

MARTINI | NATH

FUNDAMENTALS OF

ANATOMY & PHYSIOLOGY

Eighth Edition

Chapter 20

The Heart

**PowerPoint® Lecture Slides
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Introduction to Cardiovascular System

- The Pulmonary Circuit
 - Carries blood to and from gas exchange surfaces of lungs
- The Systemic Circuit
 - Carries blood to and from the body
- Blood alternates between pulmonary circuit and systemic circuit

The Conducting System

- Heartbeat
 - A single contraction of the heart
 - The entire heart contracts in series
 - First the atria
 - Then the ventricles

The Conducting System

- A system of specialized cardiac muscle cells
 - Initiates and distributes electrical impulses that stimulate contraction
- **Automaticity**
 - Cardiac muscle tissue contracts automatically

The Conducting System

- Structures of the Conducting System
 - Sinoatrial (SA) node - wall of right atrium
 - Atrioventricular (AV) node - junction between atria and ventricles
 - Conducting cells - throughout myocardium

The Conducting System

- **Conducting Cells**
 - Interconnect SA and AV nodes
 - Distribute stimulus through myocardium
 - In the atrium
 - **Internodal pathways**
 - In the ventricles
 - AV bundle and the bundle branches

The Conducting System

- Heart Rate
 - SA node generates 80–100 action potentials per minute
 - Parasympathetic stimulation slows heart rate
 - AV node generates 40–60 action potentials per minute

The Conducting System

- The Sinoatrial (SA) Node
 - In posterior wall of right atrium
 - Contains pacemaker cells
 - Connected to AV node by internodal pathways
 - Begins atrial activation (Step 1)

The Conducting System

STEP 1

SA node activity and atrial activation begin.

