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The Cardiovascular System

The Cardiovascular System

- A closed system of the heart and blood vessels
 - The heart pumps blood
 - Blood vessels allow blood to circulate to all parts of the body
- The function of the cardiovascular system is to deliver oxygen and nutrients and to remove carbon dioxide and other waste products

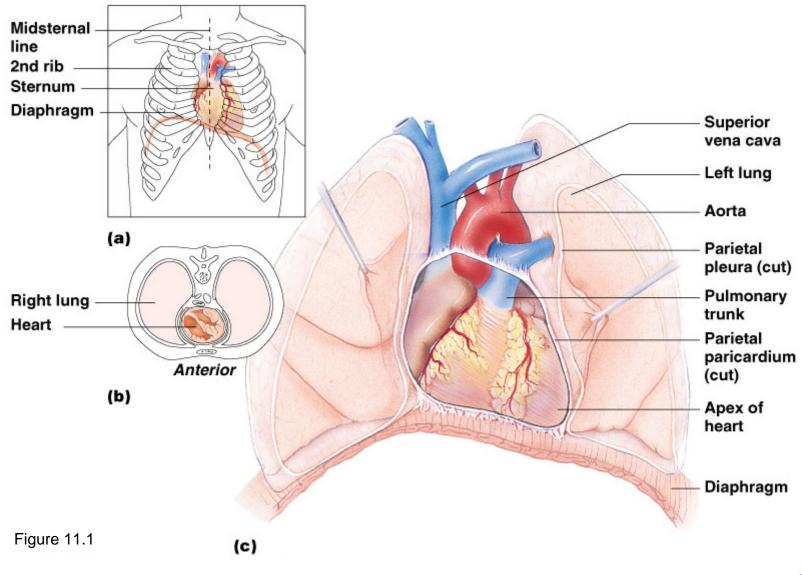
The Heart

Location

- Thorax between the lungs
- Pointed apex directed toward left hip
- About the size of your fist
 - Less than 1 lb.

Slide 11 2a

The Heart



The Heart: Coverings

- Pericardium a double serous membrane
 - Visceral pericardium
 - Next to heart
 - Parietal pericardium
 - Outside layer
- Serous fluid fills the space between the layers of pericardium

The Heart: Heart Wall

- Three layers
 - Epicardium
 - Outside layer
 - This layer is the parietal pericardium
 - Connective tissue layer
 - Myocardium
 - Middle layer
 - Mostly cardiac muscle
 - Endocardium
 - Inner layer
 - Endothelium

