Cardiac output and Venous Return

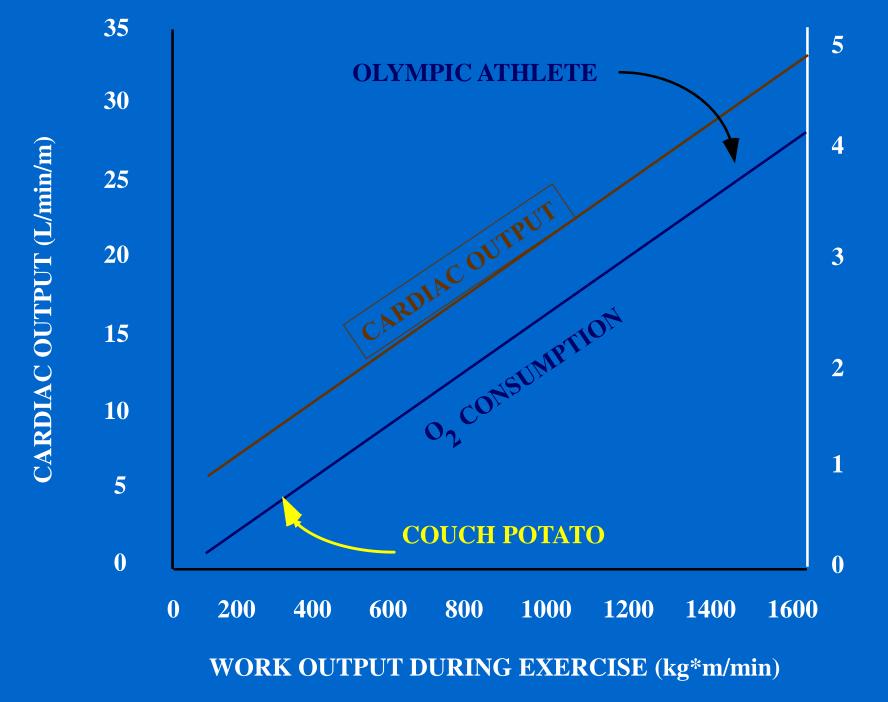
Faisal I. Mohammed, MD, PhD

Objectives

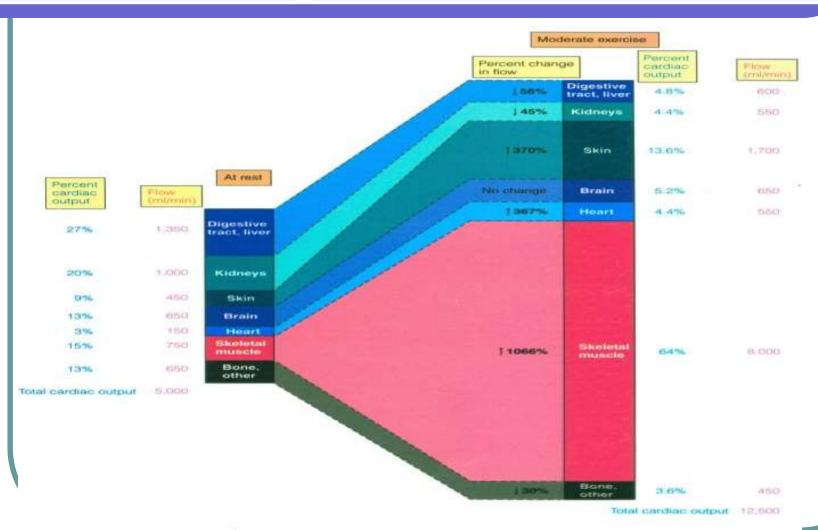
- Define cardiac output and venous return
- Describe the methods of measurement of CO
- Outline the factors that regulate cardiac output
- Follow up the cardiac output curves at different physiological states
- Define venous return and describe venous return curve
- Outline the factors that regulate venous return curve at different physiological states
- Inter-relate Cardiac output and venous return curves

Important Concepts About Cardiac Output (CO) Control

- Cardiac Output is the sum of all tissue flows and is affected by their regulation (CO = 5L/min, cardiac index = 3L/min/m²).
- CO is proportional to tissue O_2 use.
- CO is proportional to 1/TPR when AP is constant.
- $F = \Delta P/R$ (Ohm's law)
- CO = (MAP RAP) / TPR, (RAP=0) then
- CO=MAP/TPR; MAP=CO*TPR



