closed.
- ⇒ Ventricle is a closed chamber. It contracts with no changes in volume (isometrically, no shortening)
- ⇒ Volume in ventricle = EDV
- ⇒ Ventricular pressure  $\uparrow$  suddenly
- ⇒ Aortic valve opens at the end of this phase, when LV exceeds 80mmHg.
- ⇒ Atrial pressure:  $\uparrow$  due to doming of cusps of closed A-V valves into atria.

### *3- Maximum (Rapid) Ejection Phase:*

- ⇒ The ventricles contract isototonically (with shortening) pushing most of ventricular blood (75% of stroke volume) into aorta & pulmonary artery.
- ⇒ Duration: 0.15 sec.
- ⇒ Semilunar valves open at beginning of this phase when LV pressure exceeds 80 mmHg.
- ⇒ AV valves: Still closed.
- ⇒ Ventricular pressure reaches 120 mmHg in left V .
- ⇒ Ventricular volume: ↓ sharply due to shortening of ventricular wall and ejection of blood.
- ⇒ Atrial pressure: First ↓ because when ventricles contract, they pull fibrous AV ring with AV valves downward thus ↓ atrial P.

## *4- Reduced Ejection Phase:*

- ⇒ The ventricles contract with less shortening than the previous phase and less blood is ejected (end of systole).
- ⇒ Almost 25% of ventricular blood is ejected, i.e. 25% of stroke volume.
- ⇒ Duration: 0.1 sec.
- ⇒ AV valves: Still closed.
- ⇒ Semilunar valves: Still opened.
- ⇒ Atrial pressure: Still  $\uparrow$  gradually due to accumulation of venous blood.
- ⇒ Ventricular volume: Continue  $\downarrow$  gradually till it reaches the end systolic volume (60 ml).
- ⇒ Ventricular pressure:  $\downarrow$  gradually, as volume of blood leaving ventricles  $>$  the decrease in ventricular volume.

## 5- Isovolumetric Relaxation Phase:

- ⇒ At the beginning of diastole, the ventricles relax without changing their volume. It lasts for  $\approx 0.04$  sec.
- ⇒ Ventricular volume is constant at the ESV (60 ml).
- ⇒ Semilunar valves: close at the beginning of the phase.
- ⇒ 2<sup>nd</sup> Heart sound is heard.
- ⇒ A-V valves: Still closed.
- ⇒ Ventricular pressure: ↓ rapidly, because the valves are closed & the relaxation is isometric.
- ⇒ Atrial pressure: Still ↑ gradually due to accumulation of venous blood.

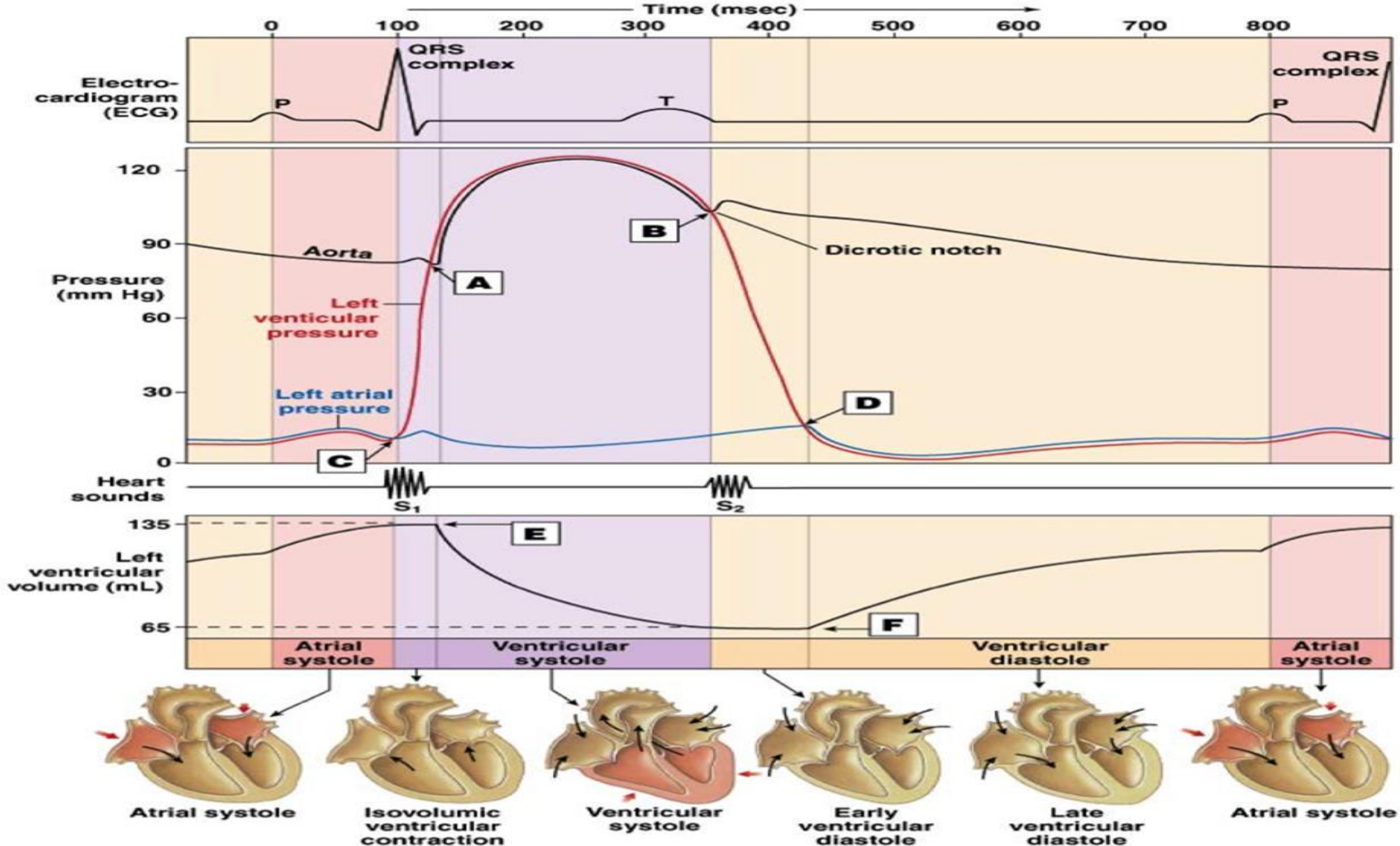


## 6- Rapid Filling Phase:

- ⇒ Atrial pressure  $>$  ventricular pressure. A-V valves open.
- ⇒  $\approx$  60-70% of blood passes passively to the ventricles along pressure gradient.
- ⇒ Duration  $\approx$  0.1 sec.
- ⇒ 3<sup>rd</sup> Heart sound heard due to rush of blood into ventricles and vibration in ventricular wall.
- ⇒ Semilunar valves: Still closed.
- ⇒ Atrial pressure: First sudden  $\downarrow$  due to rush of blood from atria to ventricles. Then gradually  $\uparrow$  due to entry of venous blood.
- ⇒ Ventricular volume:  $\uparrow$  because it is being filled with blood.
- ⇒ Ventricular pressure: Slightly  $\uparrow$  but  $<$  atrial pressure

## *7- Reduced Filling Phase (Diastasis):*

- ⇒ Remaining atrial blood flows slowly into ventricles by pressure gradient.
- ⇒ Duration  $\approx 0.2$  sec.
- ⇒ A-V valves still open.
- ⇒ Semilunar valves: Still closed.
- ⇒ Atrial pressure: Still  $\uparrow$  gradually due to continuous venous return.
- ⇒ Ventricular volume: Still  $\uparrow$  due to entry of blood into ventricles.
- ⇒ Ventricular pressure: Slightly  $\uparrow$  gradually because the increase in volume is less than the entering blood.



# *Events in the cardiac Cycle*

1 Mechanical events

2 Ventricular volume changes

3 Pressure Changes

4 Heart Sounds

5 Electrical Events (ECG)



# Ventricular Volume Changes

Phases	Ventricular Volume
1- Atrial systole	↑
2- Isometric contraction	Constant
3- Rapid Ejection	↓ rapidly
4- Reduced Ejection	↓ slowly
? Protodiastolic	Constant
5- Isometric Relaxation	Constant
6- Rapid Filling	↑ rapidly
7- Reduced Filling	↑ slowly

# *Events in the cardiac Cycle*

1 Mechanical events

2 Ventricular Volume Changes

3 Pressure Changes

4 Heart Sounds

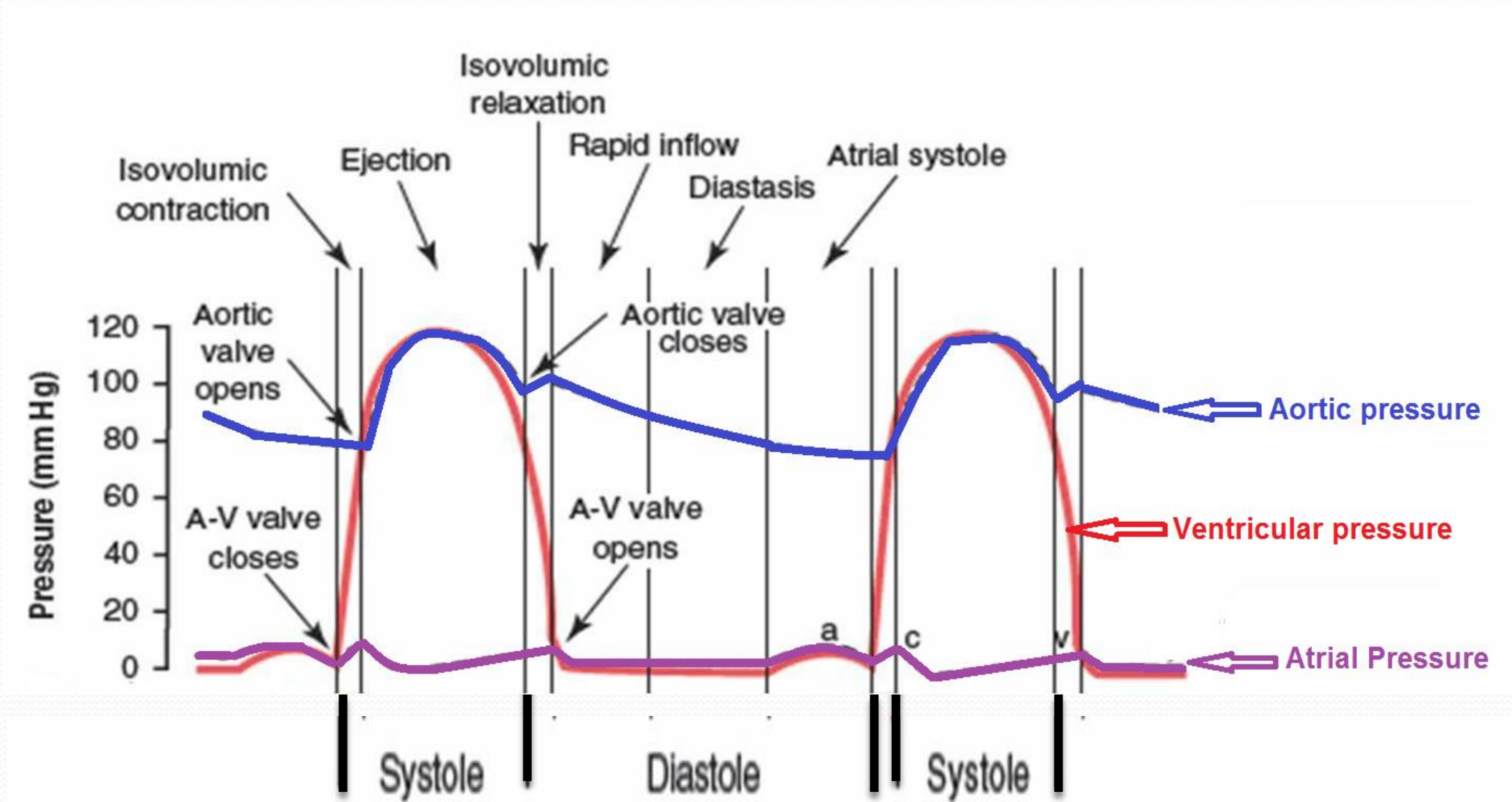
5 Electrical Events (ECG)