External Heart Anatomy

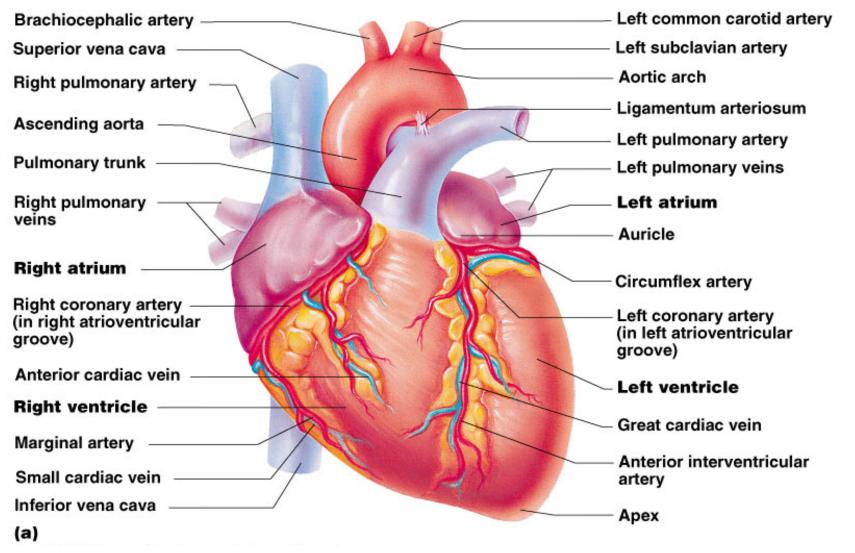
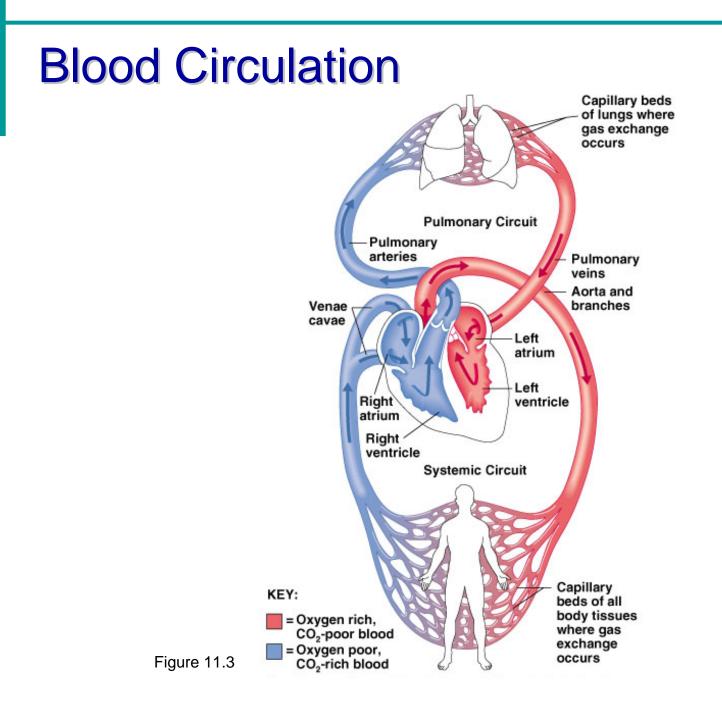


Figure 11.2a S

Slide 11.5

The Heart: Chambers

- Right and left side act as separate pumps
- Four chambers
 - Atria
 - Receiving chambers
 - Right atrium
 - Left atrium
 - Ventricles
 - Discharging chambers
 - Right ventricle
 - Left ventricle



Slide 11.7

The Heart: Valves

- Allow blood to flow in only one direction
- Four valves
 - Atrioventricular valves between atria and ventricles
 - Bicuspid valve (left)
 - Tricuspid valve (right)
 - Semilunar valves between ventricle and artery
 - Pulmonary semilunar valve
 - Aortic semilunar valve

The Heart: Valves

- Valves open as blood is pumped through
- Held in place by chordae tendineae ("heart strings")
- Close to prevent backflow

Operation of Heart Valves

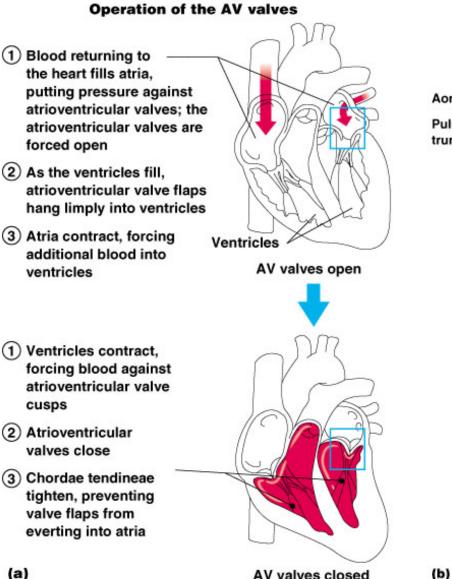


Figure 11.4

(a)

Operation of the semilunar valves

Aorta

trunk

Pulmonary

As ventricles contract and intraventricular pressure rises, blood is pushed up against semilunar valves, forcing them open