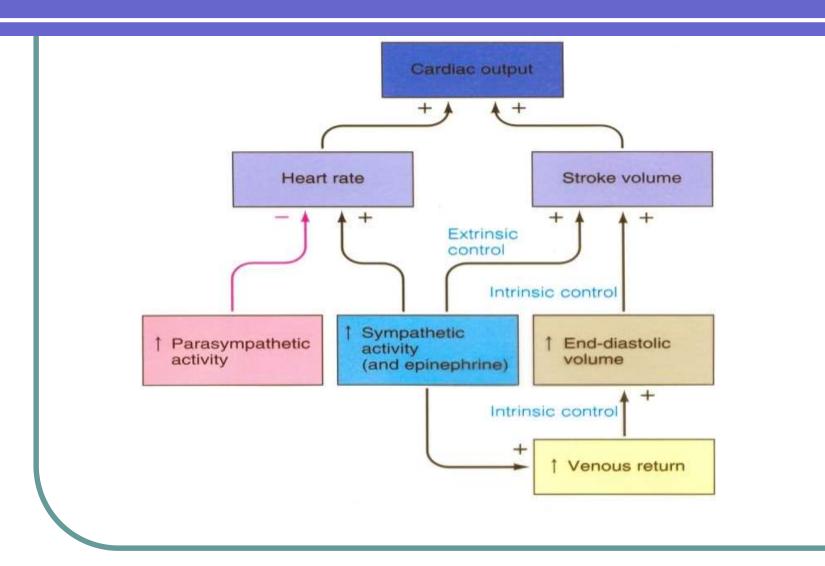
Magnitude & Distribution of CO at Rest & During Moderate Exercise



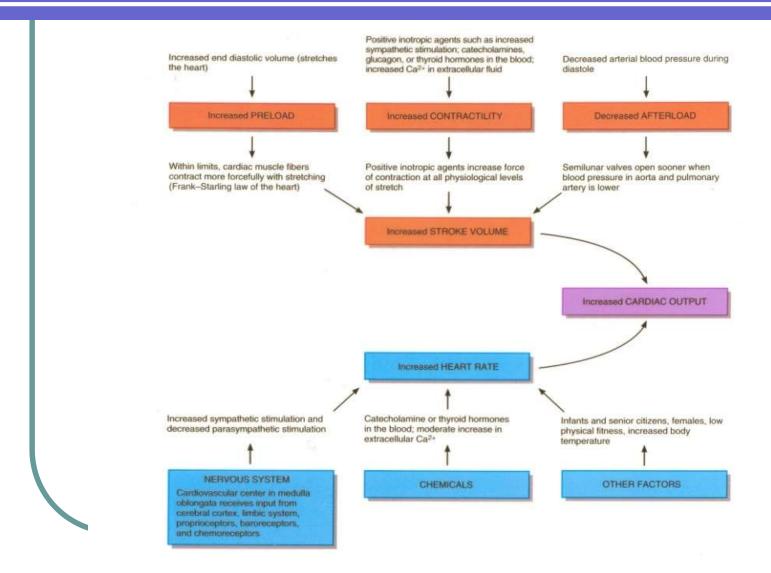
Variations in Tissue Blood Flow

			ml/min/
	Per cent	ml/min	100 gm
Brain	14	700	50
Heart	4	200	70
Bronchi	2	100	25
Kidneys	22	1100	360
Liver	27	1350	95
Portal	(21)	(1050)	
Arterial	(6)	(300)	
Muscle (inactive state)		750	4
Bone	5	250	3 3
Skin (cool weather)	6	300	3
Thyroid gland	1	50	160
Adrenal glands	0.5	25	300
Other tissues	3.5	175	1.3
Total	100.0	5000	

