

Blood Pressure Measurement

- Heart consists of two pumps in series
- smaller right hand pump forces blood through lungs
- larger more powerful left hand pump force blood through rest of body

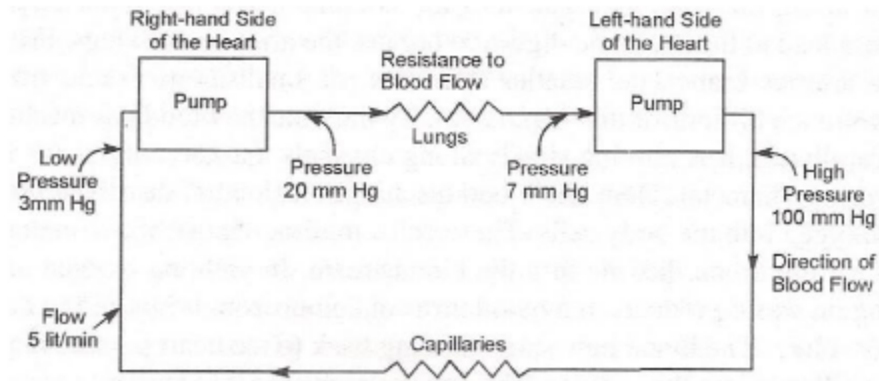


Figure 1:

- Blood pressure values in various chambers of the heart and in peripheral vascular system help physician determine functional integrity of cardiovascular system
- measurement of these values can be by direct (invasive) or indirect (non-invasive) techniques with different suitability for particular clinical situations

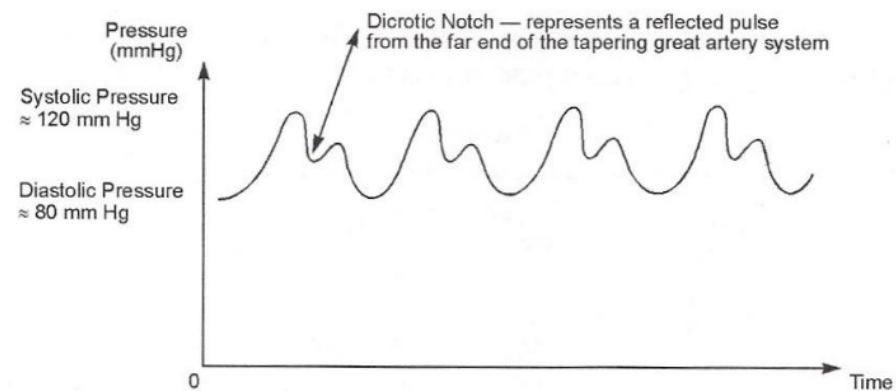


Figure 2:

Heart sound and the correlated electrical and mechanical activity

- Diagram shows schematically:
- Relationship between heart sounds
- Corresponding electrical activity that generates muscular contractions
- mechanical operation of valves
- resultant blood pressure