Semilunar valve open

As ventricles relax, and intraventricular pressure falls, blood flows back from arteries, filling the cusps of semilunar valves and forcing them to close



Semilunar valve closed

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Valve Pathology

- Incompetent valve = backflow and repump
- Stenosis = stiff= heart workload increased
- May be replaced
- Lup Dub Heart Sound

The Heart: Associated Great Vessels

Aorta

- Leaves left ventricle
- Pulmonary arteries
 - Leave right ventricle
- Vena cava
 - Enters right atrium
- Pulmonary veins (four)
 - Enter left atrium

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Coronary Circulation

- Blood in the heart chambers does not nourish the myocardium
- The heart has its own nourishing circulatory system
 - Coronary arteries
 - Cardiac veins
 - Blood empties into the right atrium via the coronary sinus

Cardiac Pathology

- Rapid heart beat
- = Inadequate blood
- = Angina Pectoris



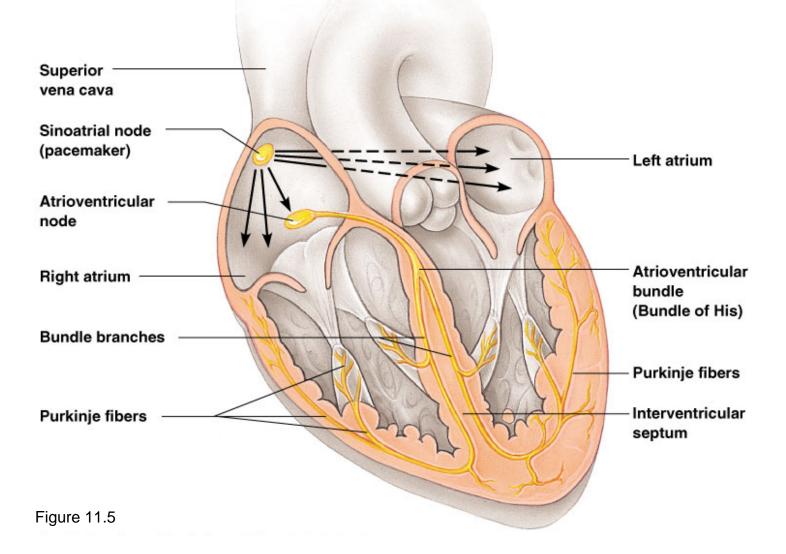
The Heart: Conduction System

- Intrinsic conduction system (nodal system)
 - Heart muscle cells contract, without nerve impulses, in a regular, continuous way

The Heart: Conduction System

- Special tissue sets the pace
 - Sinoatrial node (right atrium)
 - Pacemaker
 - Atrioventricular node (junction of r&l atria and ventricles)
 - Atrioventricular bundle (Bundle of His)
 - Bundle branches (right and left)
 - Purkinje fibers

Heart Contractions

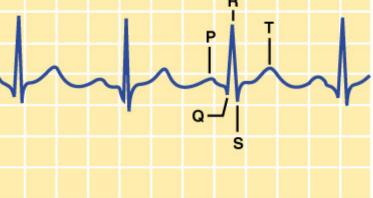


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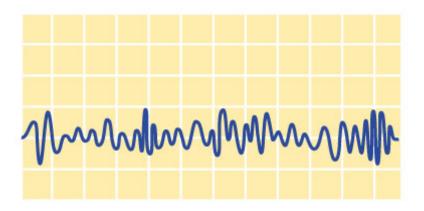
Electrocardiograms (EKG/ECG)

- Three formations
 - P wave: impulse across atria
 - QRS complex: spread of impulse down septum, around ventricles in Purkinje fibers
 - T wave: end of electrical activity in ventricles

Electrocardiograms (EKG/ECG) (cont.)