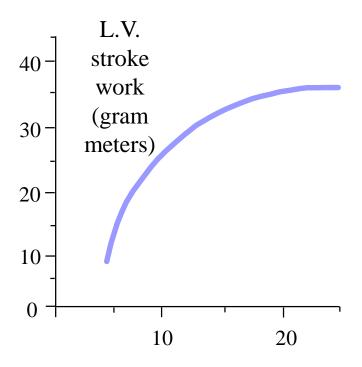
Control of Cardiac Output



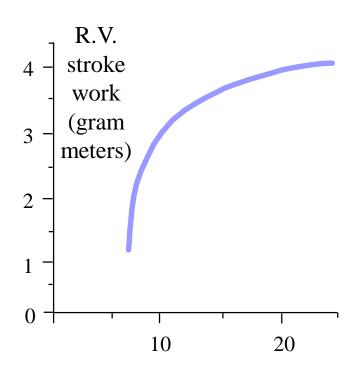
Factors that affect the Cardiac Output



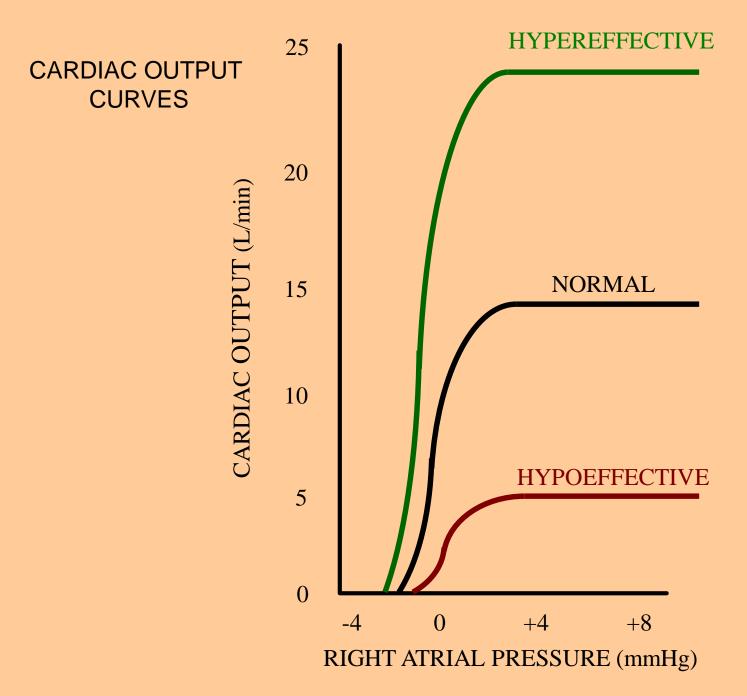
Ventricular Stroke Work Output



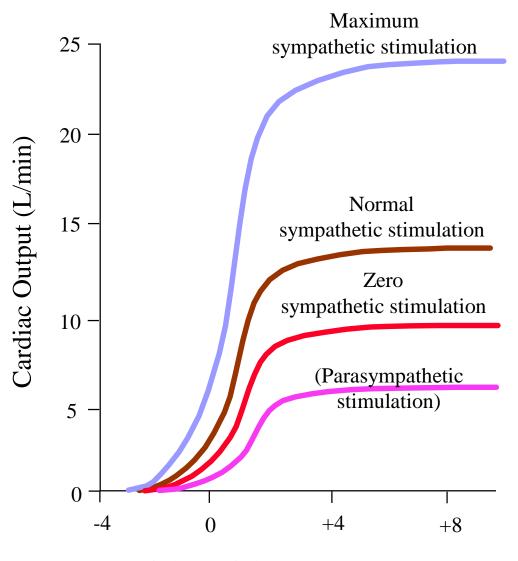
Left Atrial Mean Pressure (mm Hg)