# *Recorded Pressure Changes During Cardiac Cycle*

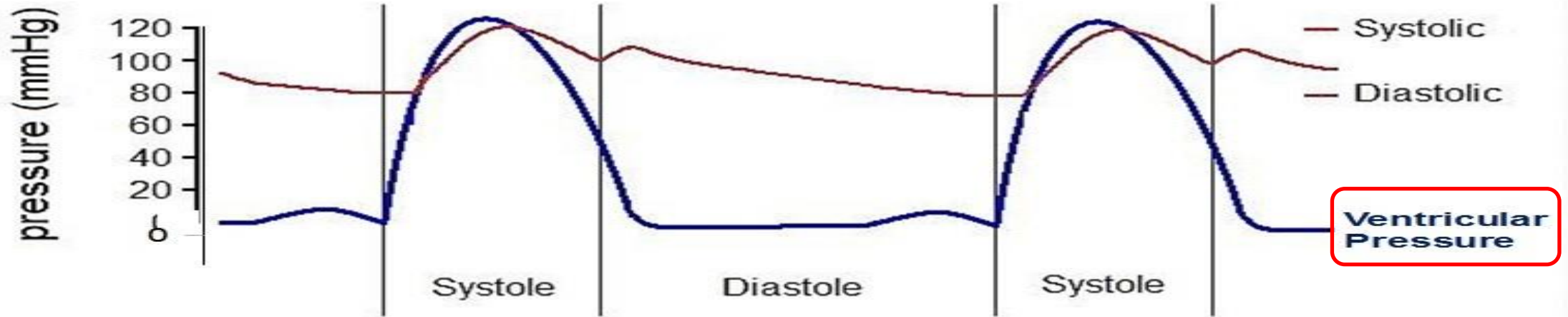
- ⇒ Ventricular pressure
- ⇒ Aortic pressure
  - ⇒ Arterial pressure waves
- ⇒ Atrial pressure
  - ⇒ Jugular venous pressure

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





# Left Ventricular Pressure Changes During Cardiac Cycle



Phases	Ventricular Pressure	Cause
1- Atrial systole	First slightly ↑ Then ↓	Entry of blood from atria Dilatation of ventricles
2- Isovolumetric contraction	↑ suddenly (80 mmHg )	All the valves are closed & the contraction is isovolumetric
3- Rapid Ejection	↑ sharply (120 mmHg )	Shortening of ventricular wall and ejection of blood
4- Reduced Ejection	↓ gradually	Volume of blood leaving ventricles > the decrease in ventricular volume.
5- Isovolumetric Relaxation	↓ rapidly	All the valves are closed & the relaxation is isovolumetric
6- Rapid Filling	Slightly ↑ but < atrial pressure	Entry of blood from atria
7- Reduced Filling	Slightly ↑ gradually	Entry of blood from atria

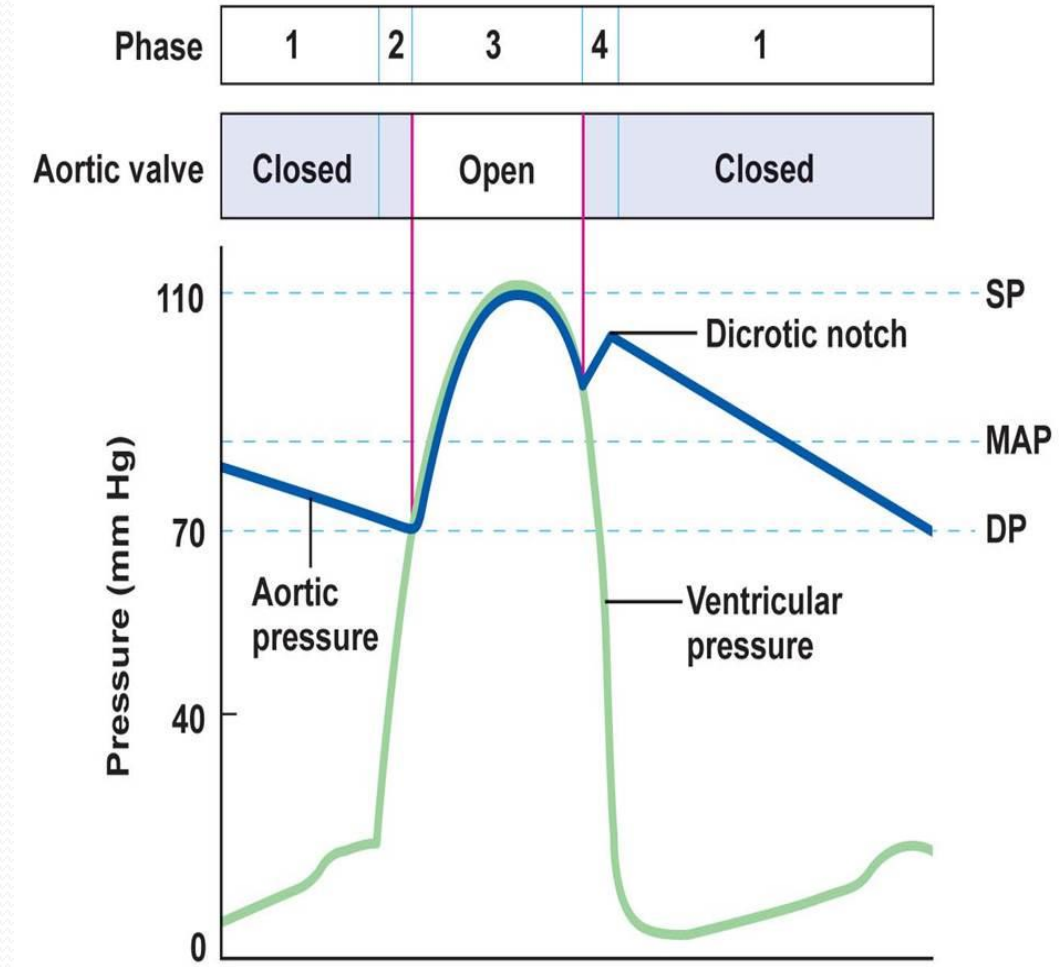
# *Aortic Pressure Changes ... 120/80 mmHg*

## ➤ Ascending or anacrotic limb:

- With 'rapid ejection phase'.
- Aortic pressure ↑ up to 120 mmHg.

## ➤ Descending or catacrotic limb:

- Passes in 4 stages.



# Stages of the Descending / Catacrotic Limb:

## 1. ↓ Aortic pressure:

With 'reduced ejection phase.'

Amount of blood enters aorta < amount leaves.

## 2. Dicrotic notch (incisura):

Sudden drop in aortic pressure.

Due to closure of aortic valve.

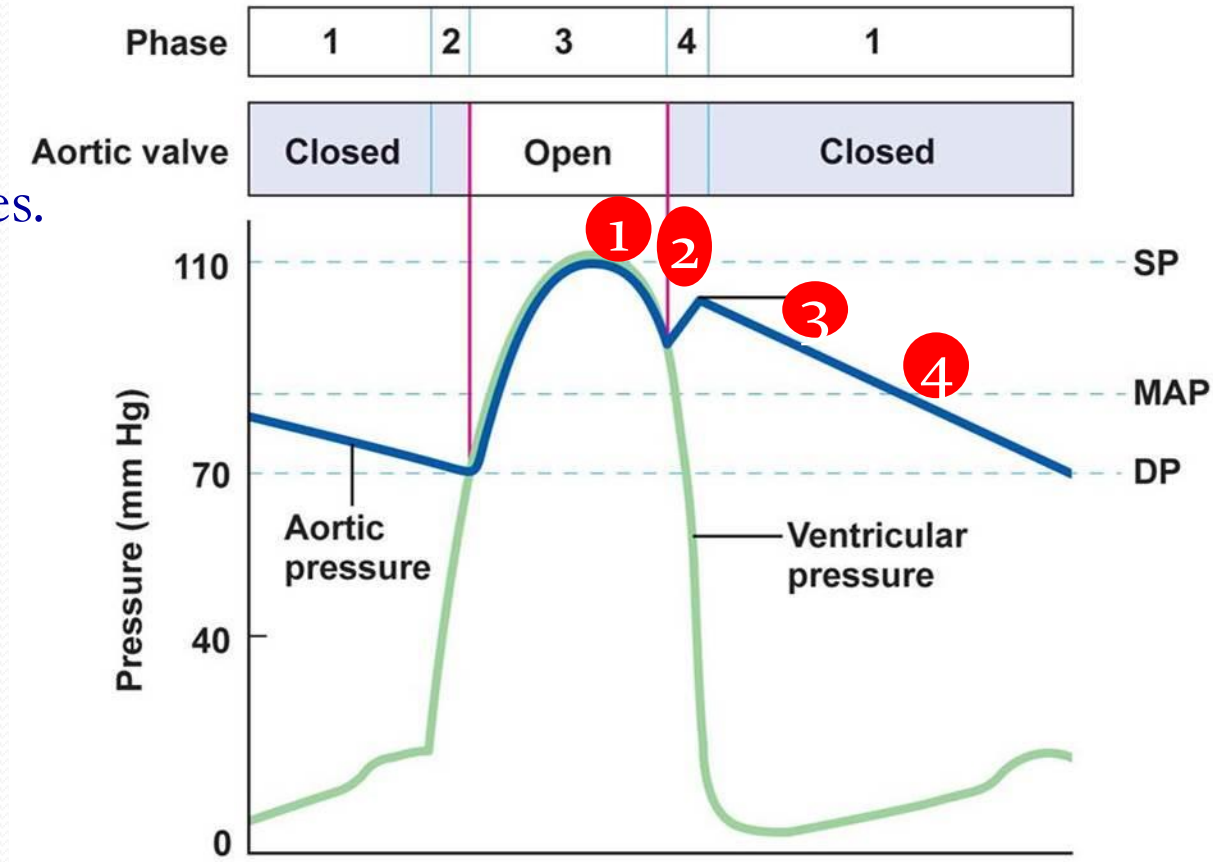
## 3. Dicrotic wave:

Slight ↑ in aortic pressure.

