

# HEART as an ORGAN

- -hollow, muscular
- -location:
  mediastinum,
  resting on the
  diaphragm

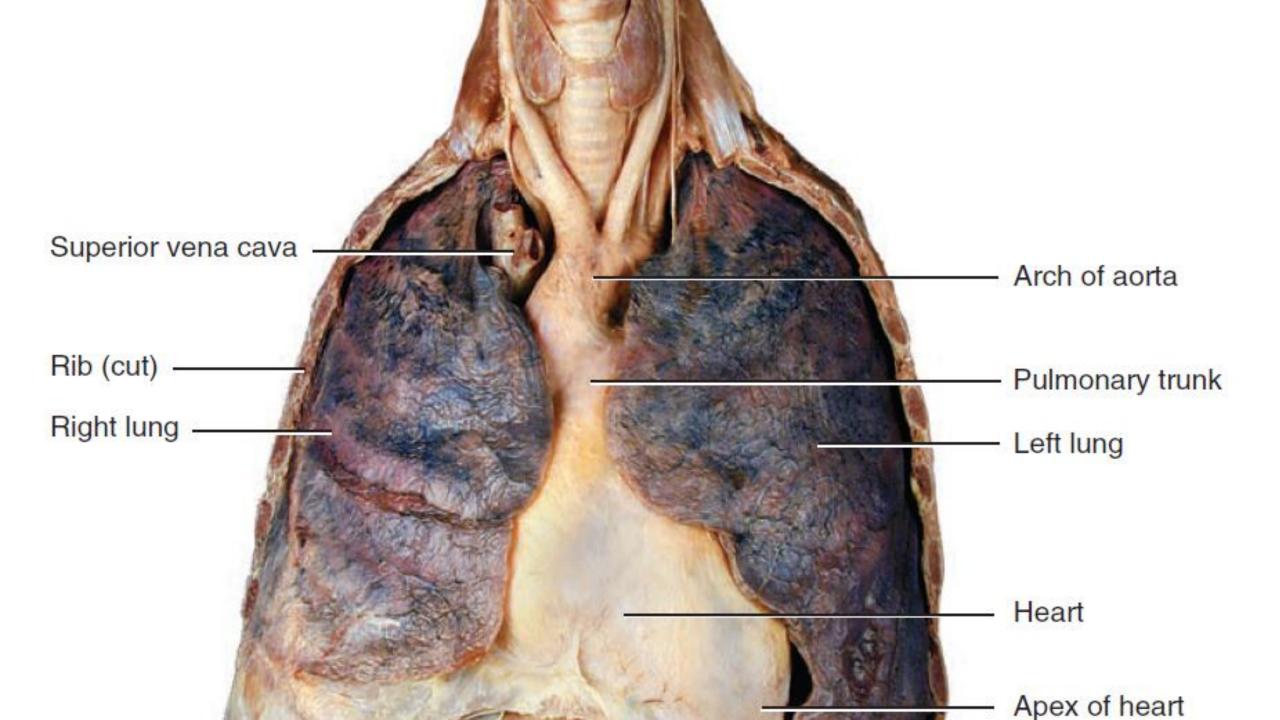


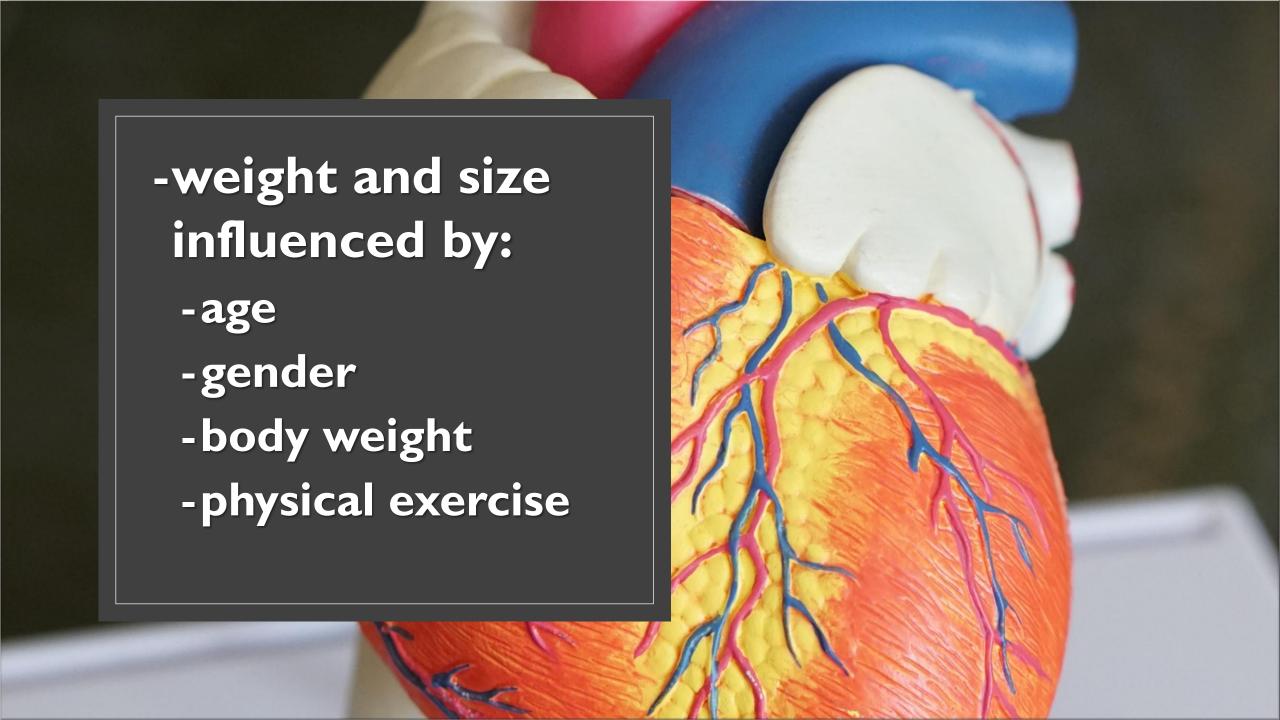
# LOCATION OF THE HEART

lies in the mediastinum

about two-thirds of the mass of the heart lies to the left of the body's midline

Its apex is the pointed, inferior part; its base is the broad, superior part.