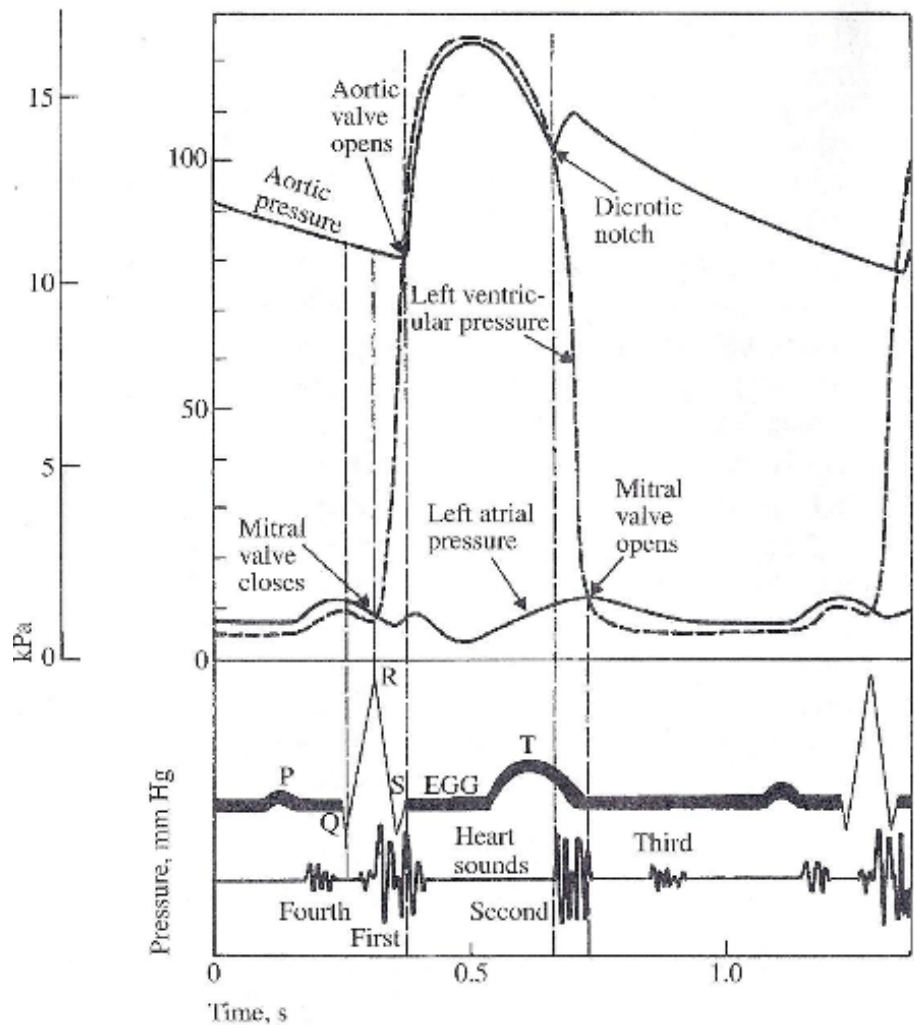


Figure 3:

Direct measure of blood pressure - Invasive

- Require contact with blood vessels/heart, using catheter inserted into bloodstream
- Internal: micro-tipped manometer (pressure transducer)
- Pressure strain-gauge on tip of catheter, inserted into circulatory system (intra-vascular)
- smallest form factor and highest freq response for direct measurement but at higher cost

Example transducers: **fibre-optic – expensive**

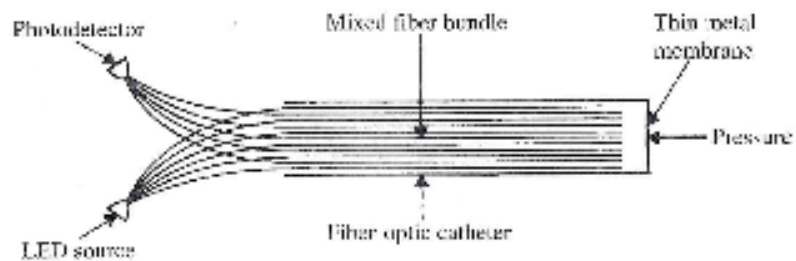


Figure 4:

- Micro-electro-mechanical system (MEMS)
- disposable

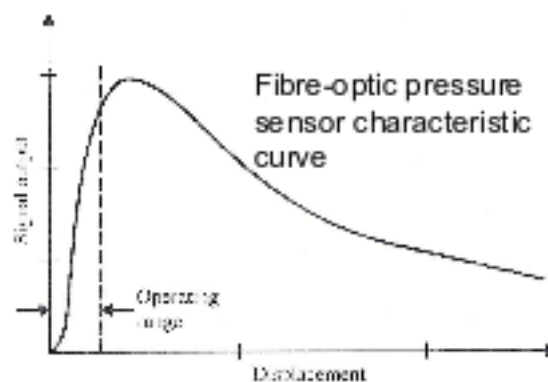


Figure 5:

- External: external pressure transducer (strain-gauge) on diaphragm with fluid-filled catheter to the source

- Inexpensive and reusable (easy to sterilise)
- an increase in pressure at the tip of the catheter causes a flow of liquid through the catheter into the sensor, deflecting the catheter
- Freq response affected by dynamics of fluid and diaphragm - need to be modelled
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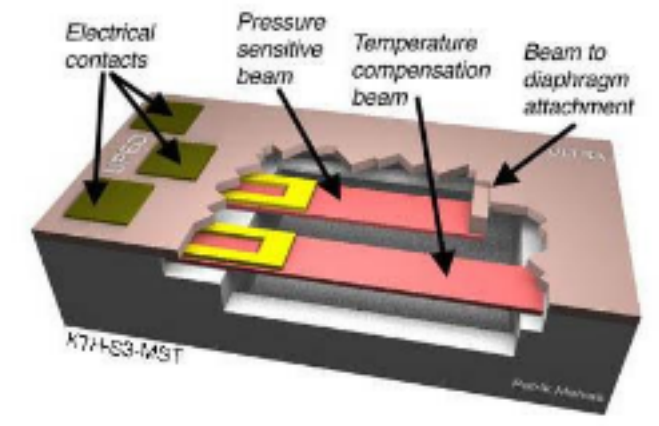


Figure 6:

- External BP Sensor
- Simplified lumped-parameter analogous circuit shown:
- Catheter compliance much smaller than diaphragm - ignored
- Sensor resistance and inertia much smaller than that in catheter - ignored
- V_{source} = electrical analogue of pressure (mechanical potential) within blood vessel
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- Using KVL:
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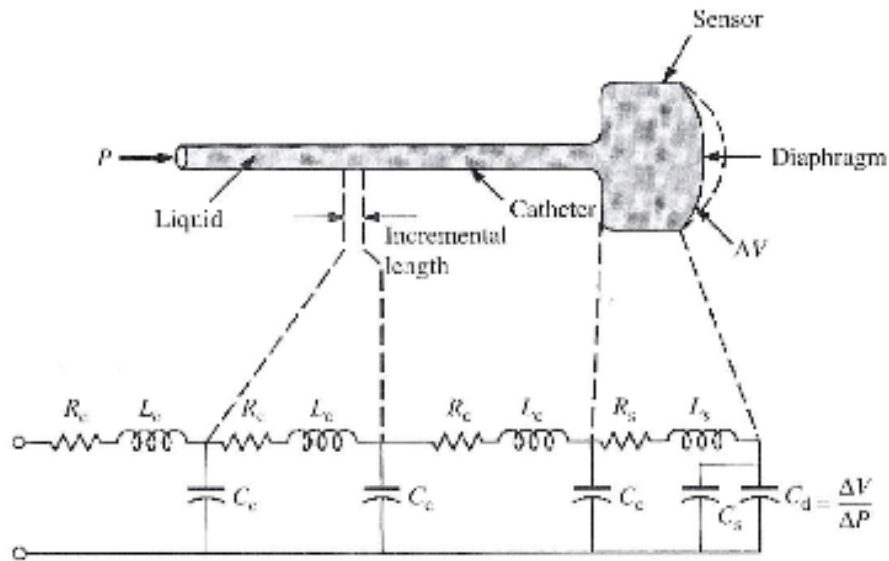


Figure 7:

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- Freq response for catheter-sensor system with/out bubbles:

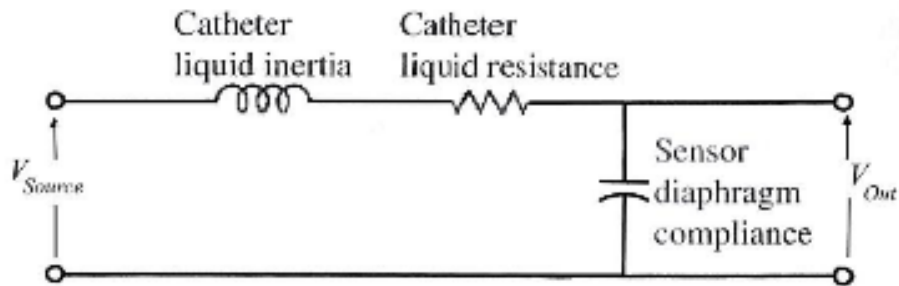


Figure 8:

- Natural freq decreases from 91 to 22Hz and the damping ratio increases
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- System freq bandwidth should at least factor a x10 greater than the base freq of signal to give 10th harmonic of BP waveform

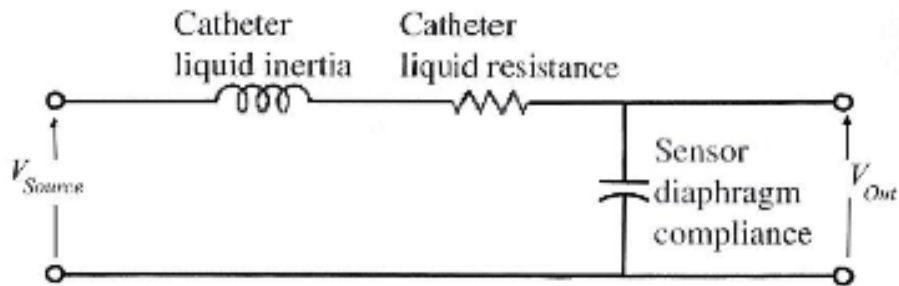


Figure 9:

- Consider mean blood pressure only
- Heart rate of 120 bpm = 2Hz so need $f_n > 20\text{Hz}$
- For derivatives of blood pressure need greater bandwidth
- Differentiation of sinusoidal harmonic increases amplitude by factor proportional to freq
- Can use Fourier Analysis to determine bandwidth requirements but as general rule amplitude-vs-freq characteristic of any catheter-manometer system used for measurement of ventricular pressures that are subsequently differentiated must remain flat to within 5%, up to 20th harmonic
- Important not to overestimate pressure gradient across stenotic (narrowed) heart valve
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Indirect measurement of blood pressure - Korotkoff method