Due to elastic recoil of the aorta.

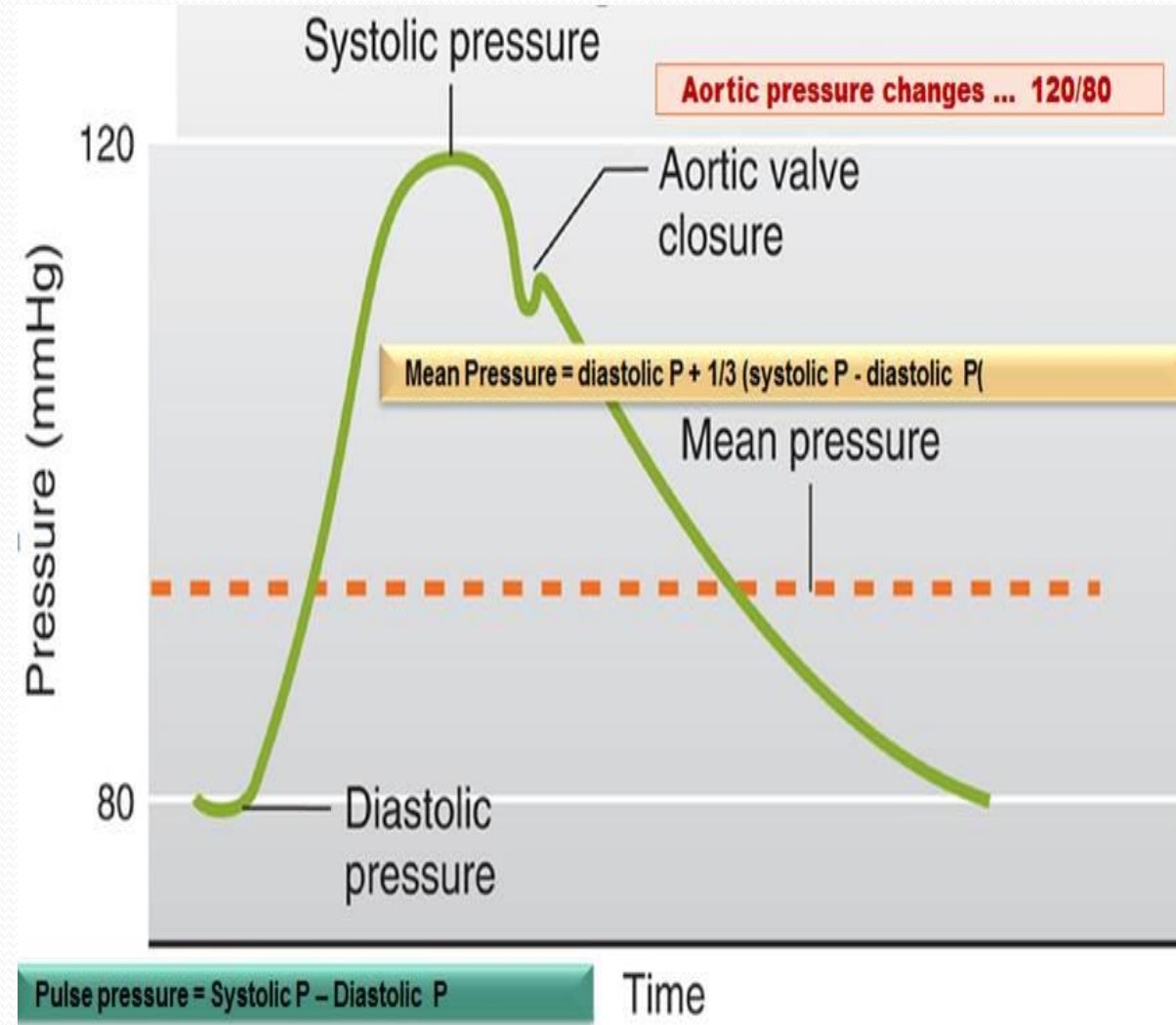
## 4. Slow ↓ aortic press: down to 80 mmHg.

Due to continued flow of blood from aorta into systemic circulation.



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

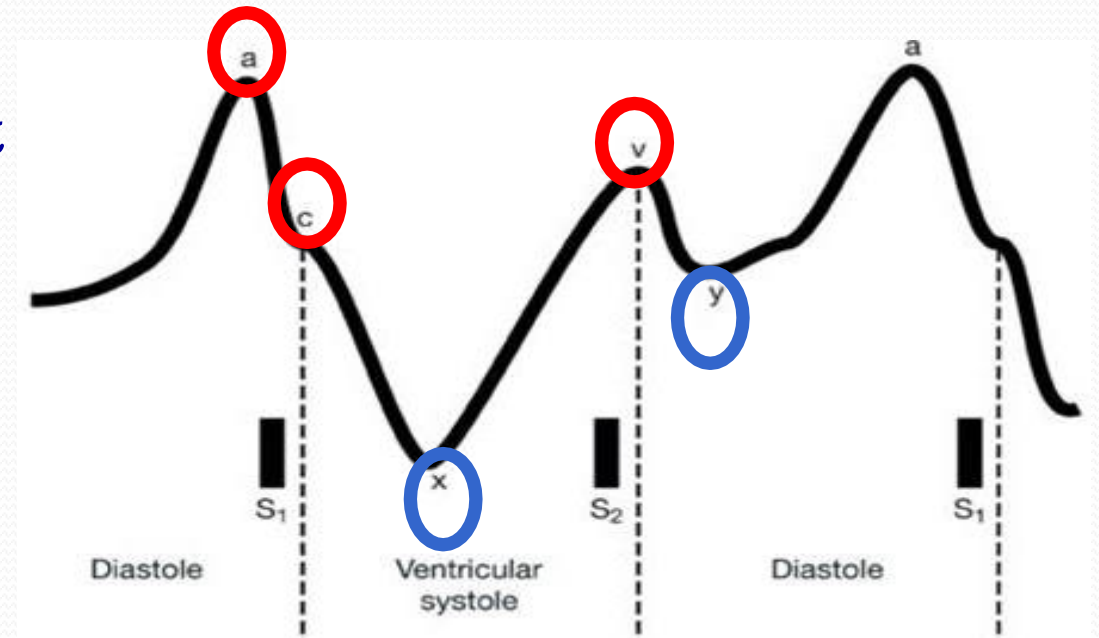
- ❑ Similar to aortic pressure waves, but sharper.
- ❑ Reflects a systolic peak pressure of 110-130 mmHg & a diastolic pressure of 70-85 mmHg.
- ❑ N.B Pulmonary artery pressure changes (25-30/4-12) mmHg are similar to aortic pressure changes, but with difference in magnitude.



# Atrial Pressure Changes:

Results in:

- 3 upward deflection → a, c, & v
- 2 components in each wave: +ve (↑ atrial pressure, -ve (↓ atrial pressure)
- 2 downward deflection → x & y



# Causes of atrial pressure waves

- 'a' wave: Atrial systole:

+ve due to atrial systole

-ve due to blood passage into ventricles.

- 'c' wave: Ventricular systole

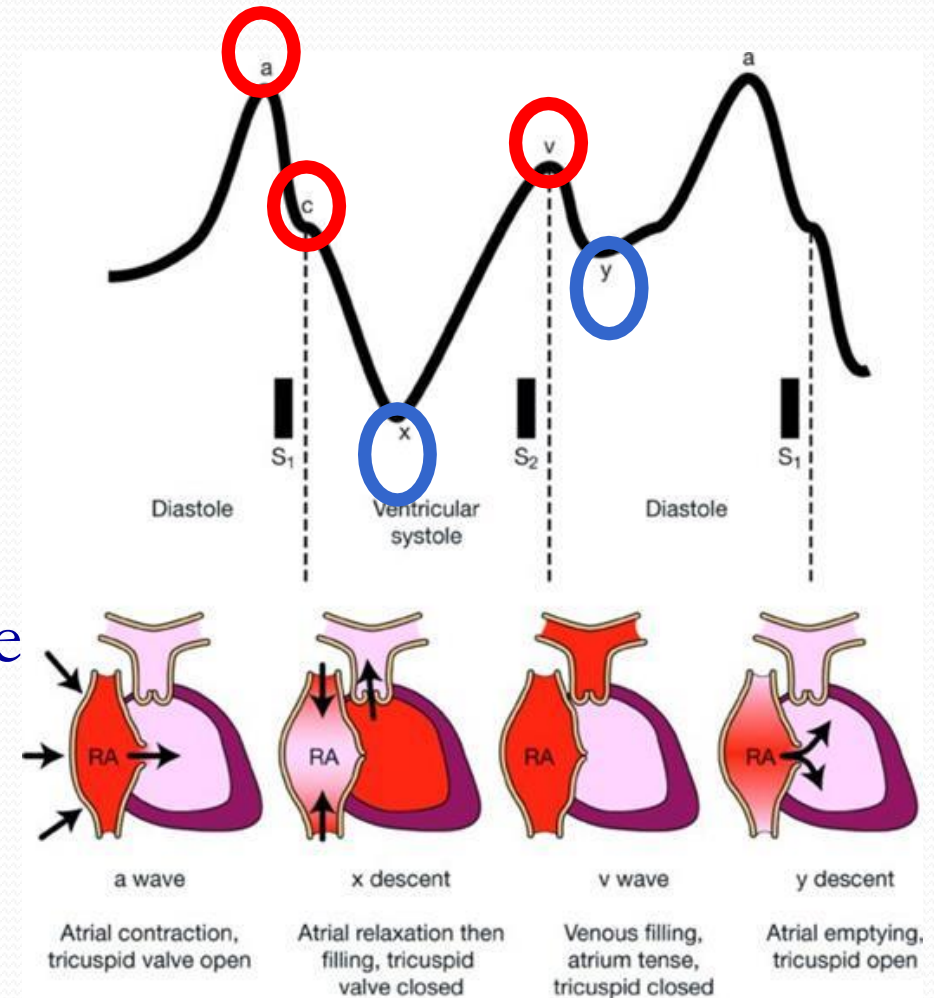
+ve due to the bulging of A-V valves into the atria during 'isovolumetric contraction phase.'

-ve due to the pulling down of the atrial muscle & A-V cusps during 'rapid ejection phase', resulting in ↓ atrial pressure.

