

CARDIAC OUTPUT

Cardiac output: The amount of blood pumped out by each ventricle per min. It is about 5-6 L/min.

Cardiac output = Stroke volume \times heart rate.

Cardiac index:

Cardiac output per square meter body surface area is called cardiac index.

It is about 3.5 L/min/sq. meter body surface area.

In male: 3.3L/min/sq meter

In female: 3.1L/min/sq meter

At 10 years: 4 L/min/sq meter

At 80 years: 2.4 L/min/sq meter

Factors regulating cardiac output:

1. **Heart rate:** Cardiac output is directly proportional to heart rate.

Sympathetic stimulation \rightarrow \uparrow Heart rate \rightarrow \uparrow cardiac output

Parasympathetic stimulation \rightarrow \downarrow Heart rate \rightarrow \downarrow cardiac output

Maximum effective heart rate in man is 180 beats/min. If heart rate increases above 180 beats/min cardiac output will be decreased.

When tachycardia is severe filling time is greatly reduced & ventricular filling will be less & the cardiac output will be reduced.

2. **Force of contraction of heart:** Cardiac output is directly proportional to force of contraction of heart.

\uparrow Force of contraction \rightarrow \uparrow Stroke volume \rightarrow \uparrow Cardiac output

3. Venous return: Cardiac output is directly proportional to venous return.

↑ Venous return → ↑ EDV → ↑ Cardiac muscle fiber length
↑ Strength of contraction → ↑ Stroke volume → ↑ Cardiac output

4. Peripheral resistance: Increased peripheral resistance decreased cardiac output.

↑ Peripheral resistance → ↓ Venous return → ↓ EDV
↓ Stroke volume → ↓ Cardiac output

5. Ejection fraction: It also influences the amount of cardiac output.

- **Peripheral resistance:** It is the resistance which blood has to be overcome while passing through periphery.
- **Heterometric regulation :** Regulation of cardiac output as a result of changes in cardiac muscle fiber length.
- **Homometric regulation:** Regulation due to changes in contractility independent on length.
- **Preload:** Degree to which myocardium is stretched before its contraction.
- **Afterload:** Resistance against which blood is expelled.

Factors affecting cardiac output:

- Age: ↑ Age → ↓ cardiac output
- Sex: 10-20% less in female than in male due to less body weight & surface area.
- Surface area: Cardiac output is directly proportional to surface area.
- Posture: Cardiac output is increased in sitting & lying posture than in standing position (20-30%), because venous return is less in standing position.

- Exercise: Increase cardiac output by increasing venous return & heart rate.
- Emotion, excitement, anxiety: ↑cardiac output.
- Pregnancy: ↑cardiac output
- Epinephrine: ↑cardiac output
- Temperature: ↑temperature → ↑heart rate → ↑cardiac output
- Cardiac output is directly proportional to metabolic rate.

High cardiac output:

High cardiac output caused by reduced total peripheral resistance. Found in patient with beriberi, arteriovenous fistula (shunt), hyperthyroidism and anemia.

Low cardiac output:

When the heart becomes severely damaged, its limited level of pumping may fall below that needed for adequate blood flow to the tissues. Some examples of this include-

- severe coronary blood vessel blockage and consequent myocardial infarction,
- severe valvular heart disease,
- myocarditis,
- cardiac tamponade, and
- cardiac metabolic derangements

Methods of cardiac output measurement:

- i. Fick principle method.
- ii. Indicator dilution technique.

Purpose of cardiac output measurement:

1. For investigation of congenital & acute heart disease.
2. For investigation of cardiac septal defect.

Fick principle:

Fick principle states that the amount of a substance taken up by an organ (or by the whole body) per unit of time is equal to the arterial level of the substance minus the venous level (A-V difference) times the blood flow.

Fick principle method for measurement of cardiac output :

The principle can be used to determine cardiac output by measuring the amount of O₂ consumed by the body in a given period & dividing this value by the arterio-venous (A-V) O₂ difference.

The arterial blood is collected from any convenient artery & sample of venous blood is collected from pulmonary artery by means of a cardiac catheter.

$$\begin{aligned} \text{Cardiac output} &= \frac{\text{O}_2 \text{ consumption by the lungs (ml/min)}}{\text{Arterial level of O}_2 (\text{AO}_2) - \text{Venous level of O}_2 (\text{VO}_2)} \\ &= \frac{200 \text{ ml/min}}{(200 - 160) \text{ ml/L}} \\ &= \frac{200 \text{ ml/min}}{40 \text{ ml/L}} \\ &= 5 \text{ L/min} \end{aligned}$$

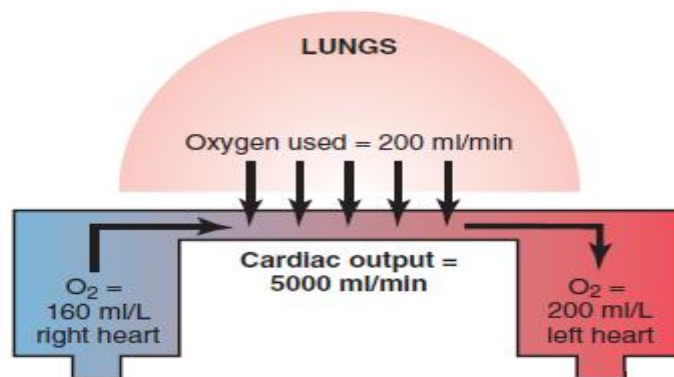


Fig: Fick principle for determining cardiac output