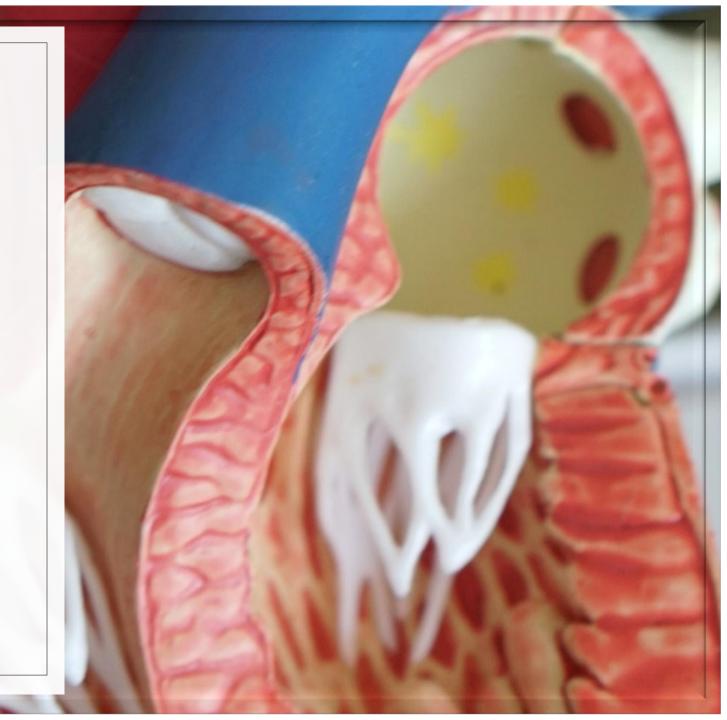
## **HEART WALL**

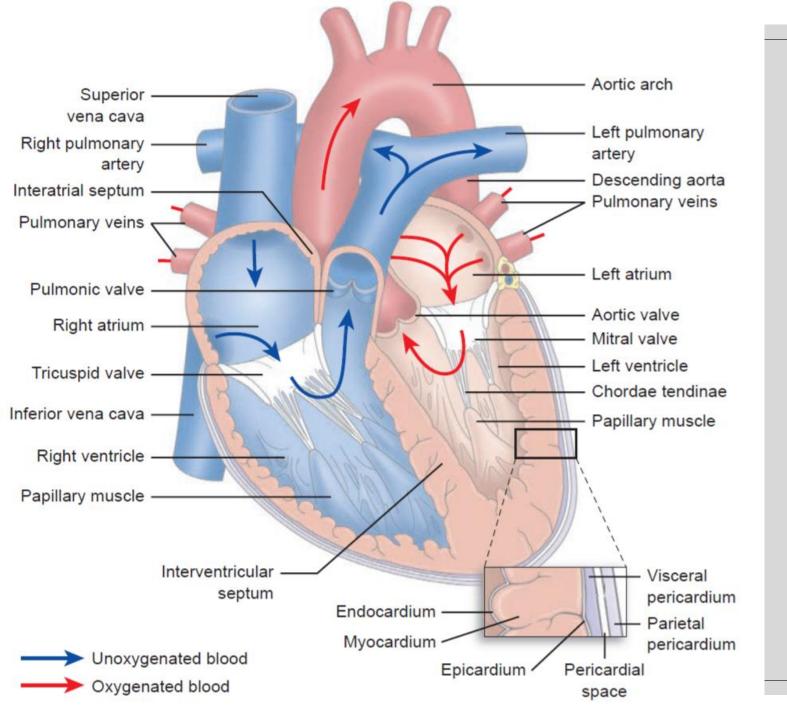
- Three Layers:
  - Endocardium
  - Myocardium
  - °Epicardium



## **HEART WALL**

- Encased by the pericardium
  - Fibrous
  - ∘Serous
    - Visceral
    - ∘Parietal





