
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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- **optimise contractility**
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- inodilators are a good choice eg milrinone, PDE3 inhibitor
 - but can cause profound systemic hypotension - may require vasoconstrictor
 - role of levosimendan in RVF needs further exploration
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