Time = 0

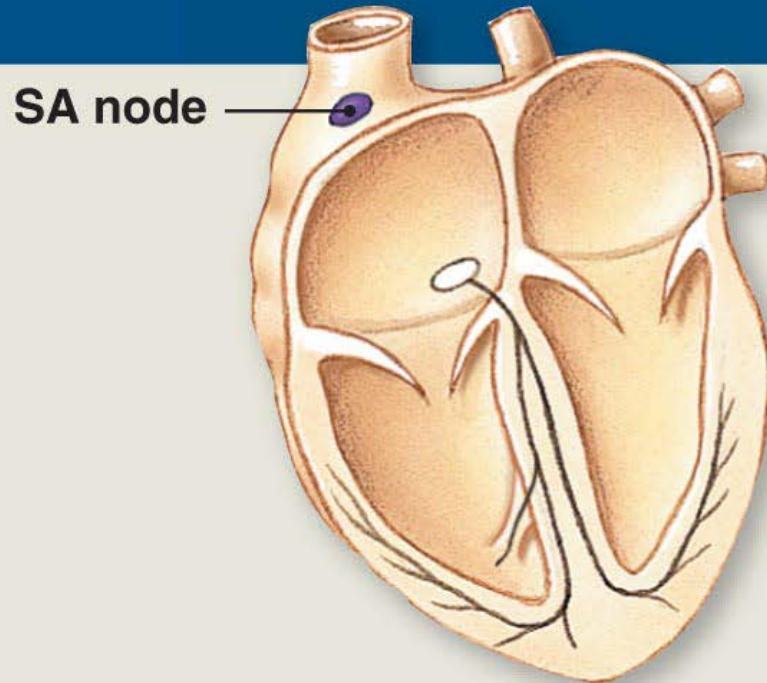


Figure 20–13 Impulse Conduction through the Heart

The Conducting System

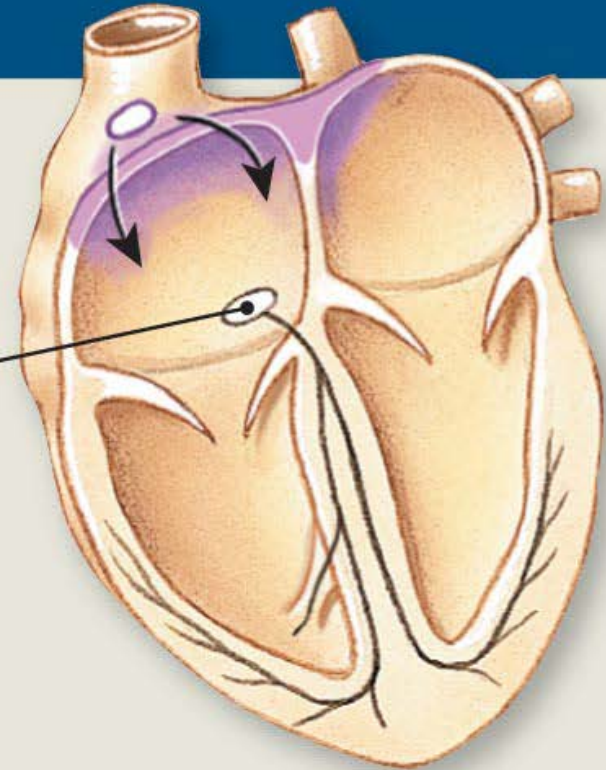
- The Atrioventricular (AV) Node
 - In floor of right atrium
 - Receives impulse from SA node (Step 2)
 - Delays impulse (Step 3)
 - Atrial contraction begins

The Conducting System

STEP 2

Stimulus spreads across the atrial surfaces and reaches the AV node.

AV node



Elapsed time = 50 msec

Figure 20–13 Impulse Conduction through the Heart

The Conducting System

STEP 3

There is a 100-msec delay at the AV node. Atrial contraction begins.

Elapsed time = 150 msec

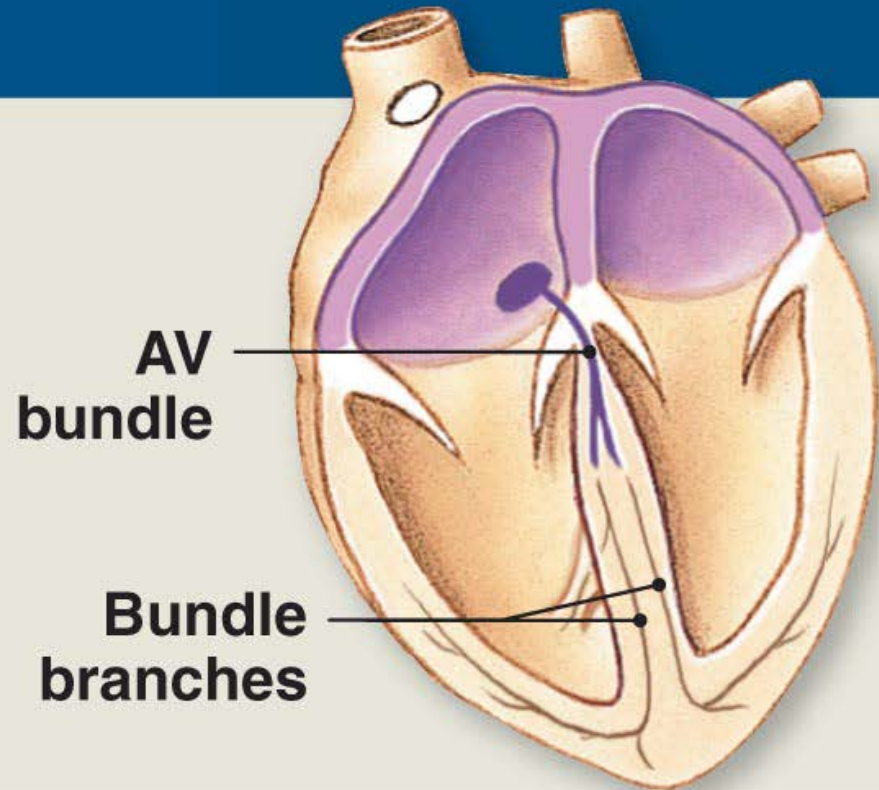


Figure 20–13 Impulse Conduction through the Heart

The Conducting System

- The AV Bundle
 - In the septum
 - Carries impulse to left and right bundle branches
 - Which conduct to Purkinje fibers (Step 4)
 - And to the moderator band
 - Which conducts to papillary muscles

The Conducting System

STEP 4

The impulse travels along the interventricular septum within the AV bundle and the bundle branches to the Purkinje fibers and, via the moderator band, to the papillary muscles of the right ventricle.