# Pericardial fluid:

- -20 ml
- -lubrication
- -friction reduction

# OHEART CHAMBERS OANDYALVES

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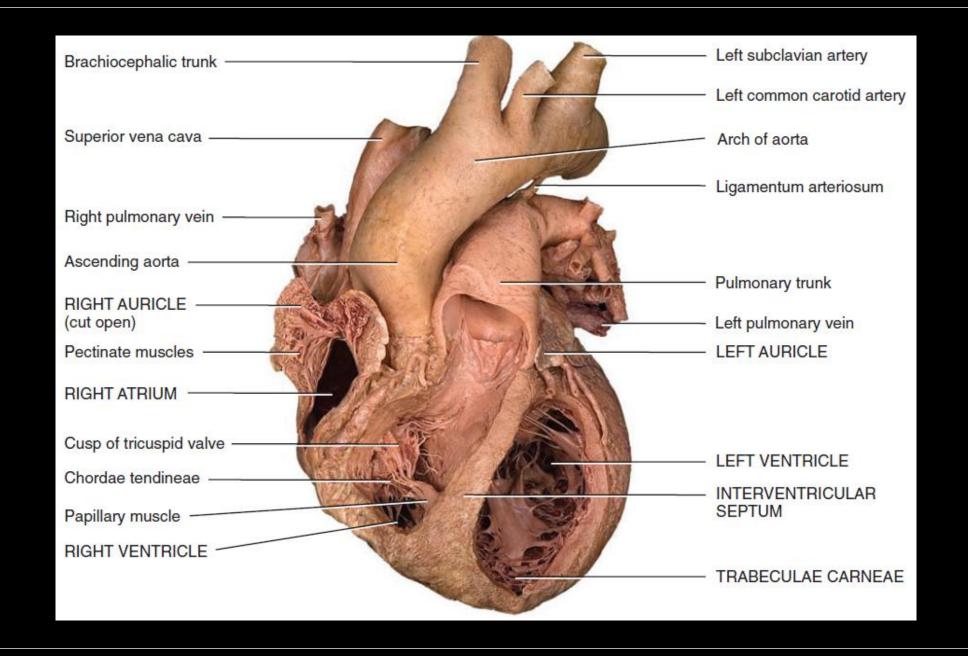
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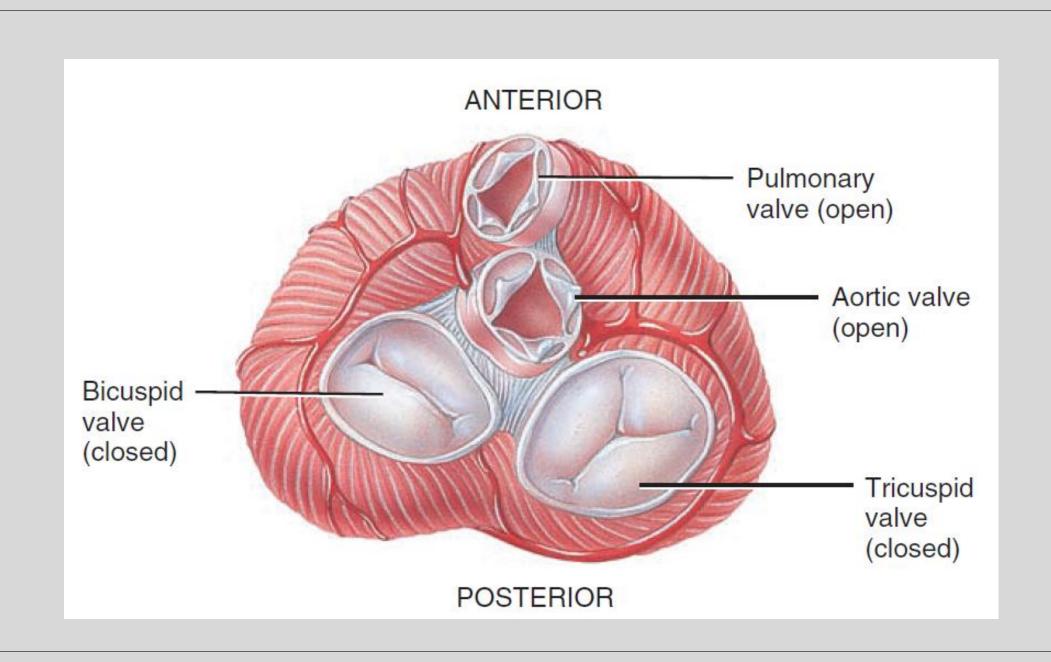
## HEART VALVES