- Non-invasive, but less accurate have lower freq response
- Korotkoff method
- Uses sphygmomanometer - inflatable pressure cuff consisting of rubber bladder inside inelastic fabric covering that can be fastened around the upper arm + a hand pump with release valve + pressure gauge to measure pressure in the cuff
- Arterial blood can only flow past the inflated cuff when the arterial pressure exceeds the pressure of the cuff
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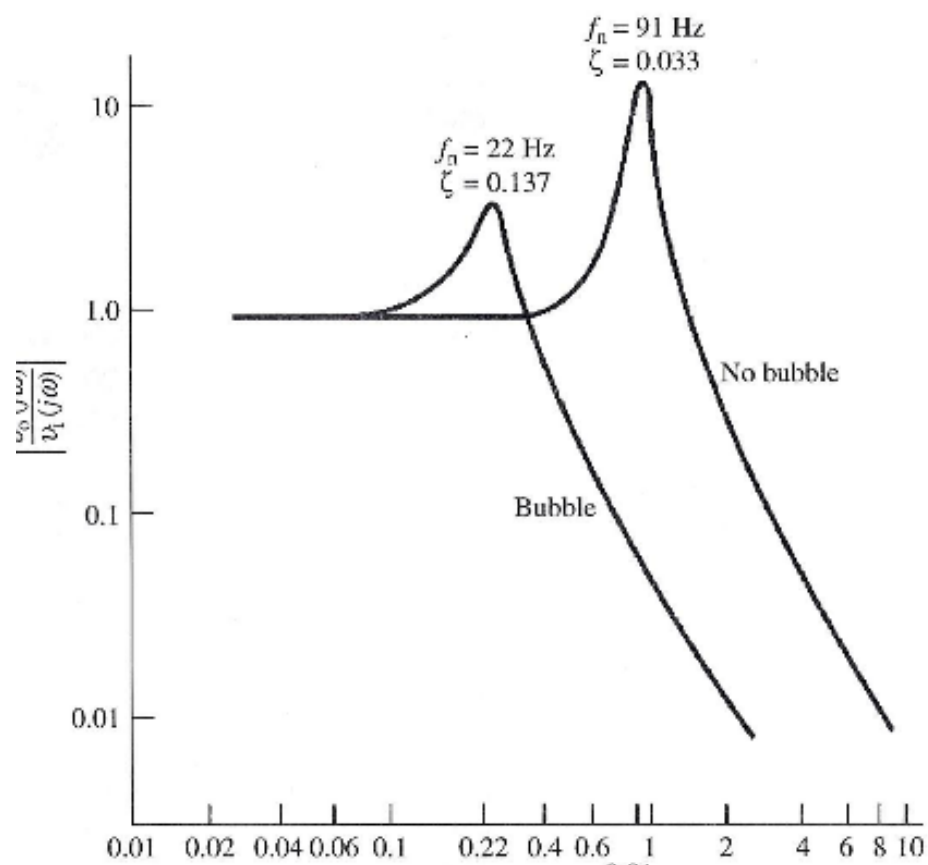


Figure 10:

- When compressive pressure P_c applied to a limb, the pressure is transmitted to the underlying blood vessels so the pressure applied to the wall of the artery P_c , and the (transmural) pressure difference between inside of blood vessel and surrounding tissue is lowered
- When applied pressure equals arterial pressure, there is no radial stress in the arterial wall - vessel is said to be unloaded
- If applied pressure further increased such that $P_c > P_a$, vessel will collapse and flow will be completely occluded
- Cuff used to achieve this vascular unloading is called an occlusive cuff
- As pressure in cuff reduced from full occlusion, Korotkoff sounds heard through

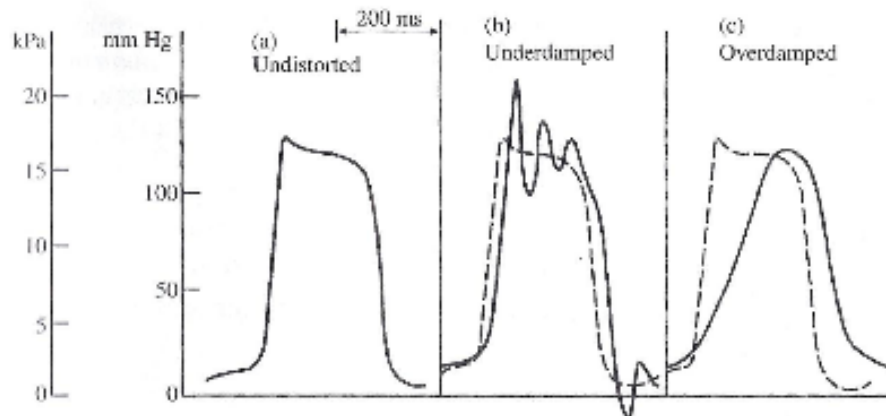


Figure 11:

- Korotkoff method of blood pressure measurement:
- Inflate pressure cuff on upper arm to a pressure well above the systolic pressure
- blood flow stops and no sound can be heard through the stethoscope
- Slowly release pressure on the cuff
- As soon as it falls below the systolic pressure the korotkoff sounds begin to be heard
- As cuff pressure continues to drop Korotkoff sounds continue until cuff pressure no longer occludes the vessel during any part of the cycle

Indirect measures of blood pressure - Oscillometric method

- Volumetric change in blood content in the arm during cardiac cycle generates sensed pressure fluctuation in an inflated blood pressure cuff wrapped around the arm
- With cuff inflated above systolic pressure, fluctuations in cuff pressure are