Elapsed time = 175 msec

Moderator band

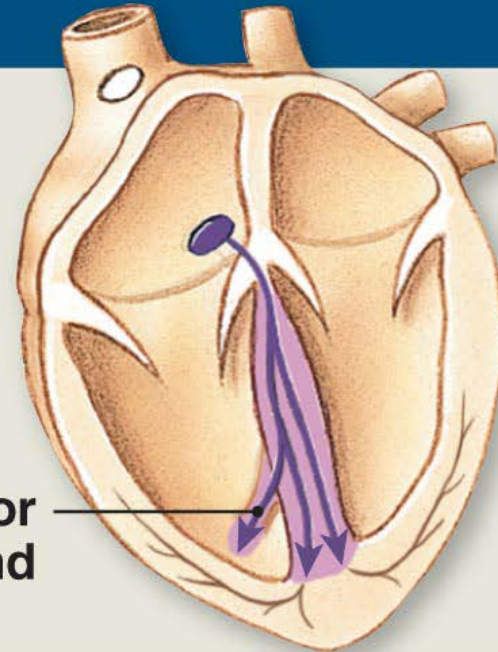


Figure 20–13 Impulse Conduction through the Heart

The Conducting System

- Purkinje Fibers
 - Distribute impulse through ventricles (Step 5)
 - Atrial contraction is completed
 - Ventricular contraction begins

The Conducting System

STEP 5

The impulse is distributed by Purkinje fibers and relayed throughout the ventricular myocardium. Atrial contraction is completed, and ventricular contraction begins.

Elapsed time = 225 msec

Purkinje fibers

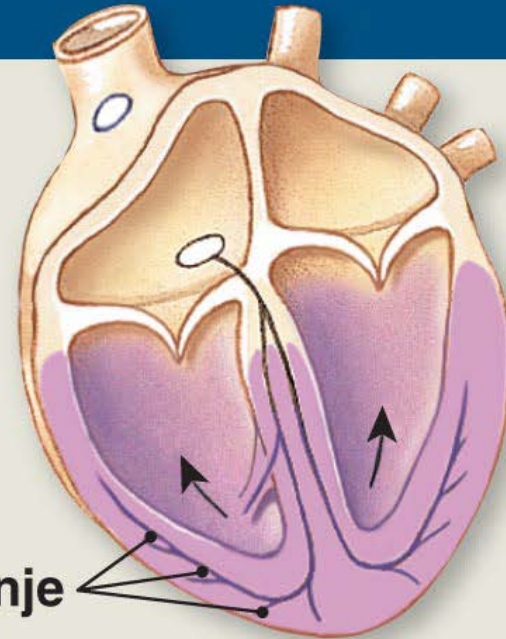


Figure 20–13 Impulse Conduction through the Heart

The Conducting System

- **Abnormal Pacemaker Function**
 - **Bradycardia:** abnormally slow heart rate
 - **Tachycardia:** abnormally fast heart rate
 - **Ectopic pacemaker**
 - Abnormal cells
 - Generate high rate of action potentials
 - Bypass conducting system
 - Disrupt ventricular contractions

The Conducting System

- **Electrocardiogram (ECG or EKG)**
 - A recording of electrical events in the heart
 - Obtained by electrodes at specific body locations
 - Abnormal patterns diagnose damage

The Conducting System

- Features of an ECG
 - **P wave**
 - Atria depolarize
 - **QRS complex**
 - Ventricles depolarize
 - **T wave**
 - Ventricles repolarize

The Conducting System

- Time Intervals Between ECG Waves
 - **P–R interval**
 - From start of atrial depolarization
 - To start of QRS complex
 - **Q–T interval**
 - From ventricular depolarization
 - To ventricular repolarization

The Conducting System

- **Contractile Cells**

- Purkinje fibers distribute the stimulus to the contractile cells, which make up most of the muscle cells in the heart

The Cardiac Cycle

- Cardiac cycle = The period between the start of one heartbeat and the beginning of the next
- Includes both contraction and relaxation

The Conducting System

- The Cardiac Cycle
 - Begins with action potential at SA node
 - Transmitted through conducting system
 - Produces action potentials in cardiac muscle cells (contractile cells)

The Cardiac Cycle

- Phases of the Cardiac Cycle
 - Within any one chamber
 - **Systole** (contraction)
 - **Diastole** (relaxation)