- 'v' wave:

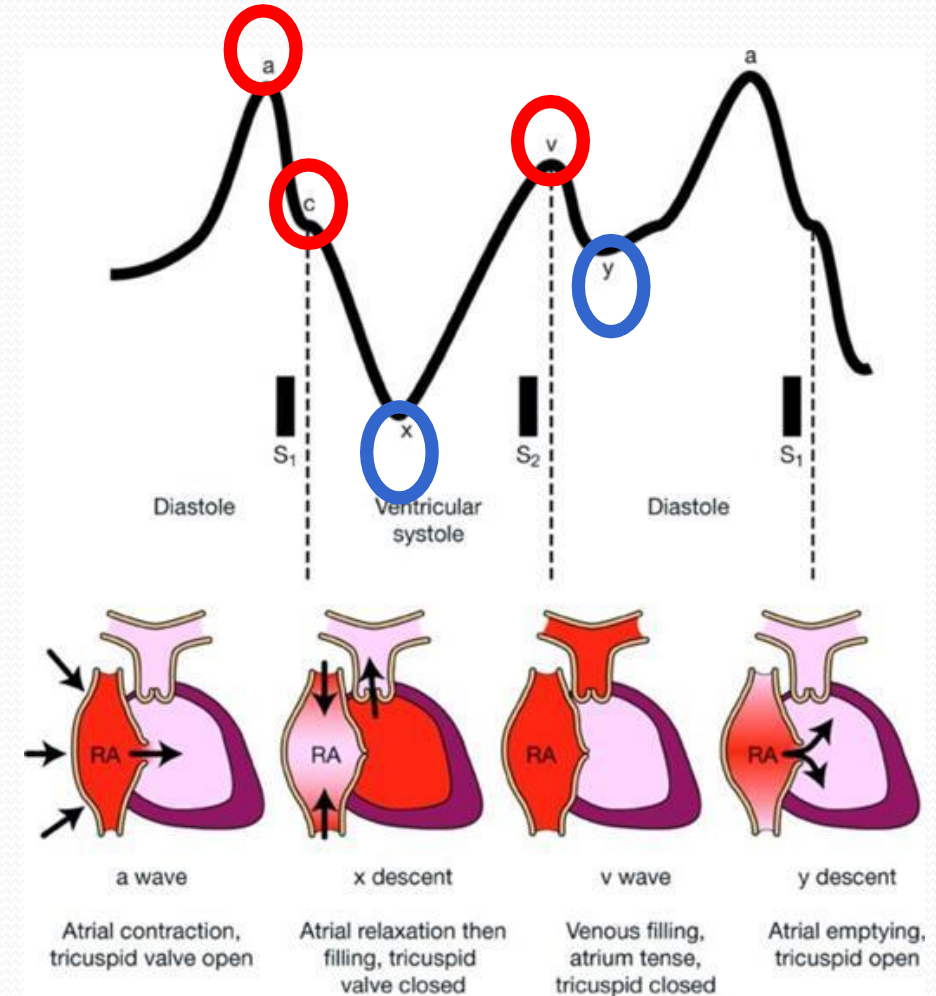
+ve due to ↑ venous return during atrial diastole.

-ve due to entry of blood into ventricles during 'rapid filling phase.'

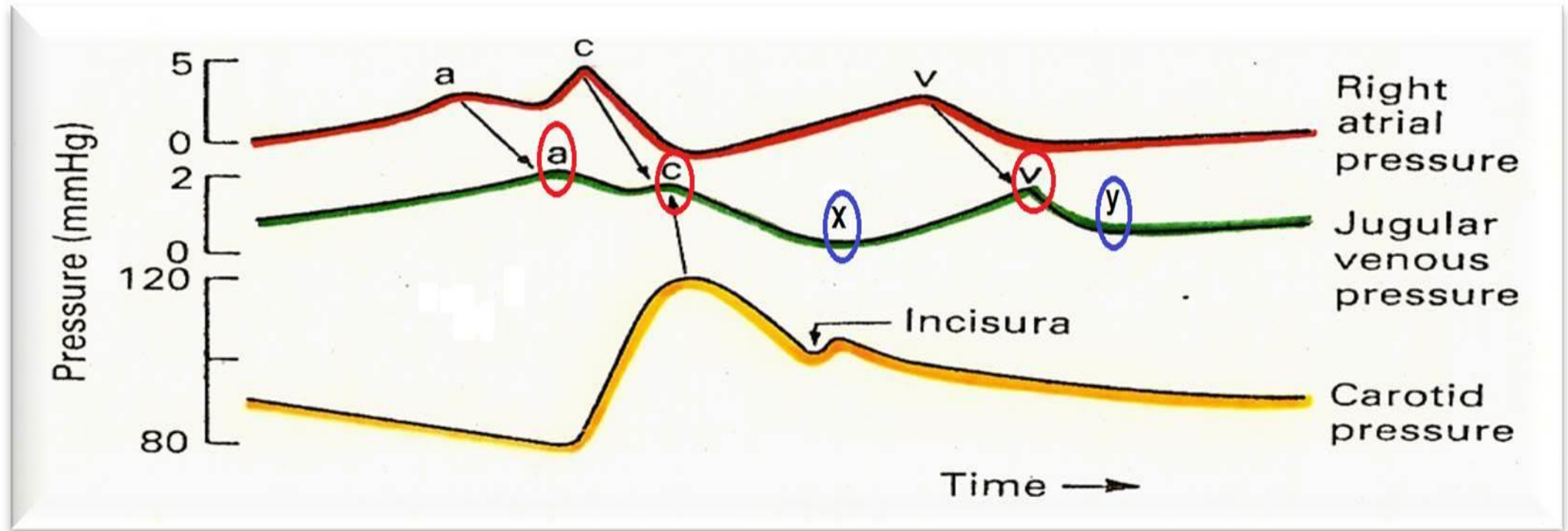


# Causes of atrial pressure waves.....Cont.

- 'x' descent:  
Downward displacement of A-V valves during 'reduced ejection phase.'
- 'y' descent:  
↓ ↓ atrial pressure due to entry of blood into ventricles 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*



# *Events in the cardiac Cycle*

1 Mechanical events

2 Volume changes

3 Pressure Changes

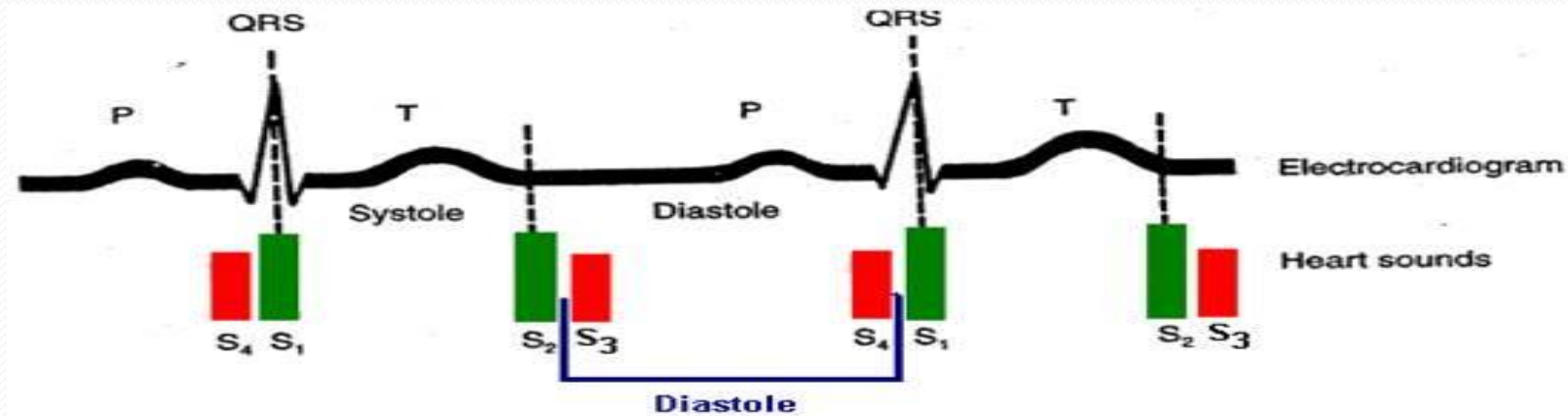
4 Heart Sounds

5 Electrical Events (ECG)



# Heart Sounds

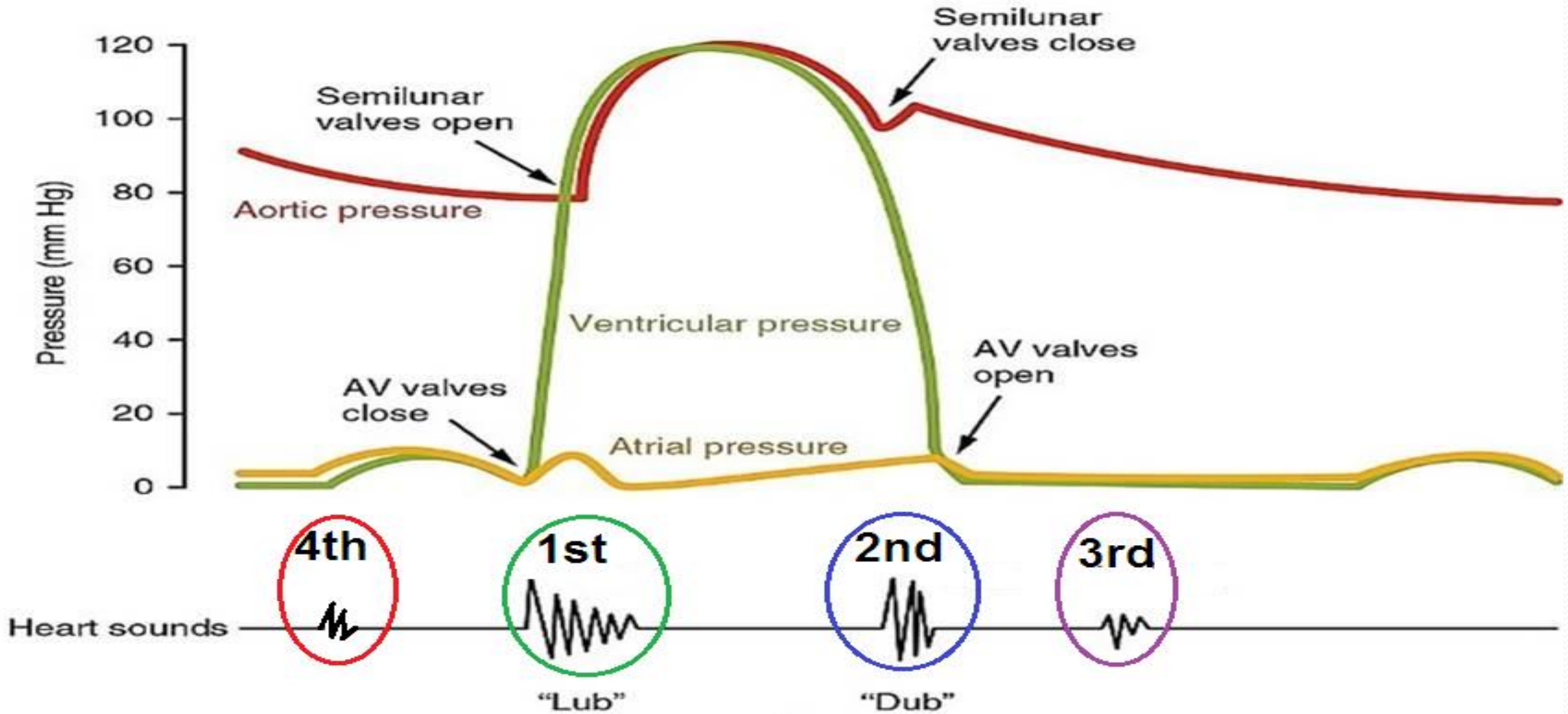
- ❖ Detected over anterior chest wall by:
  - Auscultation... (Stethoscope.)
  - Phonocardiography... (Sound recording device.)
- ❖ Four heart sounds can be detected:
  - 1st & 2<sup>nd</sup> heart sounds ... (usually audible)
  - 3<sup>rd</sup> & 4<sup>th</sup> heart sounds ... (of low pitch, usually not audible)
- ❖ Important for diagnosis of valvular heart diseases (murmurs)