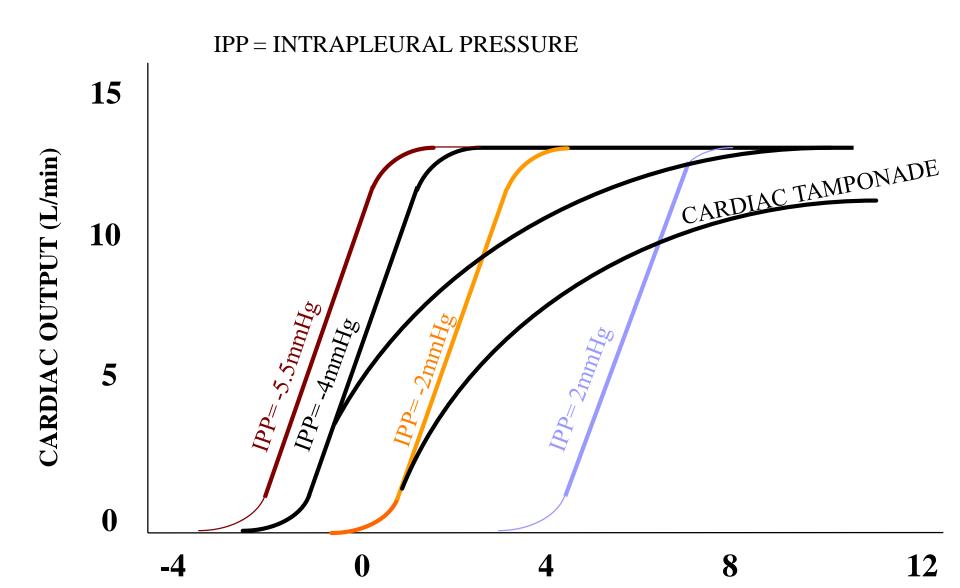
Right Atrial Mean Pressure (mm Hg)



Effect of Sympathetic and Parasympathetic Stimulation on Cardiac Output



Right Atrial Pressure (mmHg)



RIGHT ATRIAL PRESSURE (mmHg)

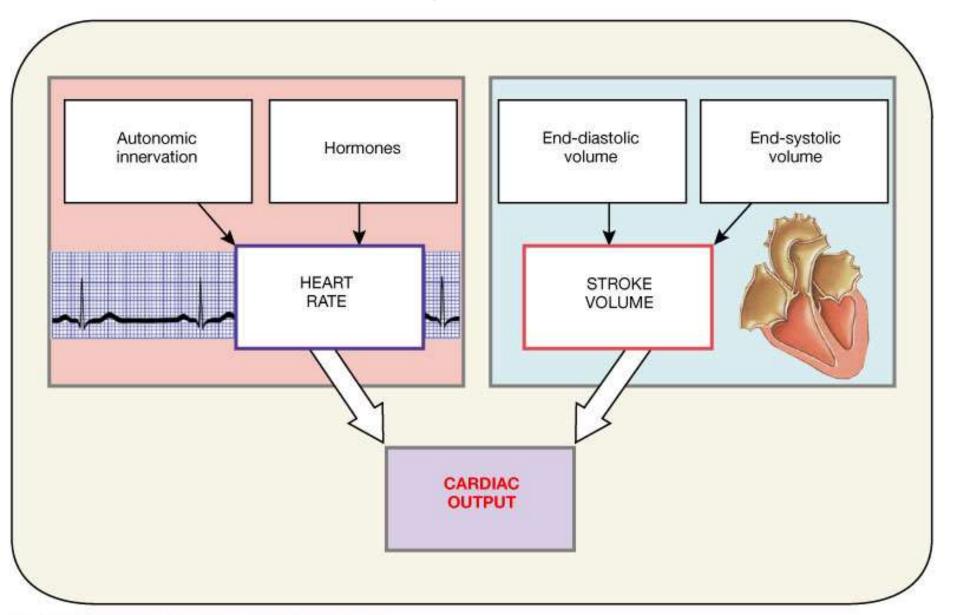
The Cardiac Output Curve

- Plateau of CO curve determined by heart strength (contractility + HR)
- Sympathetics \Rightarrow plateau
- \downarrow Parasympathetics (HR) \Rightarrow (? plateau)
- Plateau
- Heart hypertrophy's ⇒ plateau
- Myocardial infarction \Rightarrow (? plateau)
- ↓ Plateau