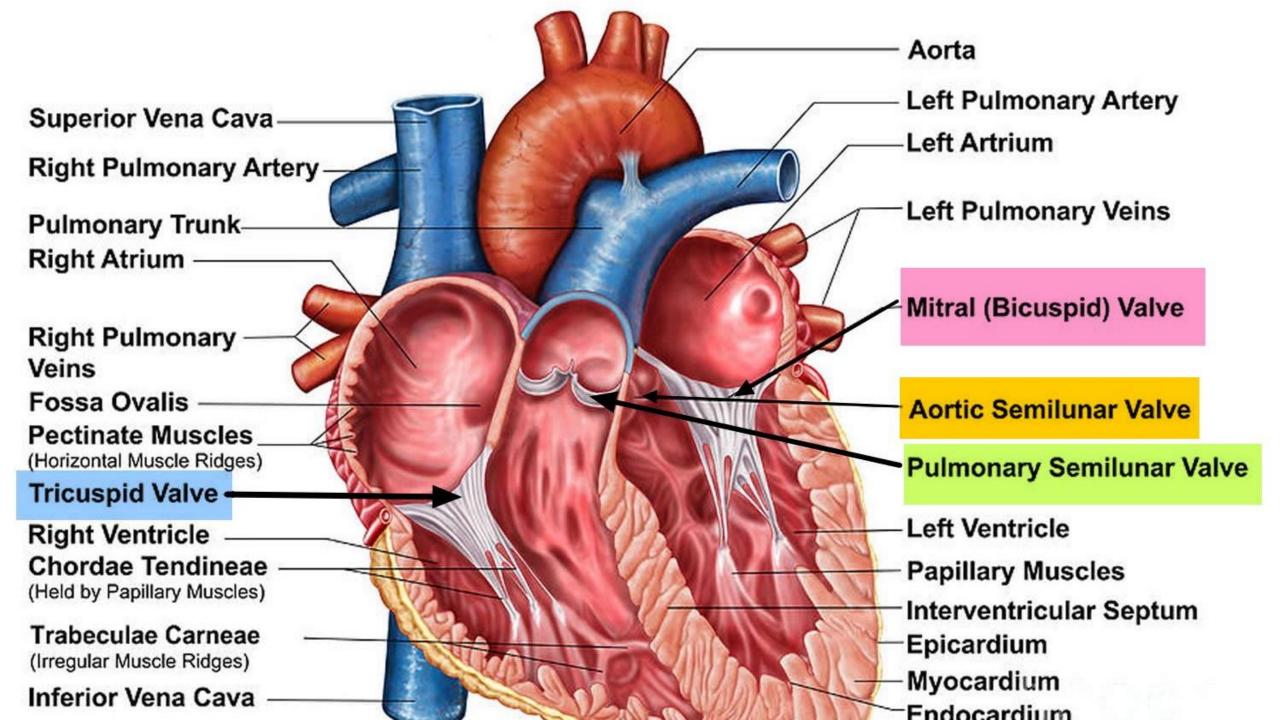
#### Atrioventricular

- Tricuspid valve
- Bicuspid valve (mitral valve)

#### Semilunar

- Pulmonary valve
- Aortic valve





## REVIEW OF ELECTRO-PHYSIOLOGY

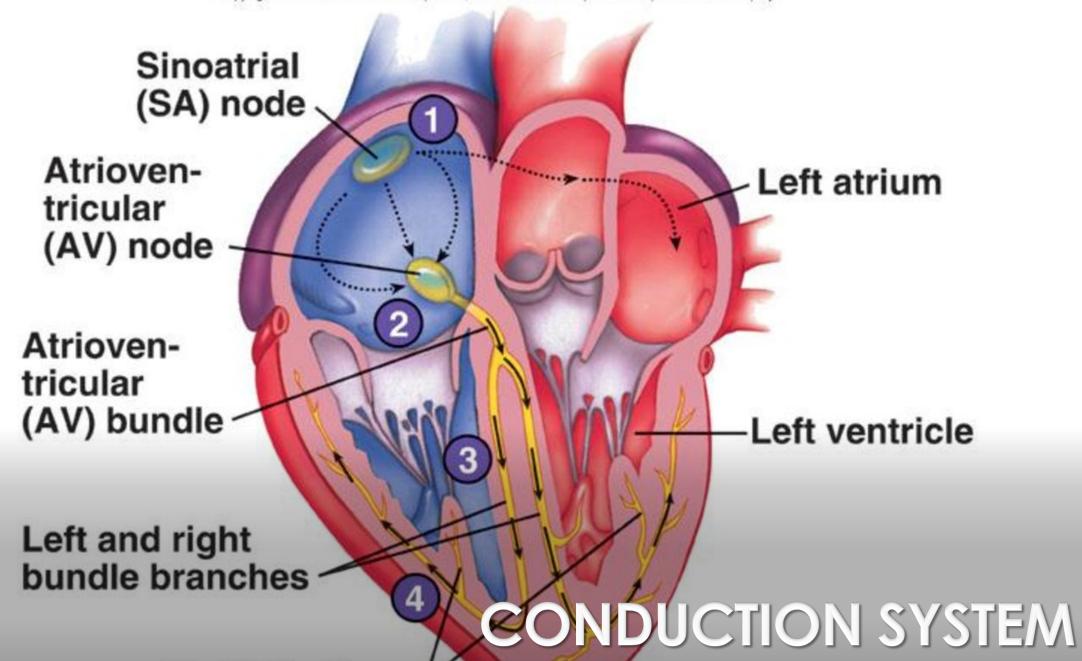
- The cardiac conduction system generates and transmits electrical impulses that stimulate contraction of the myocardium.
- Sequence of Contraction:
  - ∘ I.Atria
  - 2. Ventricles