# Heart Sounds during Cardiac cycle

Phase	Heart Sound	Causes of the Sound
1- Atrial systole	4 <sup>th</sup> heart sound	1- Contraction of atria 2- Blood rush from atria to ventricles.
2-Isovolumetric contraction	1 <sup>st</sup> heart sound	1- Sudden closure of A-V valves 2- Vibration of chordae tendinae of papillary muscles.
3-Maximum Ejection	1 <sup>st</sup> heart sound continues	1- Contraction of ventricles. 2- Vibration of walls of aorta & pulmonary artery.
4-Reduced ejection	No sound	
5-Isovolumetric relaxation	2 <sup>nd</sup> heart sound	Sudden closure of semilunar valves
6-Rapid filling	3 <sup>rd</sup> heart sound	Rush of blood into ventricles and vibration in ventricular wall
7-Reduced filling	No sound	

# Cardiac Cycle VS Heart Sounds



# *Events in the cardiac Cycle*

1 Mechanical events

2 Volume changes

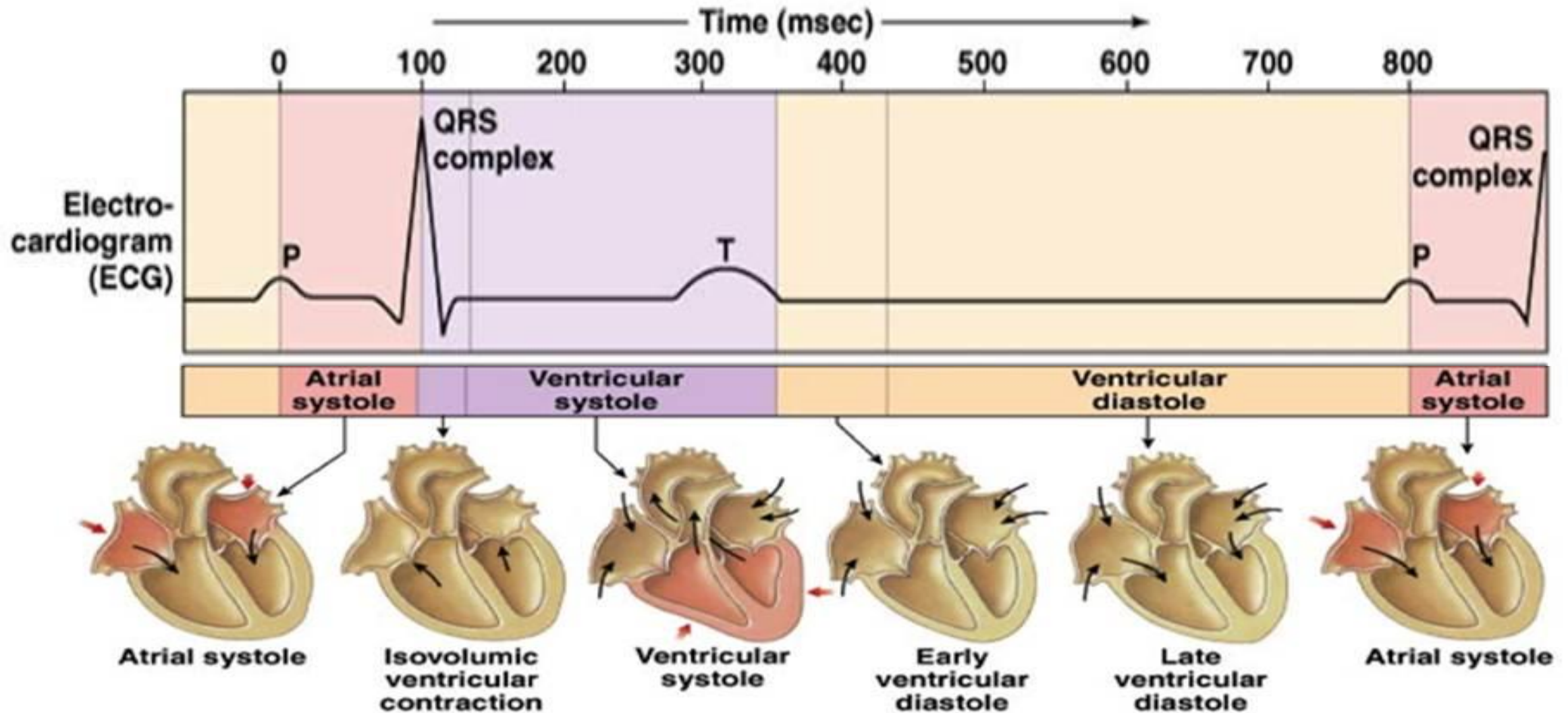
3 Pressure Changes

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5 Electrical Events (ECG)



# *ECG changes during the Cardiac cycle*



# *ECG changes during the Cardiac cycle*

Phase	ECG Changes
1- Atrial systole	P- wave starts 0.02 sec. before atrial systole & continues. Q- wave occurs at the end of this phase.
2-Isovolumetric contraction	Q- wave starts 0.02 sec. before this phase. R & S- waves occur during it.
3-Maximum Ejection	T- wave starts at the last part of it.
4-Reduced ejection	T- wave continues
5-Isovolumic relaxation	T- wave ends
6-Rapid filling	T-P segment.
7-Reduced filling	P- wave of the next cycle starts at the end of this phase.

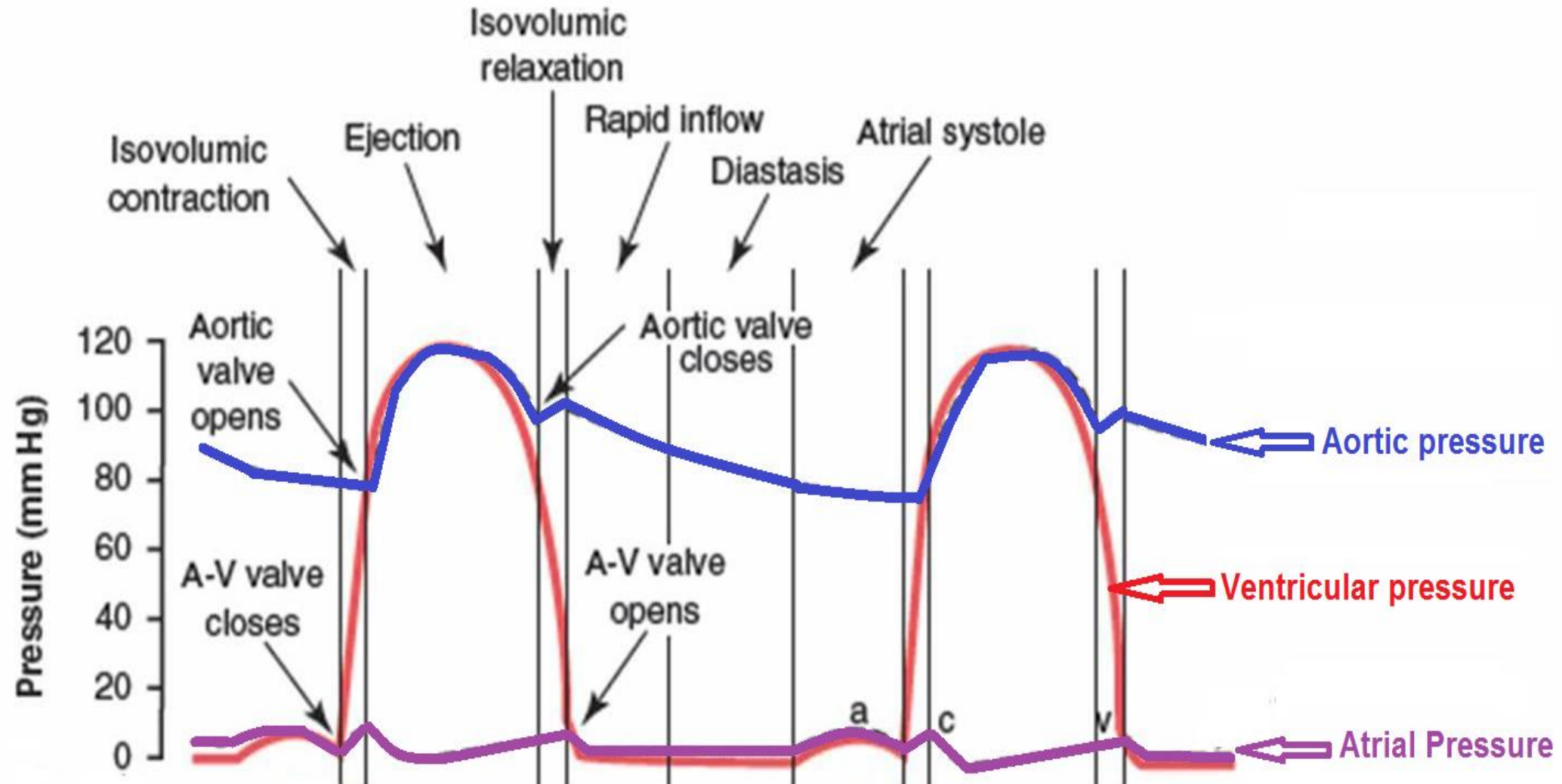
# *Left Ventricular Pressure – Volume Diagram (Loop)*

Correlation of intra-ventricular volume & pressure changes that occur during one cardiac cycle



