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# MANAGEMENT

- treat underlying problem
  - optimise rate and rhythm
  - maintain perfusion
  - **optimise preload**
  - reduce afterload
  - optimise contractility
  - mechanical support
  - judicious fluid challenges, watch CVP
  - can worsen dilatation
  - diuresis to reduce right sided filling pressures
  - mechanical ventilation and cyclical changes in SV and CO may be misinterpreted as fluid responsiveness
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# MANAGEMENT

- treat underlying problem
  - optimise rate and rhythm
  - maintain perfusion
  - optimise preload
  - **reduce afterload**
  - optimise contractility
  - mechanical support
  - modify PVR
  - IV pulmonary vasodilators
  - iNO for acute RVF (ARDS, PE, COPD)
  - Disadvantages: \$, platelet inhibition, rebound hypoxaemia
  - PDE-5 inhibitors reduce PVR and improve RV contractility. Caution systemic hypotension. more for stable disease
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