#### CHARACTERISTICS OF ELECTRIC CELLS

Automaticity: "initiation"

**Excitability:** "response"

**Conductivity:** "transmission"



## CONDUCTION SYSTEM

PACEMAKER SITE	RATE
SA node	60 – 100 bpm
AV junction	40 - 60 bpm
Bundle branches	30 – 40 bpm
Purkinje network	30 – 40 bpm

# Pre-contraction (resting or polarized state):

- $\circ$  **Na**<sup>+</sup> = primary extracellular cation
- ∘ **K**<sup>+</sup> = primary intracellular cation
- Intracellular compartment = negatively charged
- Extracellular compartment = positively charged

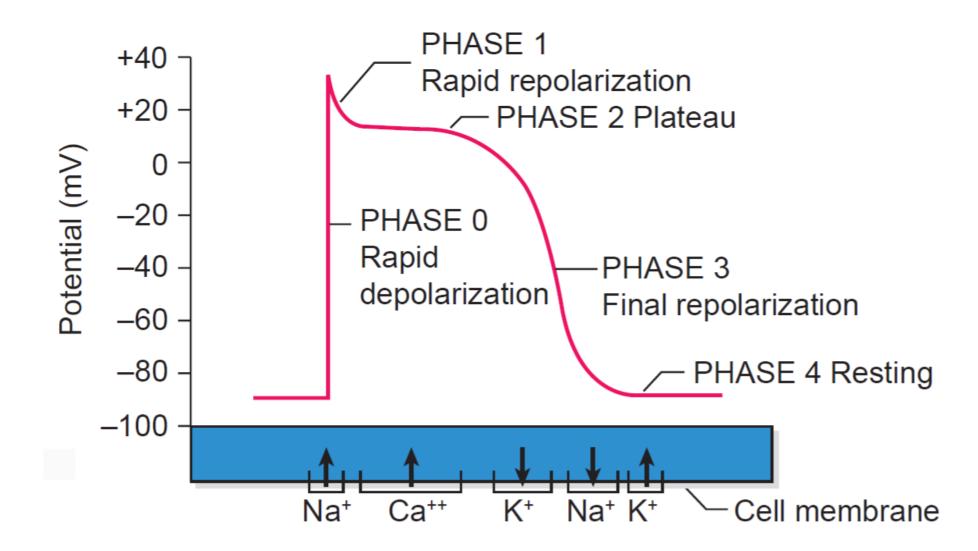
- Phase 0: rapid depolarization
  - Na+ influx into the cells (myocytes)
  - Ca++ influx into the nodal cells (SA,AV)

- Phase I: early repolarization
  - K+ exits the intracellular compartment

- Phase 2: plateau phase
  - Slowing down of repolarization
  - Ca++ enters the intracellular compartment

- Phase 3: final repolarization
  - Completed repolarization
  - Cell returns to its resting state

- Phase 4: resting phase
  - Cell has returned to its pre-contraction state
  - Phase before the next depolarization



#### HEMODYNAMICS

#### **REMEMBER!**

- I. Pressure gradient causes blood to flow.
- Chamber pressures cause valves to either open or close.
  - High ventricular pressure (systole)= closure of AV valves,
     opening of SL valves
  - Low ventricular pressure (diastole)= closure of SL valves,
     opening of AV valves

# CARDIAC CYCLE

- Consists of:
  - Atrial systole-Ventricular diastole
  - Atrial diastole-Ventricular systole
  - Relaxation Period

## ATRIAL SYSTOLE



--- Caused by atrial dep.