# Left Ventricular Pressure Curve

## "The Complete Picture"

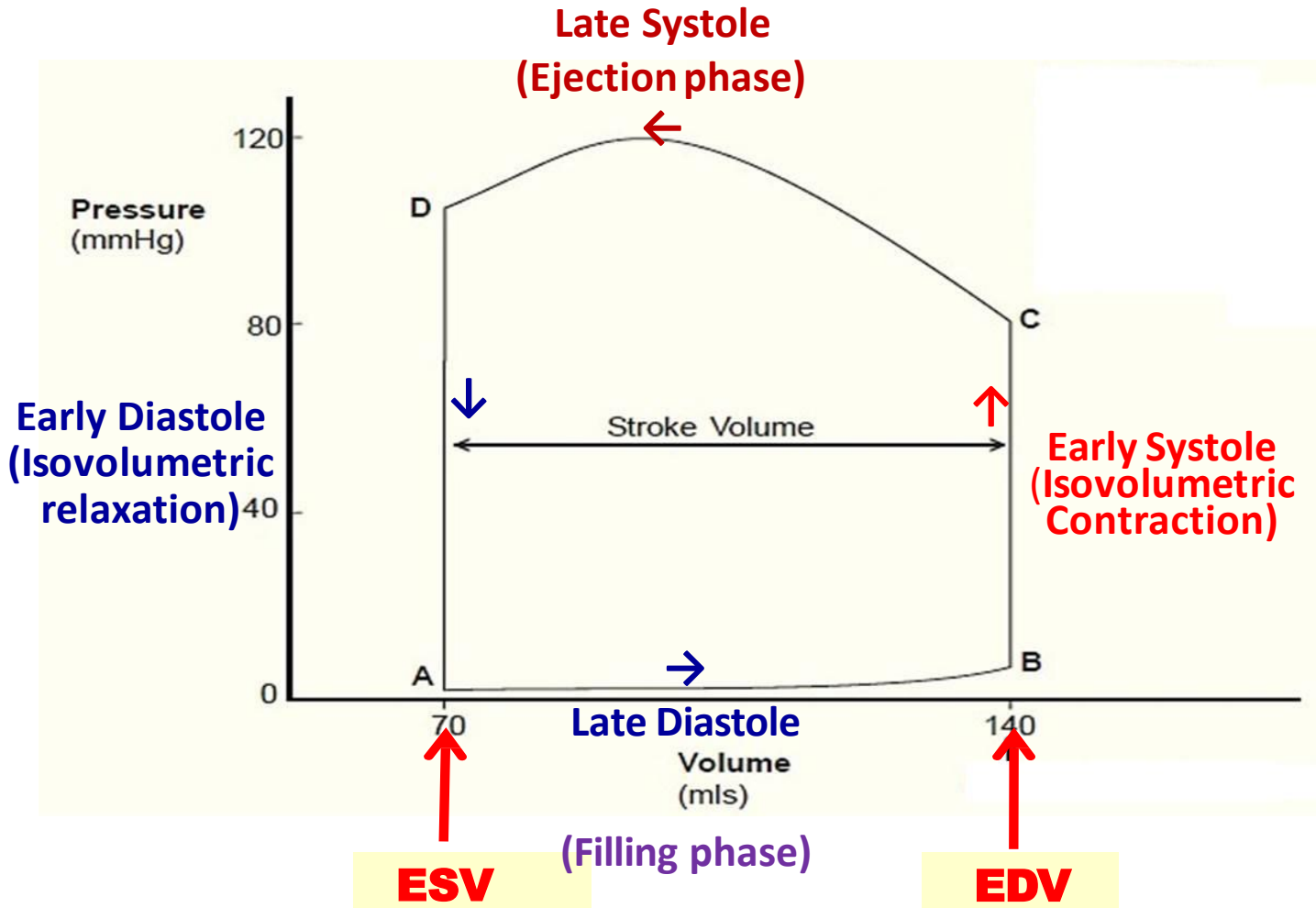


## *Basic Myocardial Muscle Mechanics:*

- ❖ Both ventricular systole & diastole can be divided into early & late phases.
- ❖ Systole:
  - Early systole = 'Isovolumetric Contraction.'
  - Late systole = Isotonic Contraction 'Ejection Phases.'
- ❖ Diastole:
  - Early diastole = 'Isovolumetric Relaxation.'
  - Late diastole = Isotonic Relaxation 'Filling Phases.'

# Ventricular Pressure - Volume Loop

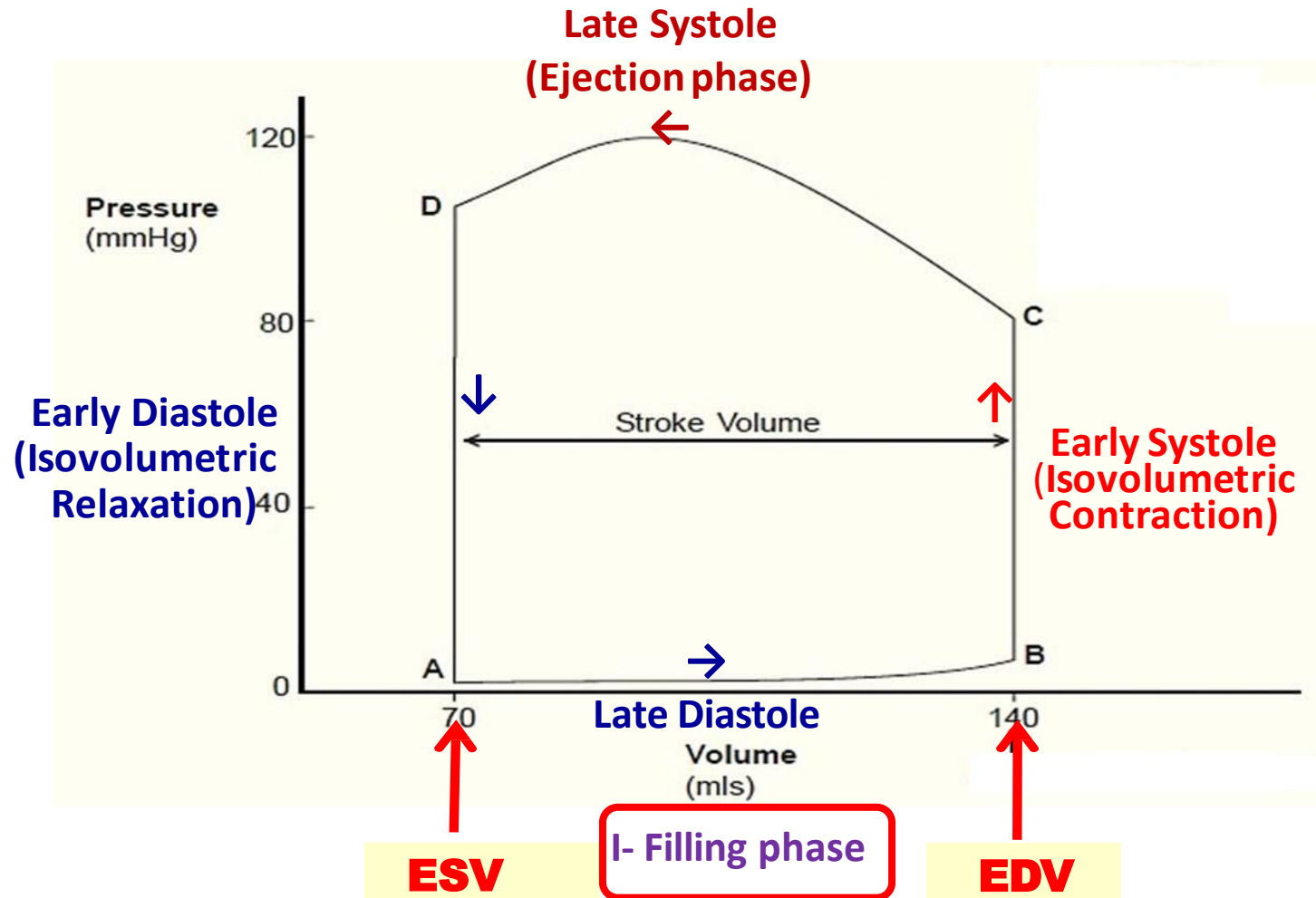
- Plots LV pressure against LV volume through one complete cardiac cycle
- It is divided into four phases.



# Ventricular Pressure - Volume Loop.....Cont

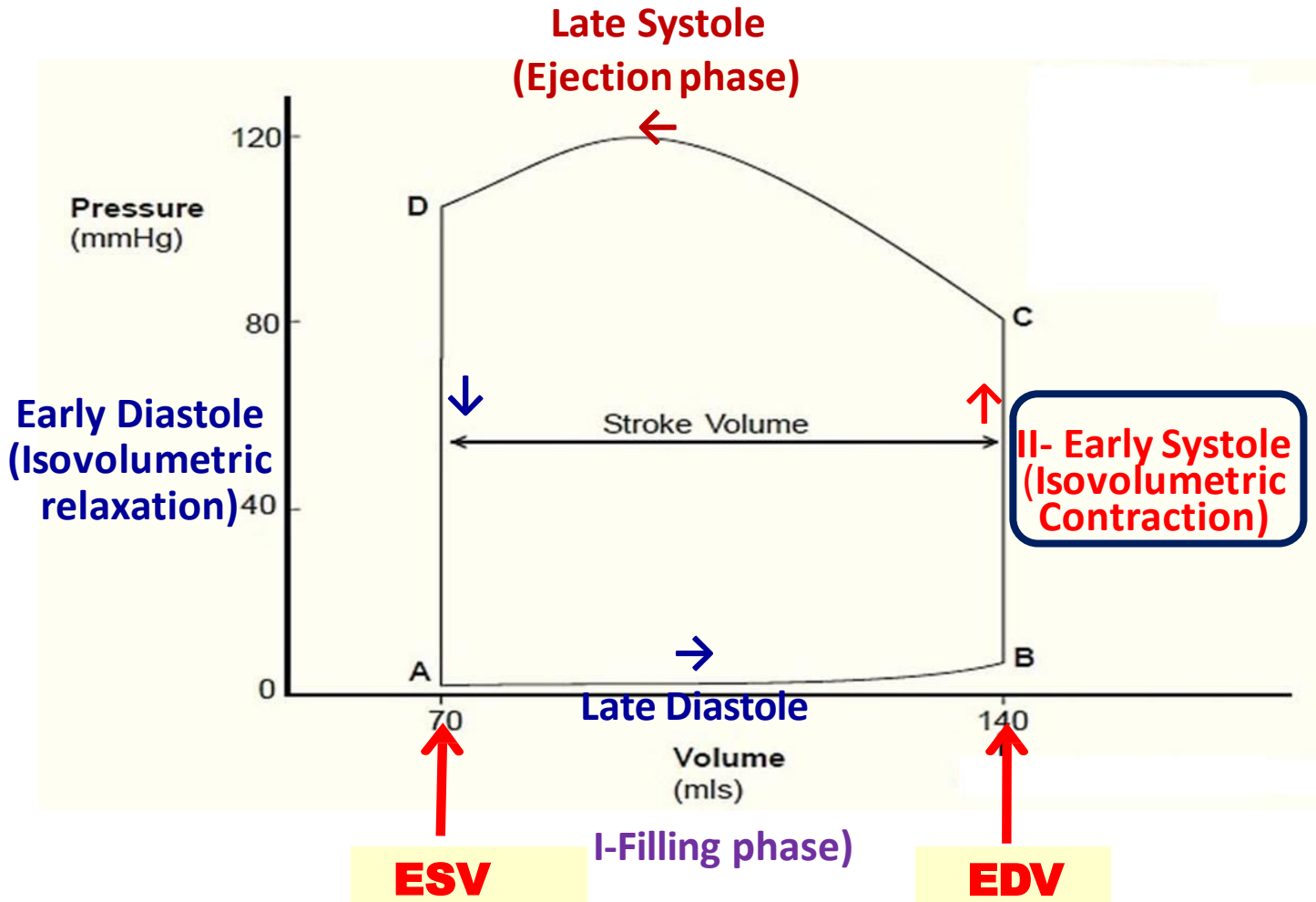
## ○ Phase I (filling phase):

- Begins at a ventricular volume of about 70 ml (the amount of blood that remains in the ventricle, the ESV), and a diastolic pressure of 2 to 3 mm Hg (point A).
- The ventricular volume normally increases to 140 milliliters EDV (point B).