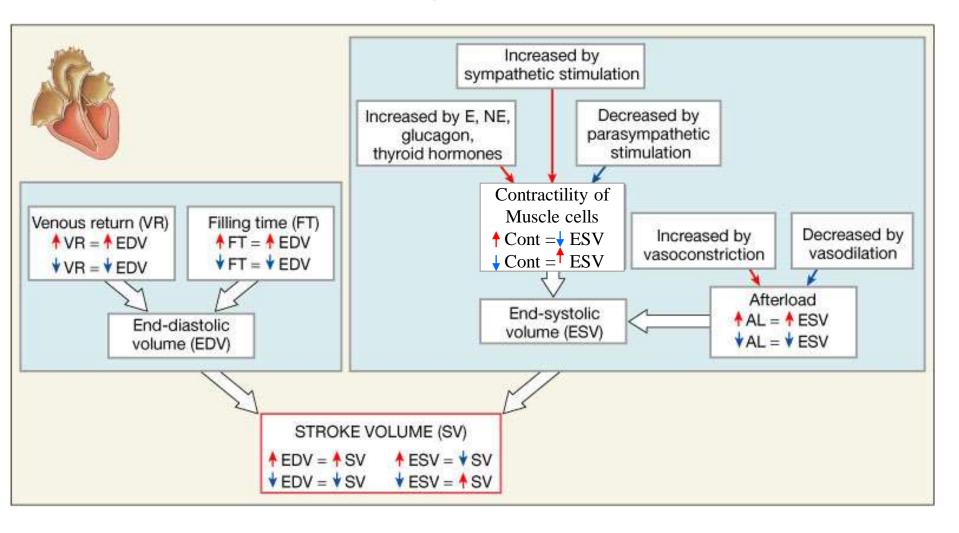
The Cardiac Output Curve (cont'd)

- Valvular disease ⇒ ↓ plateau (stenosis or regurgitation)
- Myocarditis $\Rightarrow \downarrow$ plateau
- Cardiac tamponade \Rightarrow (? plateau)
- ↓ Plateau
- Metabolic damage $\Rightarrow \downarrow$ plateau