The Cardiac Cycle

- Cardiac Cycle and Heart Rate
 - At 75 beats per minute
 - Cardiac cycle lasts about 800 msec
 - When heart rate increases
 - All phases of cardiac cycle shorten, particularly diastole

The Cardiac Cycle

Eight Steps in the Cardiac Cycle

1. Atrial systole

- Atrial contraction begins
- Right and left AV valves are open

2. Atria eject blood into ventricles

- Filling ventricles

3. Atrial systole ends

- AV valves close
- Ventricles contain maximum blood volume
- Known as end-diastolic volume (EDV)

The Cardiac Cycle

Eight Steps in the Cardiac Cycle

4. **Ventricular systole**

- Isovolumetric ventricular contraction
- Pressure in ventricles rises
- AV valves shut

5. **Ventricular ejection**

- Semilunar valves open
- Blood flows into pulmonary and aortic trunks
- Stroke volume (SV) = 60% of end-diastolic volume

The Cardiac Cycle

Eight Steps in the Cardiac Cycle

6. Ventricular pressure falls

- Semilunar valves close
- Ventricles contain end-systolic volume (ESV), about 40% of end-diastolic volume

7. Ventricular diastole

- Ventricular pressure is higher than atrial pressure
- All heart valves are closed
- Ventricles relax (isovolumetric relaxation)

The Cardiac Cycle

Eight Steps in the Cardiac Cycle

8. Atrial pressure is higher than ventricular pressure

- AV valves open
- Passive atrial filling
- Passive ventricular filling
- Cardiac cycle ends