(b) A normal ECG recording



(c) Ventricular fibrillation

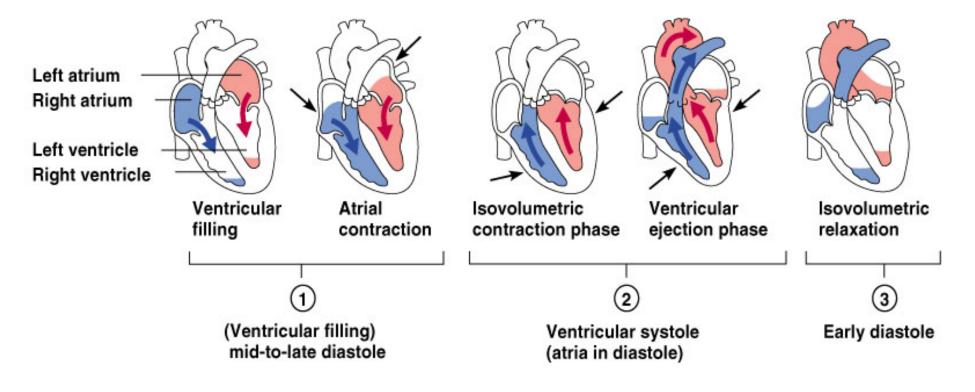
Pathology of the Heart

- Damage to AV node = release of ventricles from control = slower heart beat
- Slower heart beat can lead to fibrillation
- Fibrillation = lack of blood flow to the heart
- Tachycardia = more than 100 beats/min
- Bradychardia = less than 60 beats/min

The Heart: Cardiac Cycle

- Atria contract simultaneously
- Atria relax, then ventricles contract
- Systole = contraction
- Diastole = relaxation

Filling of Heart Chambers – the Cardiac Cycle





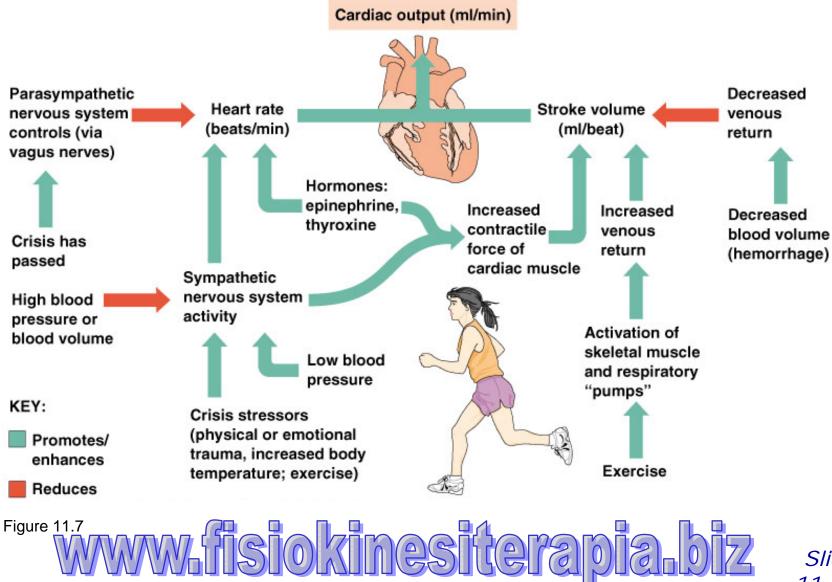
The Heart: Cardiac Output

- Cardiac output (CO)
 - Amount of blood pumped by each side of the heart in one minute
 - CO = (heart rate [HR]) x (stroke volume [SV])
- Stroke volume
 - Volume of blood pumped by each ventricle in one contraction

Cardiac output, cont.

- $CO = HR \times SV$
- 5250 ml/min = 75 beats/min x 70 mls/beat
- Norm = 5000 ml/min
- Entire blood supply passes through body once per minute.
- CO varies with demands of the body.