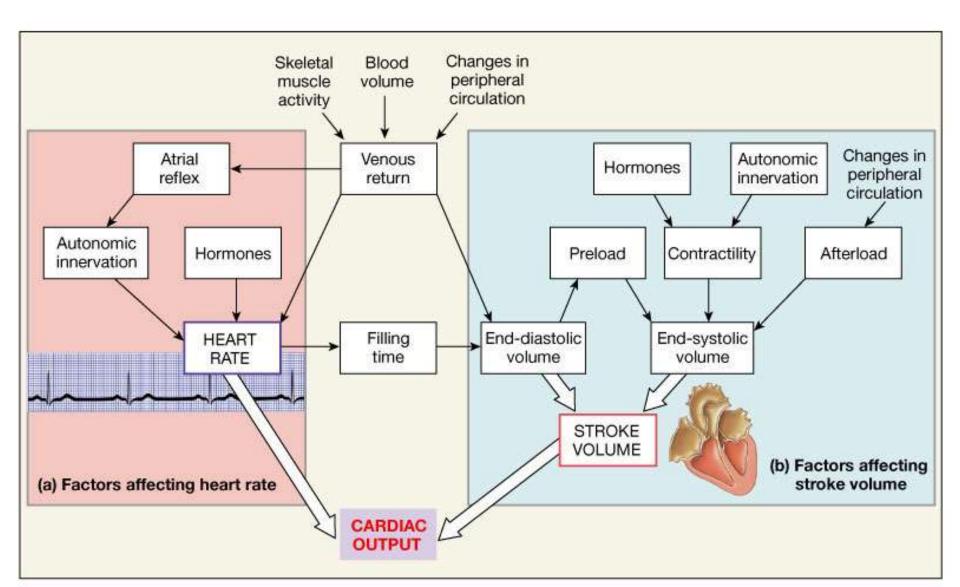
Factors Affecting Cardiac Output



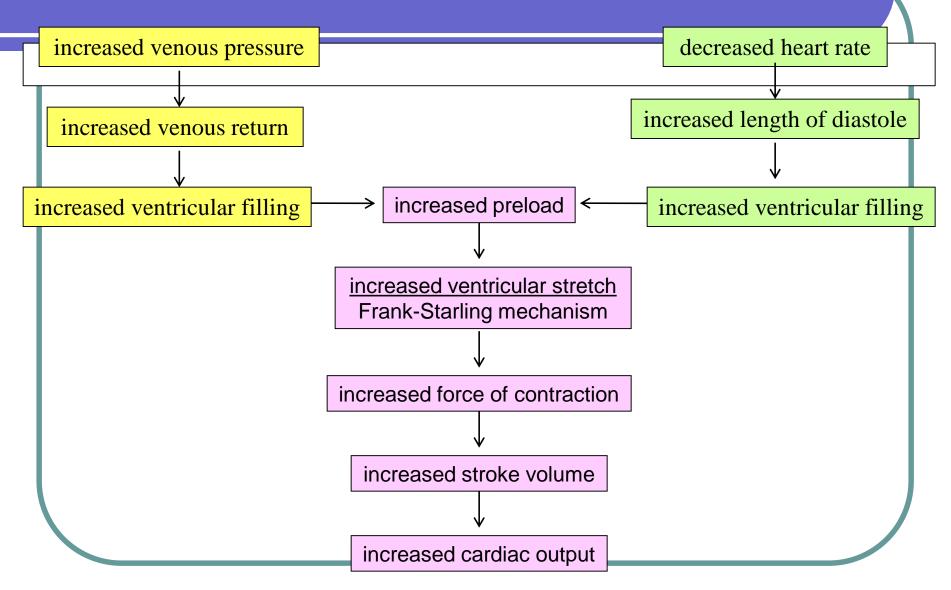
Factors Affecting Stroke Volume



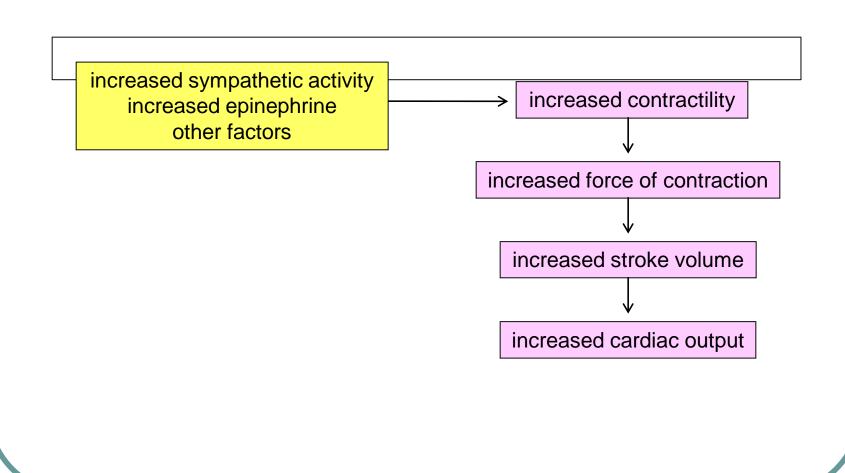
A Summary of the Factors Affecting Cardiac Output



REGULATION OF STROKE VOLUME: PRELOAD



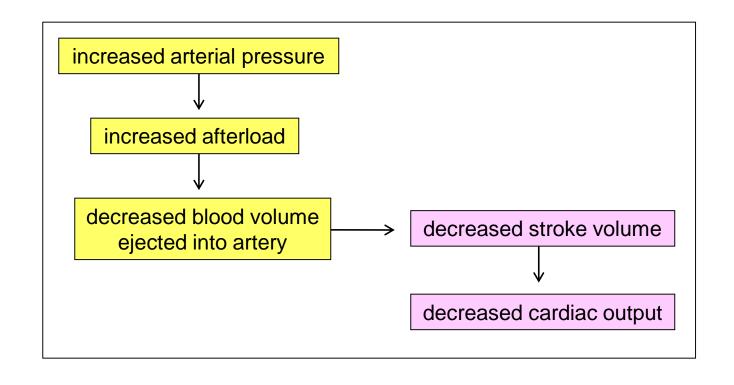
REGULATION OF STROKE VOLUME: CONTRACTILITY



Cardiac Contractility

- Best is to measure the C.O. curve, but this is nearly impossible in humans.
- dP/dt is not an accurate measure because this increases with increasing preload and afterload.
- (dP/dt)/P _{ventricle} is better. P _{ventricle} is instantaneous ventricular pressure.
- Excess K⁺ decreases contractility.
- Excess Ca⁺⁺ causes spastic contraction, and low Ca⁺⁺ causes cardiac dilation.