small

- Also microphone placed at bend in arm (cubital fossa) will not pick up any sound because cuff pressure occludes blood flow
- As cuff pressure lowered, blood begins to flow through artery in spurts
- turbulence sounds will be picked up by microphone
- amplified, rectified and averaged signal can be used to flag the systolic pressure
- cuff-pressure oscillations increase in strength in the systolic pressure region as cuff pressure is lowered
- Fluctuations reach a max when the cuff pressure is the mean arterial pressure (MAP)
- $MAP = (\text{systolic pressure} + 2 * \text{diastolic pressure})$
- Pressure sensor needs full scale range of 0-300mmHg and to resolve fluctuations with amplitudes of a few mmHg, or about 1% of the FSR.
- Sensor will often be a diaphragm with resistors or strain-gauges arranged in a bridge configuration
- Sensor output will
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- Two-stage instrumentation amplifier with two-band outputs:
- Low-pass filter to extract voltage signal corresponding to gross pressure change over time (baseline signal vb)
- Bandpass filter to extract voltage signal corresponding to the (pressure oscillations/fluctuations) signal vf
- Both signals need to be digitized, and at same rate to correlate both measurements
- Upper limit on heart rate is 5Hz, so 100sps sampling rate should be sufficient, as should 8bits per sample, giving dynamic range of 256.
- Gain of low pass filter amp will need to be of order 10-20, while band pass filter amp should be in order 800-900 to fill the ADC range of a typical microcontroller

Indirect measures of blood pressure - Doppler (ultrasound) method

- Doppler technique

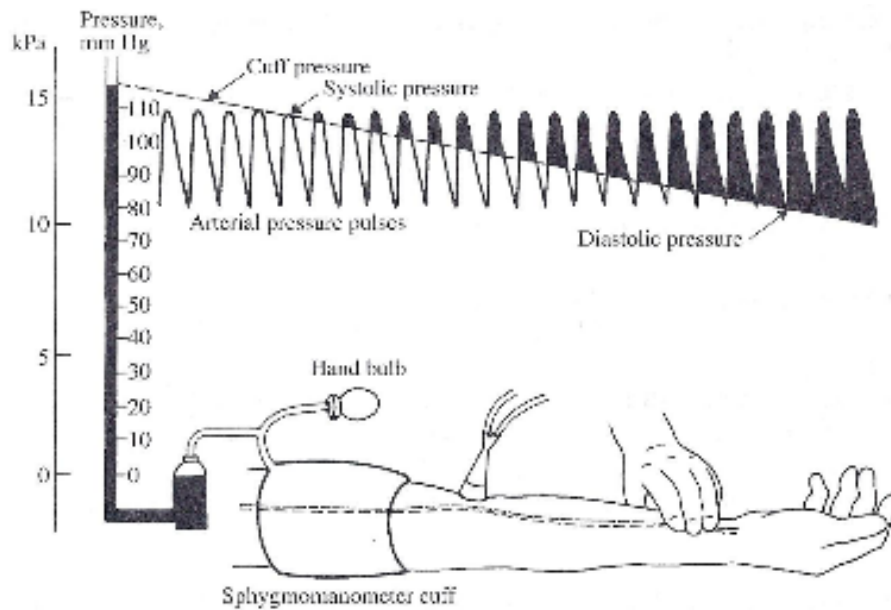


Figure 12:

- Piezoelectric crystal incorporated in cuff, emits vibration at usually ultrasound freq. and picks up reflected vibrations shifted in freq.
- Difference in freq (50-500Hz) proportional to velocity of wall motion and blood velocity
- While cuff
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Indirect measures of blood pressure - Other methods

- Blood Pressure Finger Gauge
- Small pressure cuff in cavity can alternatiely be placed on a finger
- Light beam obliquely incident on surface of finger opposite to nail is partly absorbed and partly reflected
- Reflectance is function of total blood content of the finger
- By sensing reflectance, systolic and diastolic events can be identified and correlated with the cuff pressure

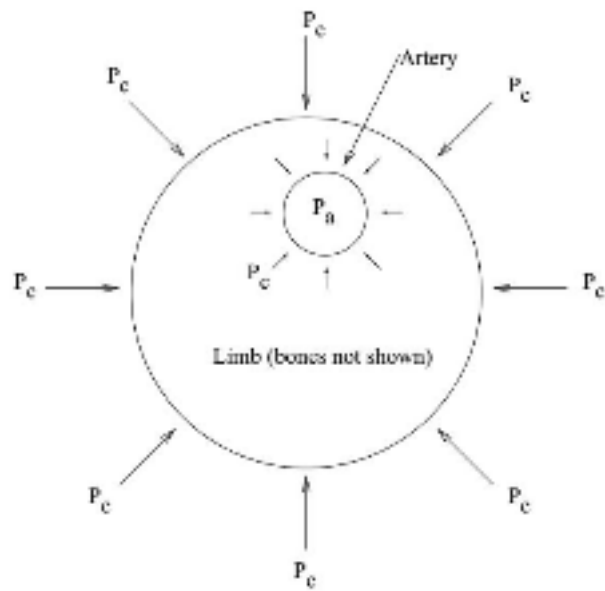


Figure 13:

- Tonometry
- Applying pressure needed to flatten curvature of the vessel
- When circumferential stresses in vessel wall are removed, internal and external pressures are equal
- Limitations:
- Only measure specific peripheral pressures, such as brachial artery
- is highly sensitive to position and angle
- requires calibration for precise measurement
- Also has been successfully used for ocular

Pulse Transit Time

- Each heart beat generates a pressure wave that propagates along the arteries
- Key factor determining velocity of this pressure wave is the stiffness of the arterial walls:
- Stiffer walls, faster wave propagates