Contributes 25 mL in addition to the 105 mL already in the ventricles

→ EDV = 130 mL

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## VENTRICULAR SYSTOLE



- Caused by ventricular dep.
- Ventricles push blood against AV valves, causing them to close
- LV (RV) ejects 70 mL of blood into the aorta (PA)
- $\checkmark$  ESV = 60 mL

Copyright @The McGraw-Hill Companies, Inc. Permission required for reproduction or display. **Atrial Diastole** Pulmonary -Aortic valve open valve open **Atrial** diastole Ventricular systole Tricuspid / and bicuspid valves closed (b)

## VENTRICULAR DIASTOLE

# Caused by ventricular rep.

Lasts for 0.4 sec

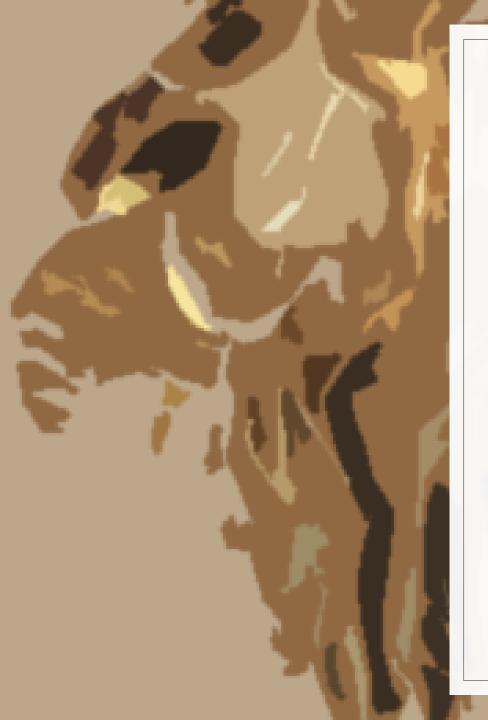


## Cardiac output (CO)

 Amount of blood pumped by each side (ventricle) of the heart in one minute

## Stroke volume (SV)

- Volume of blood pumped by each ventricle in one contraction (each heartbeat)
- Usually remains relatively constant
- About 70 mL of blood is pumped out of the left ventricle with each heartbeat



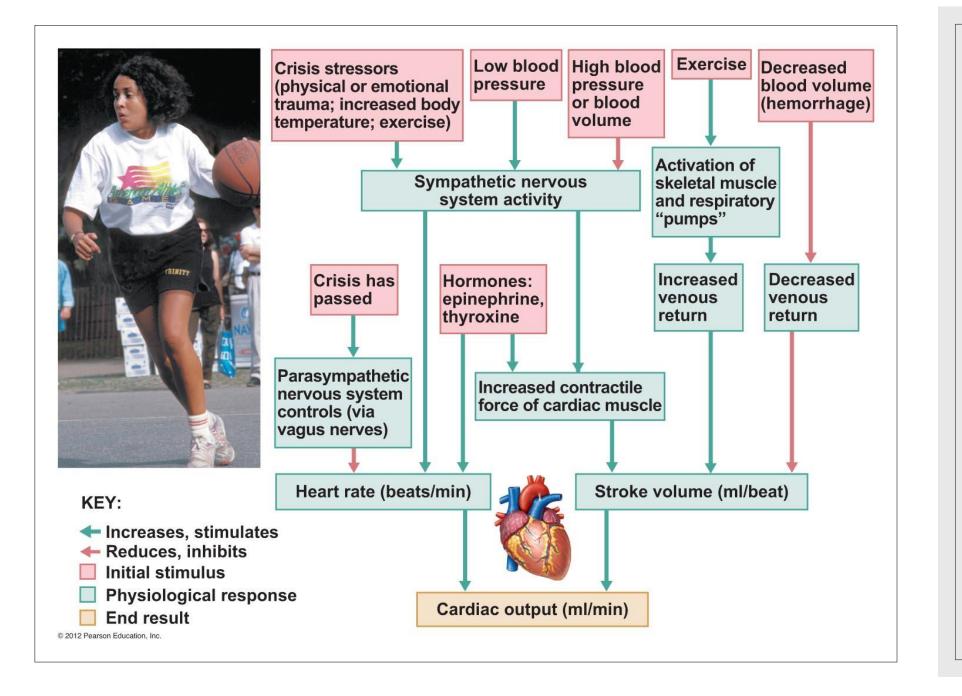
∘CO = HR × SV

 $\circ$ CO = HR (75 bpm)  $\times$  SV (70 bpm)

∘CO = 5250 mL/min

• Starling's law of the heart—the more the cardiac muscle is stretched, the stronger the contraction

Changing heart rate is the most
 common way to change cardiac output



• Figure 11.9