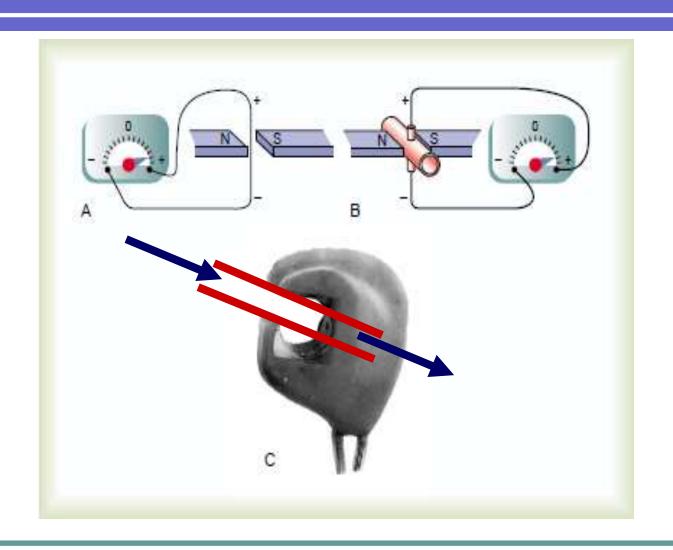
REGULATION OF STROKE VOLUME: AFTERLOAD

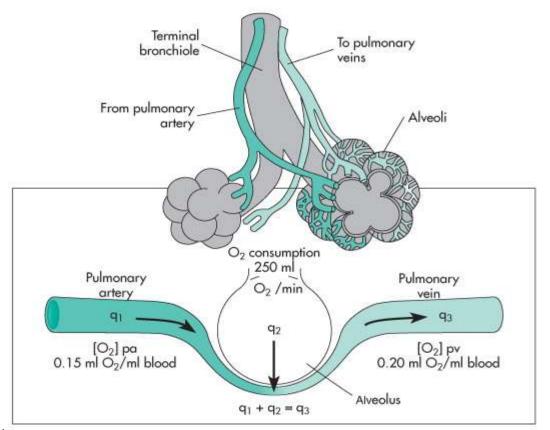


Measurement of Cardiac Output

- Electromagnetic flowmeter
- Indicator dilution (dye such as cardiogreen)
- Thermal dilution
- Oxygen Fick Method
- $CO = (O_2 consumption / (A-V O_2 difference))$

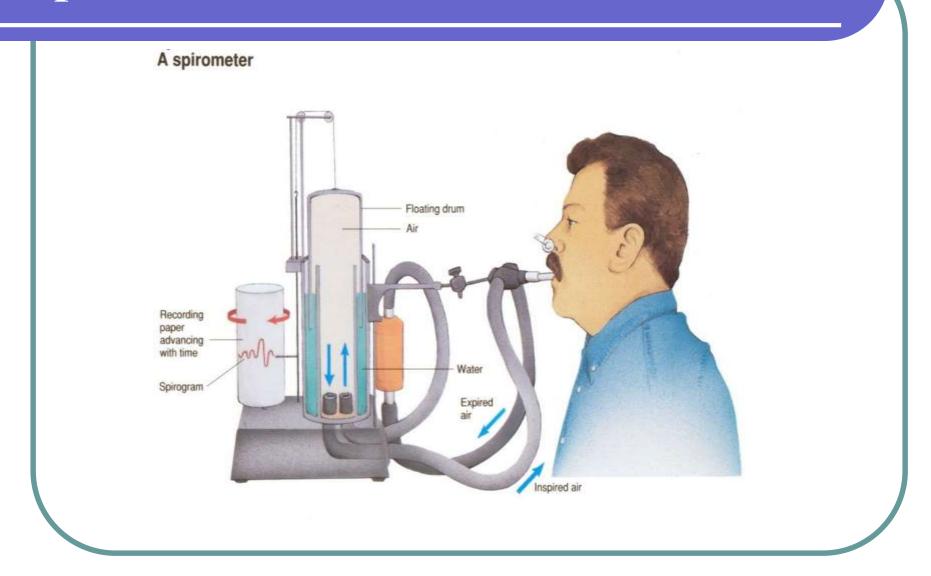
Electromagnetic flowmeter



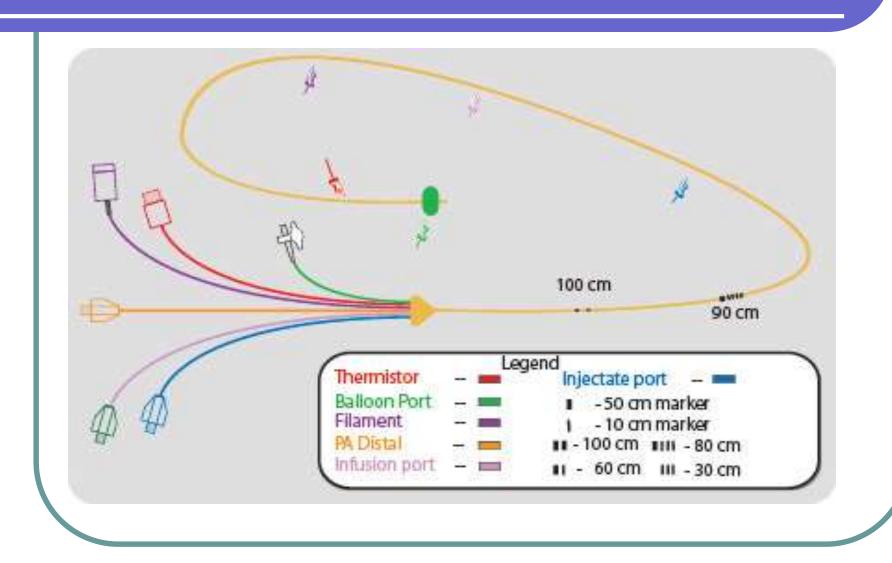


 $\begin{aligned} &q_1 = CQ^*C_{VO2} \\ &q_2 = \text{amount of Oxygen uptake by the lungs} \\ &q_3 = CO_-^* C_{AO2} \text{ and equals} = CQ^*C_{VO2} + O_2 \text{ uptake} \\ &Oxygen uptake = CQ\{C_{AO2} - C_{VO2}\} \\ &CO = Oxygen uptake / \{C_{AO2} - C_{VO2}\} \end{aligned}$

Spirometer



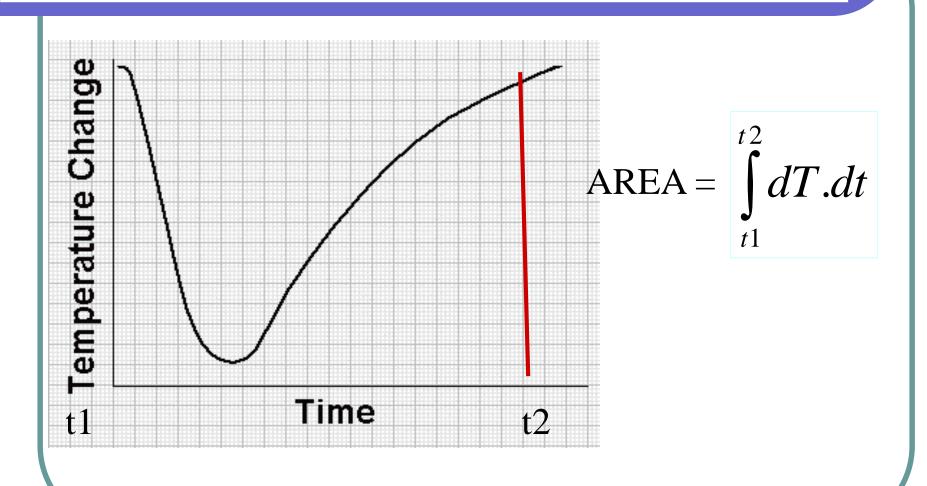
Swan-Ganz catheter



O₂ Fick Problem

- If pulmonary vein O_2 content = 200 ml O_2/L blood
- Pulmonary artery O_2 content = 160 ml O_2 /L blood
- Lungs add 400 ml O₂ /min
- What is cardiac output?
- Answer: 400/(200-160) = 10 L/min

Thermodilution Method Curve



Thank You