The Heart: Cardiac Cycle

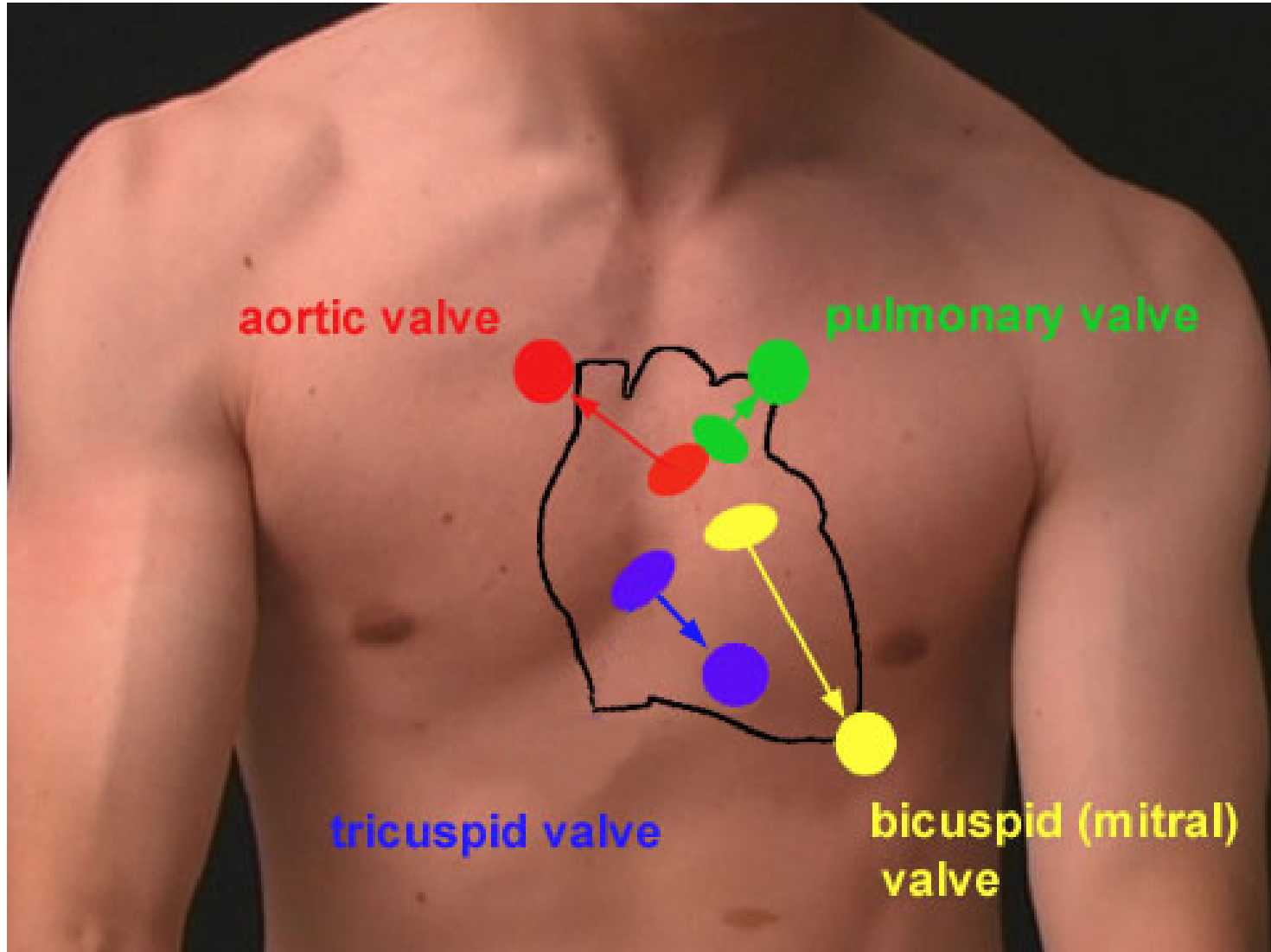
The Cardiac Cycle

- Blood Pressure
 - In any chamber
 - Rises during systole
 - Falls during diastole
 - Blood flows from high to low pressure
 - Controlled by timing of contractions
 - Directed by one-way valves