- Walls of arteries are made stiffer by higher pressure blood within arteries
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- Commonly used markers on pulse wave at extremity are 25% or 50% up the rising edge of the arriving pulse wave
- If Pulse Transit Time can be correlated with blood pressure, then beat-by-beat (ie. continuous) blood pressure readings are possible
- Note that blood is not ejected from the heart at the peak of the QRS complex, actually short time later
- Pre-ejection lag period is neither a constant nor uniquely correlated with blood pressure and presents a confounding factor for estimating blood pressure from PTT
- To eliminate pre-ejection period from calculated PTT, second photoplethysmo...
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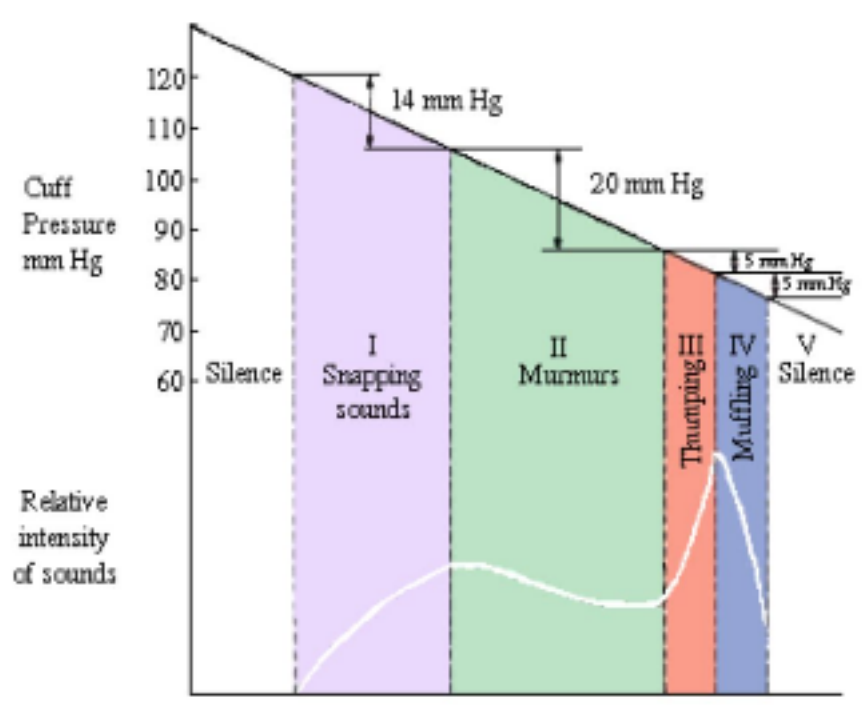


Figure 14:

- Let:

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- Many physical factors influence cardiac output and blood pressure, such as blood volume, resistance of blood vessels, and blood thickness
- In practice, each individual's autonomic nervous system responds to and regulates all interacting factors.
- When blood pressure decreases, nervous system responds to increase HR to increase cardiac output and arterial walls contract to increase blood pressure
- Blood pressure related to both HR and previous blood pressure
- Blood pressure may thus be estimated as:
- $\$$
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- Recent study showed more accurate low-freq tracking when photoplethysmogram (PPG) pulse intensity ratio (PIR) is measured
- Diagram shows PPT calculated via peak of first derivative of PPG waveform, and PIR is ratio of PPG peak intensity I_n to PPG valley intensity I_l of one cardiac cycle
- PIR reflects arterial diameter change δd during one cardiac cycle from systole to diastole:
- $\$PIR = \$$
- where α is a constant related to optical absorption coefficients in the PPG light path

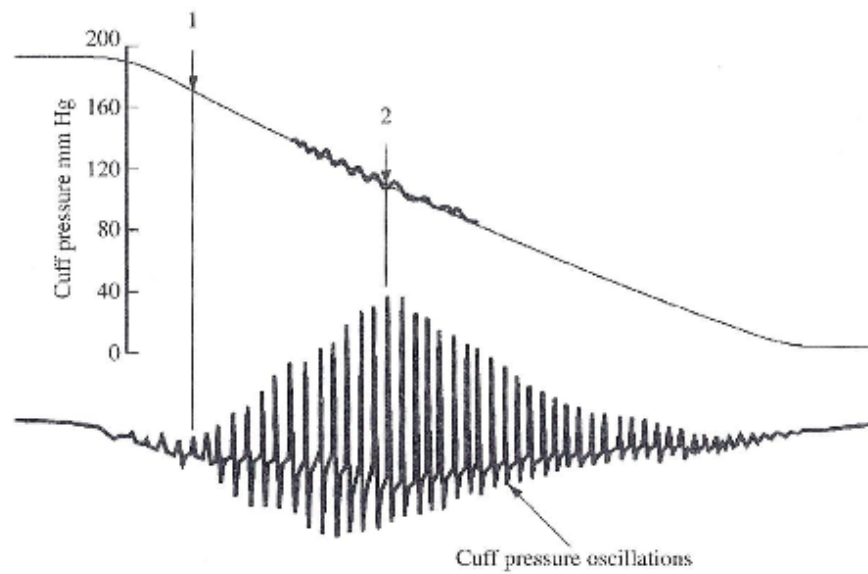


Figure 15:

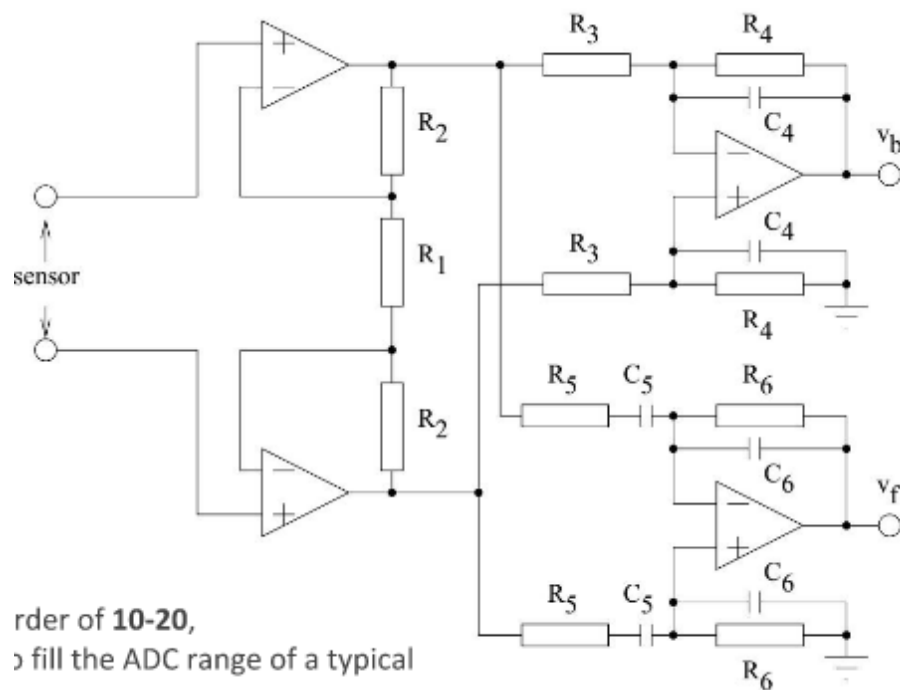
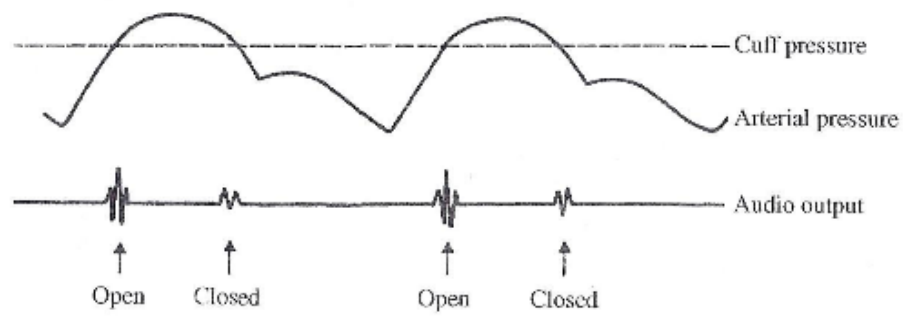


Figure 16:



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Figure 17:

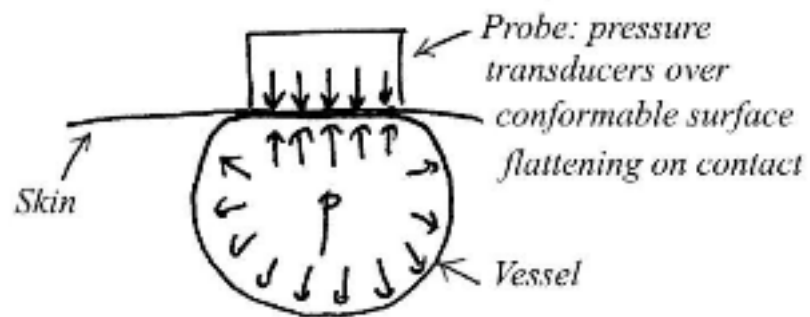


Figure 18:

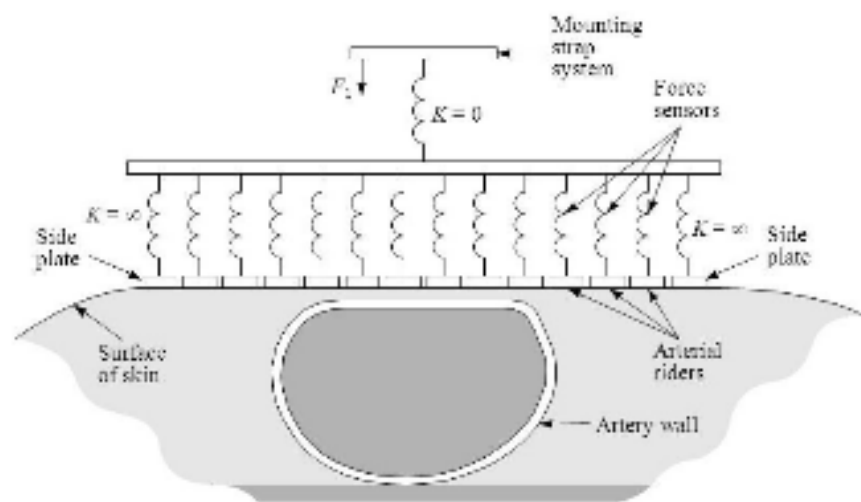


Figure 19:

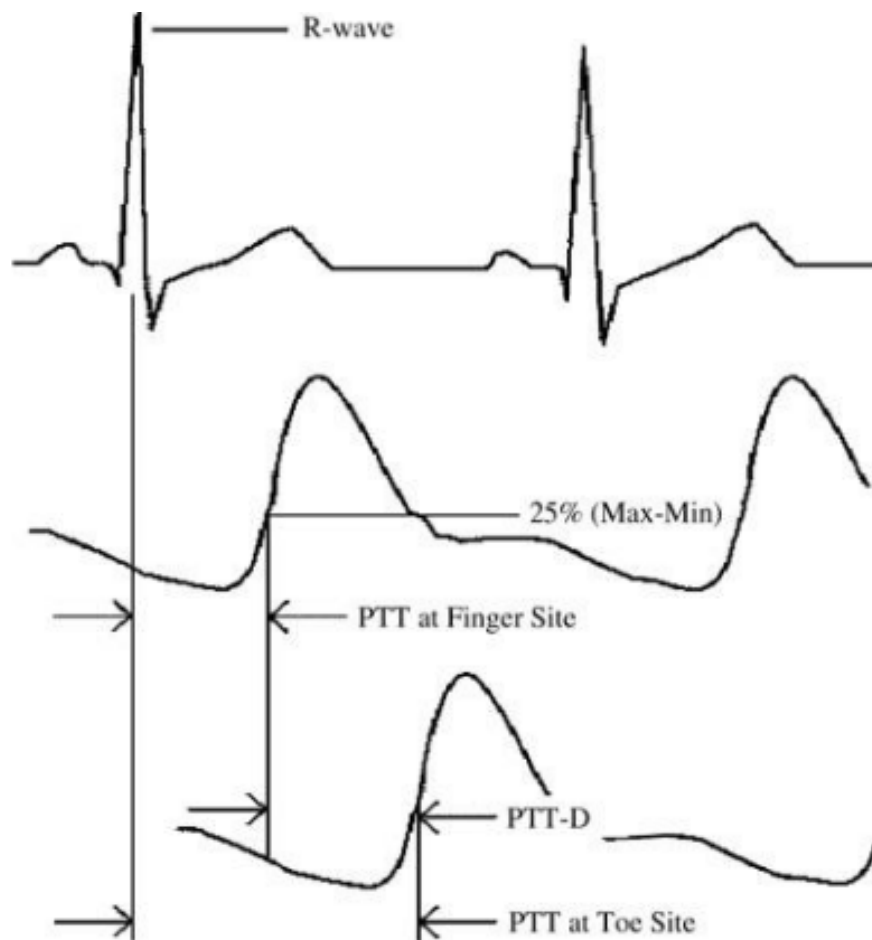


Figure 20:

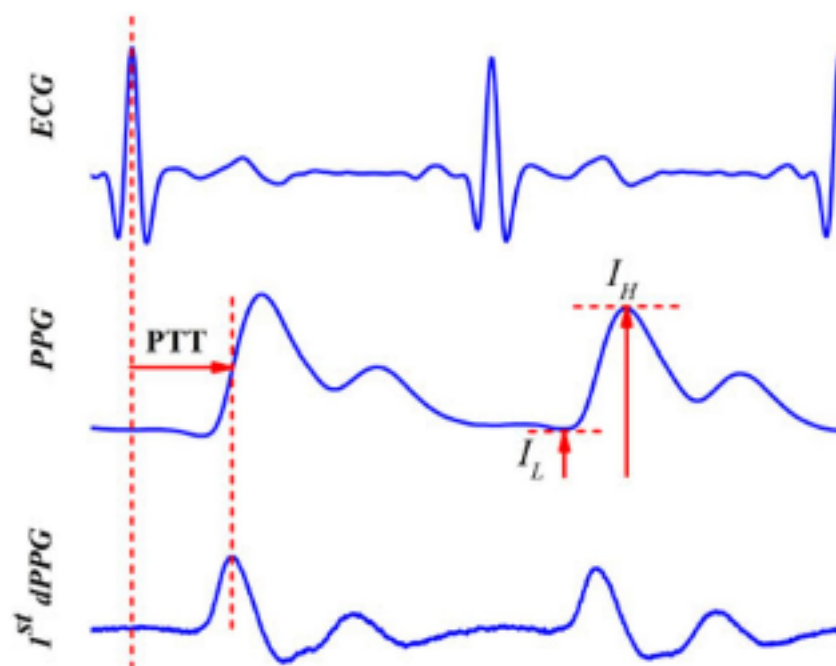


Figure 21: