
CARDIAC SURGERY

- aetiology is not clear
 - myocardial stunning [direct ischaemia]
 - RV particularly susceptible to air embolisation
 - ↑PVR post-op (pro-inflammatory mediators, extravascular lung water, derecruitment, protamine)
 - tricuspid valve surgery [overestimation of RV function in TR]
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LVAD/TRANSPLANT

- Adequacy of RV function is a major determinant of outcome after LVAD insertion
 - Challenged by ↑ preload due to improved LV function
 - Unloading of the LV can alter the shape and size of RV
 - Post heart transplant
 - ischaemic insult to RV → primary graft failure
 - pre-existing or acquired PH in the recipient, 'afterload naive' RV
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