Cardiac Output Regulation



The Heart: Regulation of Heart Rate

- Stroke volume usually remains relatively constant
 - Starling's law of the heart the more that the cardiac muscle is stretched, the stronger the contraction
- Changing heart rate is the most common way to change cardiac output

Regulation of Heart Rate

- Increased heart rate
 - Sympathetic nervous system
 - Crisis
 - Low blood pressure
 - Hormones
 - Epinephrine
 - Thyroxine
 - Exercise
 - Decreased blood volume

The Heart: Regulation of Heart Rate

- Decreased heart rate
 - Parasympathetic nervous system
 - High blood pressure or blood volume
 - Dereased venous return
 - In Congestive Heart Failure the heart is worn out and pumps weakly. Digitalis works to provide a slow, steady, but stronger beat.

Congestive Heart Failure (CHF)

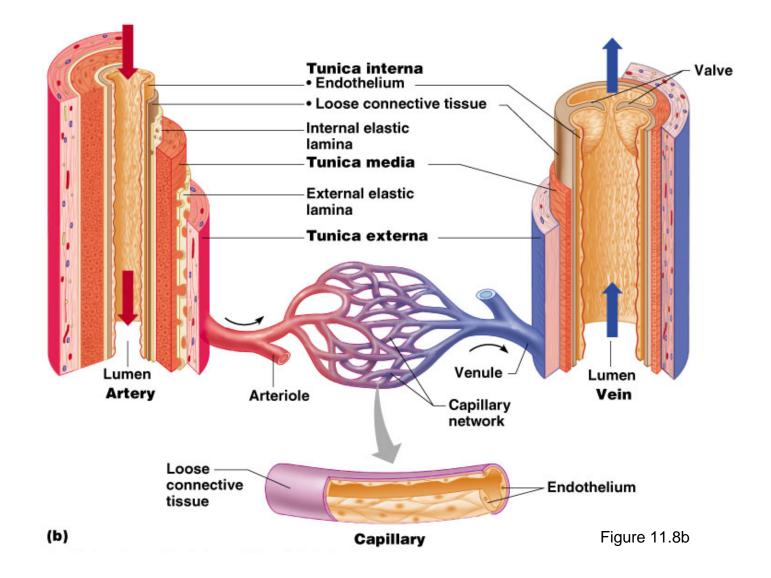
- Decline in pumping efficiency of heart
- Inadequate circulation
- Progressive, also coronary atherosclerosis, high blood pressure and history of multiple Myocardial Infarctions
- Left side fails = pulmonary congestion and suffocation
- Right side fails = peripheral congestion and edema

Blood Vessels: The Vascular System

- Taking blood to the tissues and back
 - Arteries
 - Arterioles
 - Capillaries
 - Venules
 - Veins

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The Vascular System



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Blood Vessels: Anatomy

- Three layers (tunics)
 - Tunic intima
 - Endothelium
 - Tunic media
 - Smooth muscle
 - Controlled by sympathetic nervous system
 - Tunic externa
 - Mostly fibrous connective tissue

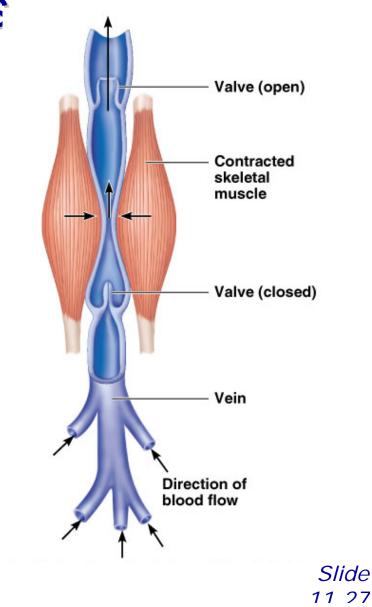
Differences Between Blood Vessel Types

- Walls of arteries are the thickest
- Lumens of veins are larger
- Skeletal muscle "milks" blood in veins toward the heart
- Walls of capillaries are only one cell layer thick to allow for exchanges between blood and tissue