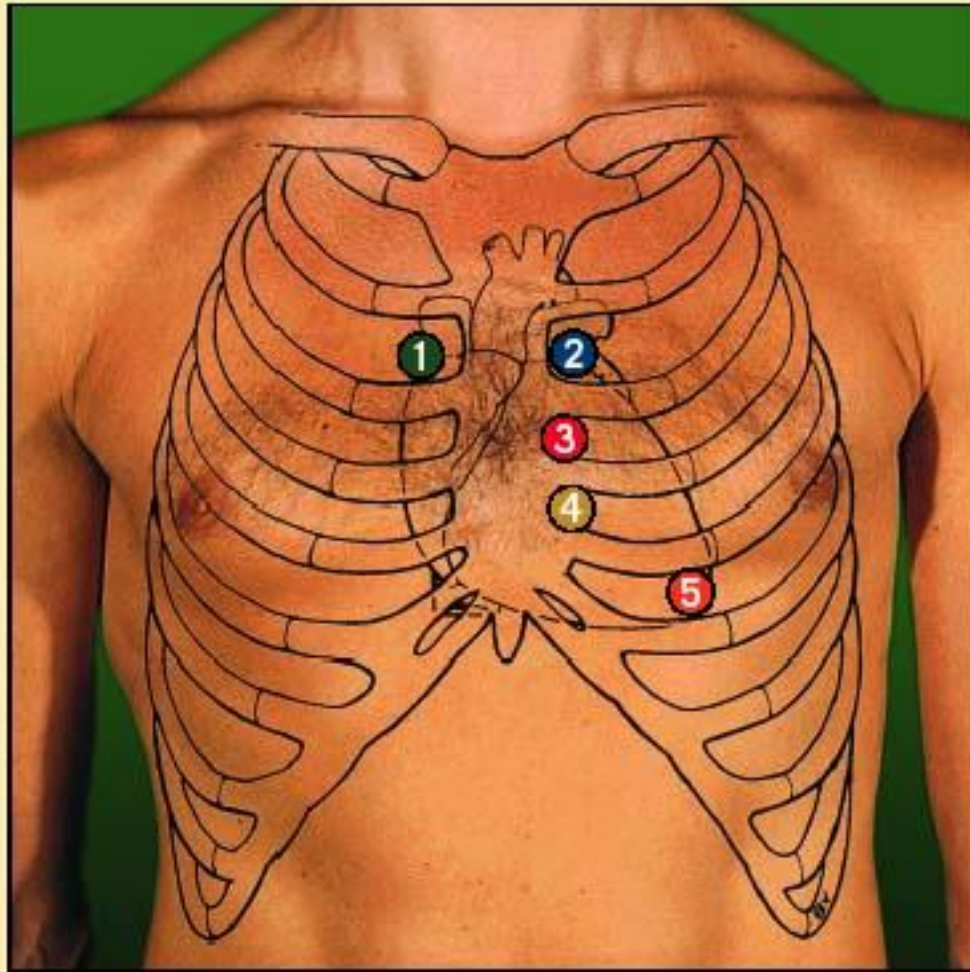
The Cardiac Cycle

- Heart Sounds
 - **S₁**
 - Loud sounds
 - Produced by AV valves
 - **S₂**
 - Loud sounds
 - Produced by semilunar valves
 - **S₃, S₄**
 - Soft sounds
 - Blood flow into ventricles and atrial contraction

The Cardiac Cycle



Locating the assessment points



- ① Aortic area—second intercostal space, right sternal border
- ② Pulmonic area—second intercostal space, left sternal border
- ③ Erb's point—third intercostal space, left sternal border
- ④ Tricuspid area—fourth (or fifth) intercostal space, left sternal border
- ⑤ Mitral area or apex—fifth intercostal space, left midclavicular line

The Cardiac Cycle

- Heart Murmur
 - Sounds produced by regurgitation through valves

Cardiodynamics

- The movement and force generated by cardiac contractions
 - End-diastolic volume (EDV)
 - End-systolic volume (ESV)
 - Stroke volume (SV)
 - $SV = EDV - ESV$
 - Cardiac output (CO)
 - The volume pumped by left ventricle in 1 minute

Cardiodynamics

- Cardiac Output
- $CO = HR \times SV$
- CO = cardiac output (mL/min)
- HR = heart rate (beats/min)
- SV = stroke volume (mL/beat)

Cardiodynamics

- Factors Affecting Cardiac Output
 - Cardiac output
 - Adjusted by changes in heart rate or stroke volume
 - Heart rate
 - Adjusted by autonomic nervous system or hormones
 - Stroke volume
 - Adjusted by changing EDV or ESV

Cardiodynamics

- Atrial Reflex
 - Also called Bainbridge reflex
 - Adjusts heart rate in response to venous return
 - Stretch receptors in right atrium
 - Trigger increase in heart rate
 - Through increased sympathetic activity

Cardiodynamics

- Hormonal Effects on Heart Rate
 - Increase heart rate (by sympathetic stimulation of SA node)
 - Epinephrine (E)
 - Norepinephrine (NE)
 - Thyroid hormone

Cardiodynamics

- **Factors Affecting the Stroke Volume**
 - **The EDV:** amount of blood a ventricle contains at the end of diastole
 - **Filling time:**
 - duration of ventricular diastole
 - **Venous return:**
 - rate of blood flow during ventricular diastole

Cardiodynamics

- The EDV and Stroke Volume
 - At rest
 - EDV is low
 - Myocardium stretches less
 - Stroke volume is low
 - With exercise
 - EDV increases
 - Myocardium stretches more
 - Stroke volume increases

Cardiodynamics

- **The Frank–Starling Principle**
 - As EDV increases, stroke volume increases
- **Physical Limits**
 - Ventricular expansion is limited by
 - Myocardial connective tissue
 - The cardiac (fibrous) skeleton
 - The pericardial sac

Cardiodynamics

- End-Systolic Volume (ESV)
 - The amount of blood that remains in the ventricle at the end of ventricular systole is the ESV

Cardiodynamics

- Afterload
 - Is increased by any factor that restricts arterial blood flow
 - As afterload increases, stroke volume decreases

Cardiodynamics

- Heart Rate Control Factors
 - Autonomic nervous system
 - Sympathetic and parasympathetic
 - Circulating hormones
 - Venous return and stretch receptors

Cardiodynamics

- Stroke Volume Control Factors
 - EDV
 - Filling time
 - Rate of venous return
 - ESV
 - Preload
 - Contractility
 - Afterload

Cardiodynamics

- Cardiac Reserve
 - The difference between resting and maximal cardiac output

Cardiodynamics

- The Heart and Cardiovascular System
 - Cardiovascular regulation
 - Ensures adequate circulation to body tissues
 - Cardiovascular centers
 - Control heart and peripheral blood vessels
 - Cardiovascular system responds to
 - Changing activity patterns
 - Circulatory emergencies