# Ventricular Pressure - Volume Loop.....Cont

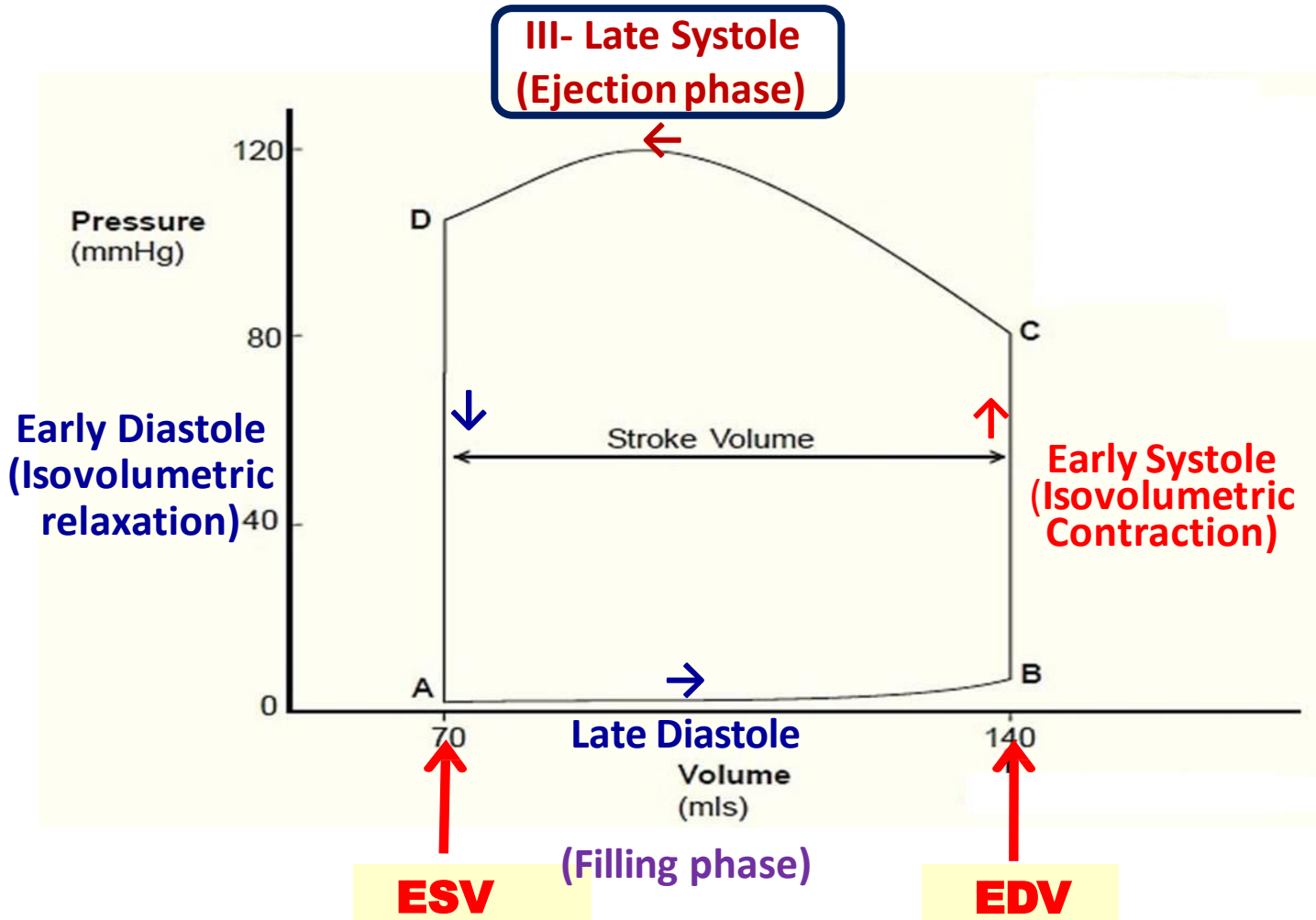
- **Phase II**  
**(isovolumic contraction phase):**
- The volume of the ventricle does not change.
- Ventricular pressure rises to about 80 mm Hg (point C).



# Ventricular Pressure - Volume Loop.....Cont

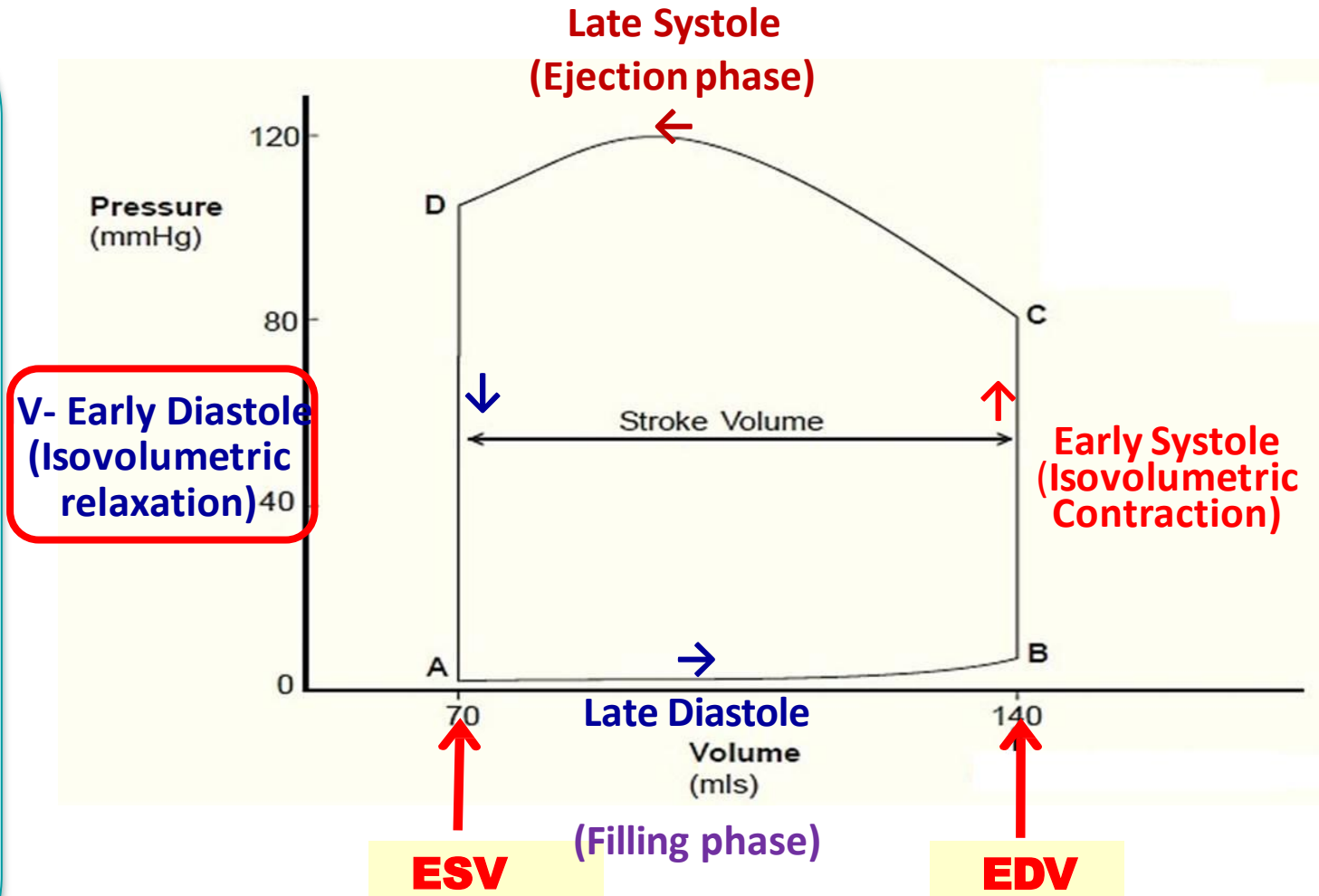
## ○ Phase III (Ejection phase):

- Systolic pressure rises (from 80 to 120 mmHg).
- The volume of the ventricle decreases because blood flows out of the ventricle into the aorta.