Movement of Blood Through Vessels

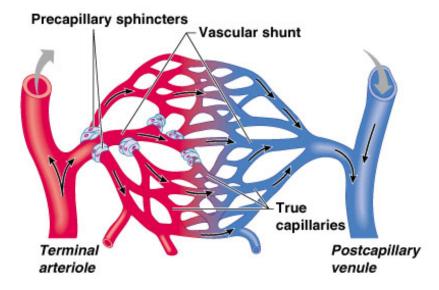
Figure 11.9

- Most arterial blood is pumped by the heart
- Veins use the milking action of muscles to help move blood

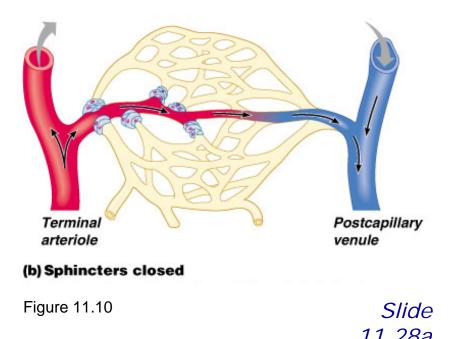


Capillary Beds

- Capillary beds consist of two types of vessels
 - Vascular shunt directly connects an arteriole to a venule

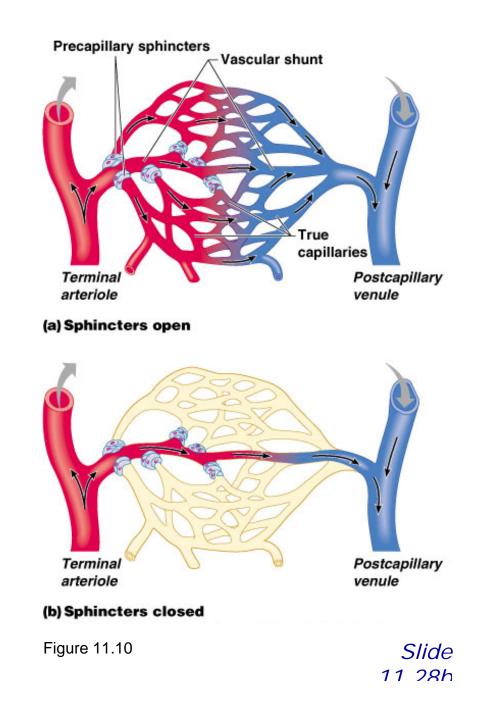


(a) Sphincters open

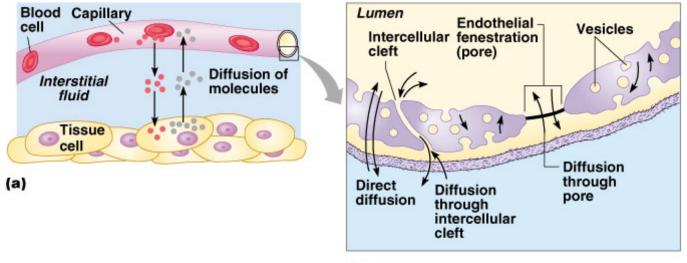


Capillary Beds

- True capillaries exchange vessels
 - Oxygen and nutrients cross to cells
 - Carbon dioxide and metabolic waste products cross into blood