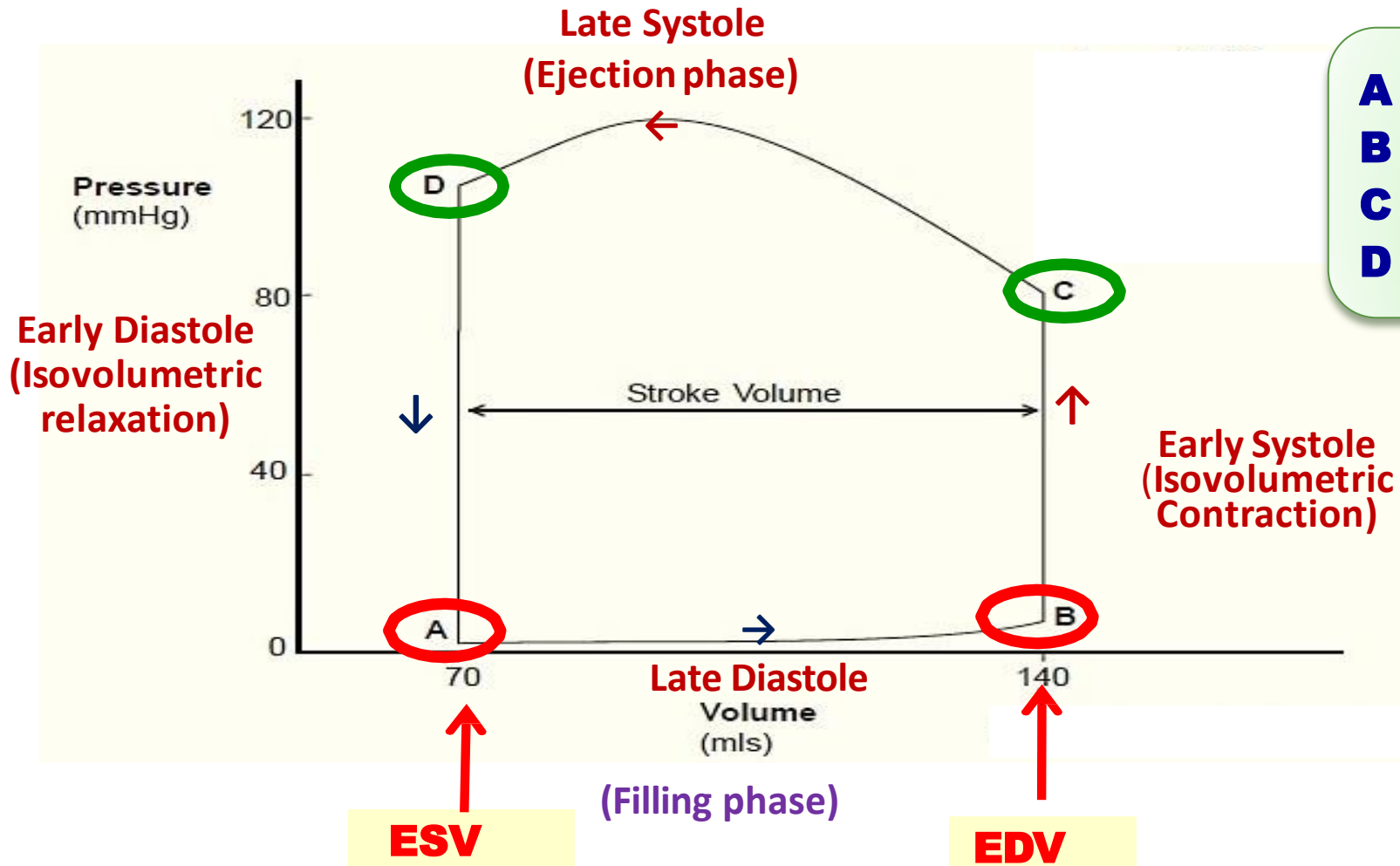


# Ventricular Pressure - Volume Loop.....Cont

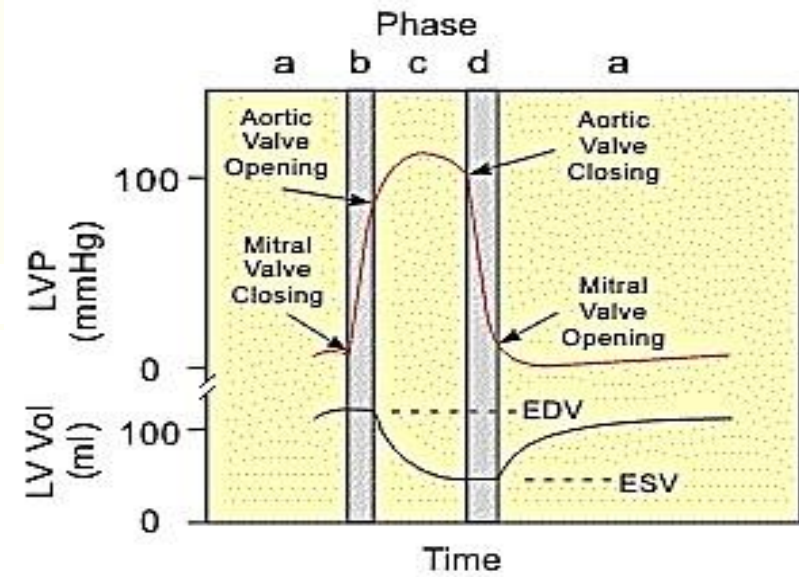
- Phase IV (Isovolumic relaxation phase):
- At the end of ejection period (point D), the aortic valve closes
- Ventricular pressure falls back to the diastolic pressure level.
- The ventricle returns to its starting point (point A).



# Ventricular Pressure - Volume Loop...Cont.



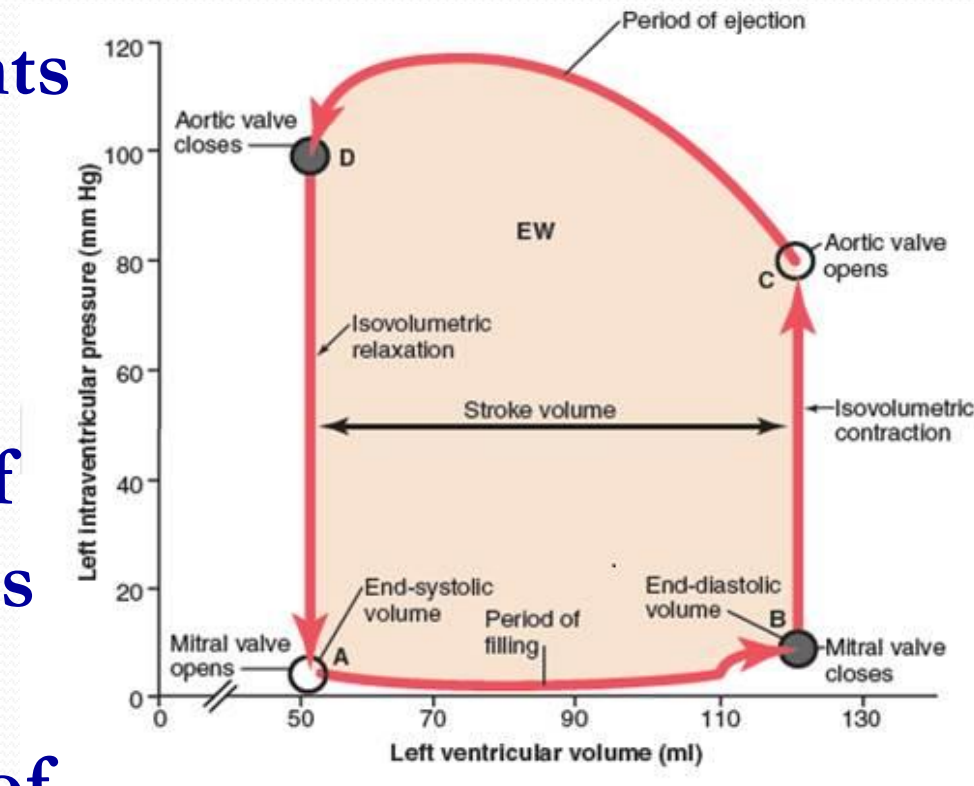
- A - Mitral valve opens**
- B - Mitral valve closes**
- C - Aortic valve opens**
- D - Aortic valve closes**





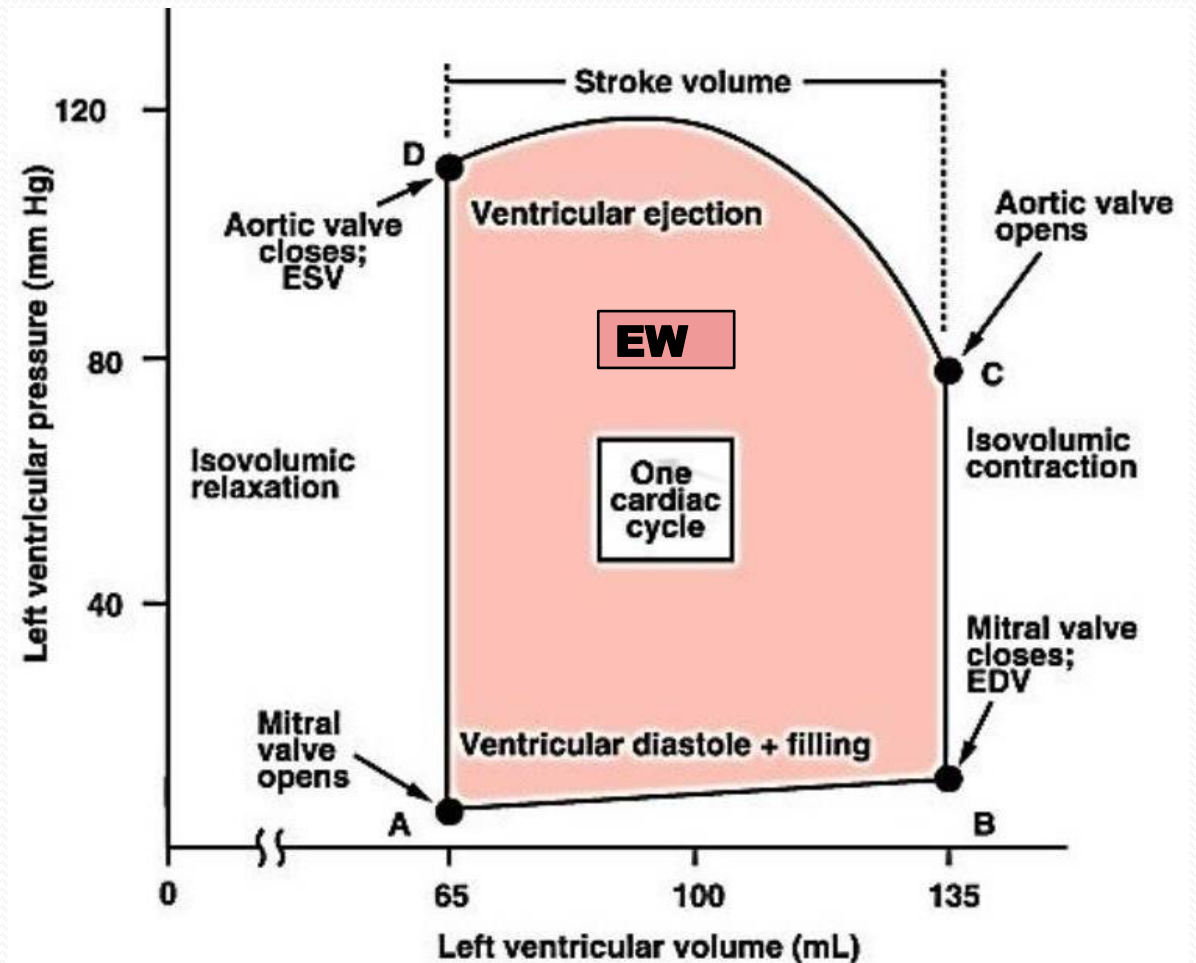
# *What you should remember about Pressure – Volume loop?*

- ❖ Diastolic filling occurs between points A & B.
- ❖ Ejection occurs between points C & D.
- ❖ Mitral valve open at the beginning of filling phase (point A) and close at its end (point B)
- ❖ Aortic valves open at the beginning of ejection phase (point C) and close at its end (point D)



# Importance of Ventricular Volume-Pressure Loop

- This diagram is used for calculating cardiac work output.
- The shaded area, labeled “EW” represents the net external work output of the ventricle during cardiac cycle.
- When the heart pumps large quantities of blood, the area of the work diagram becomes much larger. As during sympathetic stimulation.



- A → B: Passive filling and atrial contraction
- B → C: Isovolumic contraction
- C → D: Ejection of blood into aorta
- D → A: Isovolumic relaxation

# Questions