Diffusion at Capillary Beds





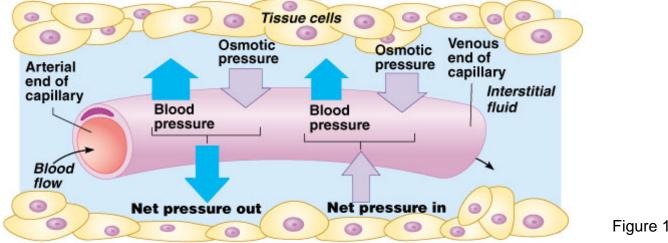


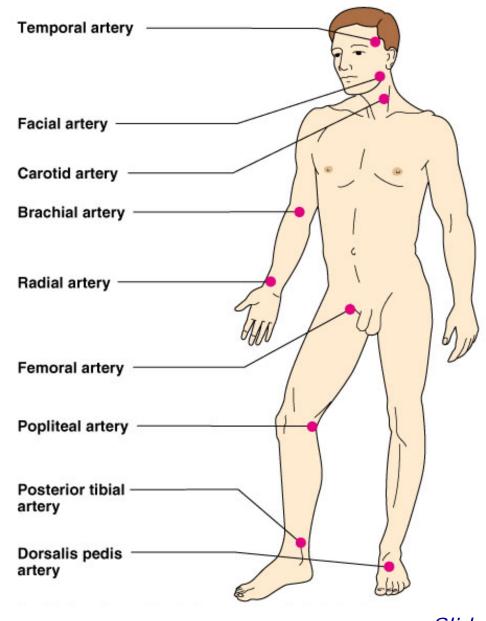
Figure 11.20

Vital Signs

- Arterial pulse
- Blood pressure
- Repiratory Rate
- Body Temperature
- All indicate the efficiency of the system

Pulse

- Pulse pressure wave of blood
- Monitored at "pressure points" where pulse is easily palpated



Blood Pressure

- Measurements by health professionals are made on the pressure in large arteries
 - Systolic pressure at the peak of ventricular contraction
 - Diastolic pressure when ventricles relax
- Pressure in blood vessels decreases as the distance away from the heart increases

Measuring Arterial Blood Pressure

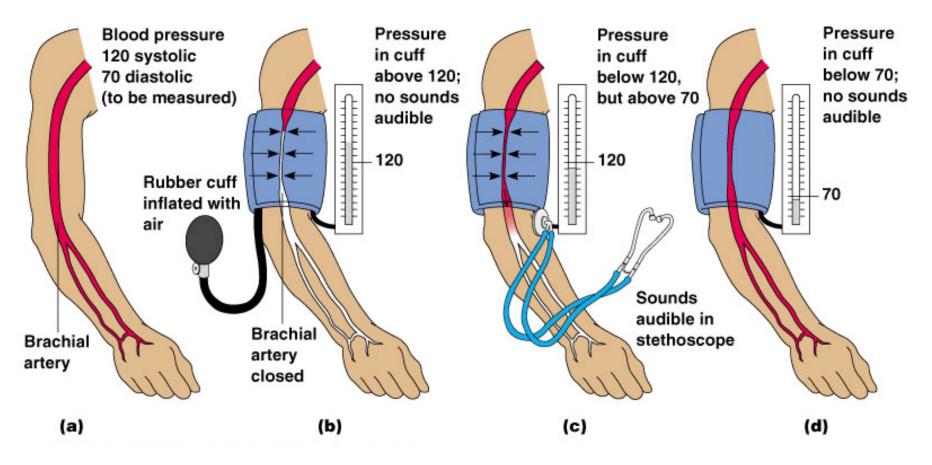


Figure 11.18

Blood Pressure: Effects of Factors

- Neural factors
 - Autonomic nervous system adjustments (sympathetic division)
- Renal factors
 - Regulation by altering blood volume
 - Renin hormonal control

Blood Pressure: Effects of Factors

Temperature

Heat has a vasodilation effect

Cold has a vasoconstricting effect

Chemicals

 Various substances can cause increases or decreases

Diet

Variations in Blood Pressure

- Human normal range is variable
 - Normal
 - 140–110 mm Hg systolic
 - 80–75 mm Hg diastolic
 - Hypotension
 - Low systolic (below 110 mm HG)
 - Often associated with illness
 - Hypertension
 - High systolic (above 140 mm HG)
 - Can be dangerous if it is chronic