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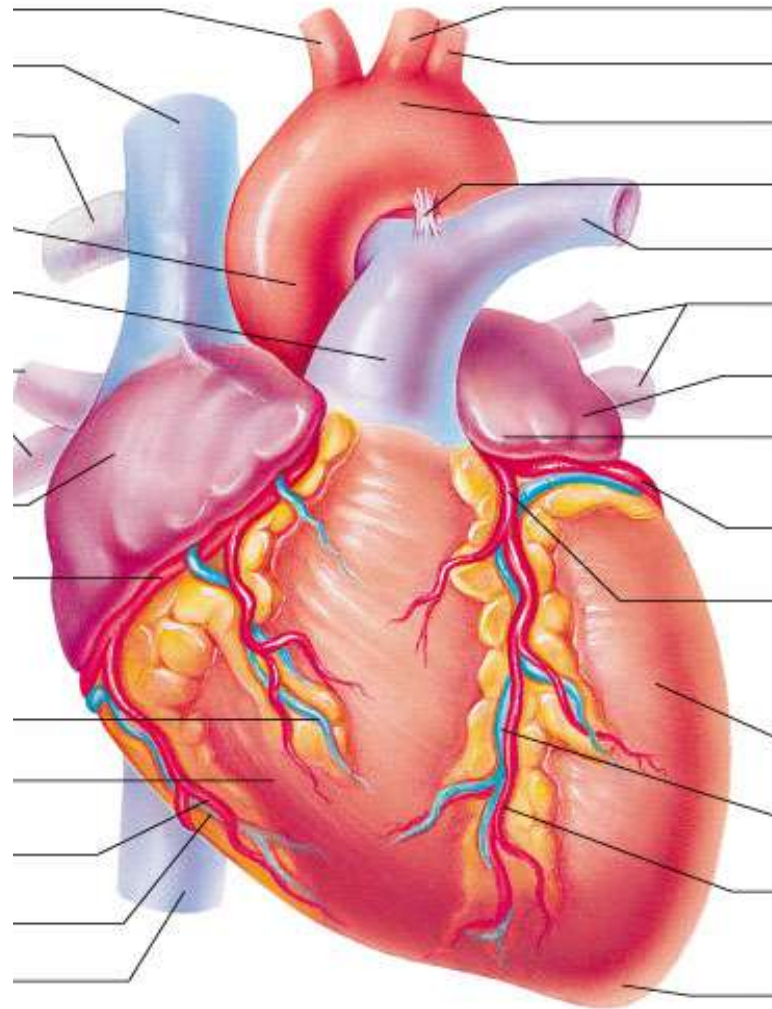
# The Cardiovascular System

*(Chapter 15)*

# Overview of the Cardiovascular System

- The cardiovascular system is a closed system of the heart and blood vessels
  - the heart pumps blood into blood vessels
  - blood vessels circulate the blood to all parts of the body, to ALL cells
- Functions: to deliver oxygen and nutrients to all body cells, transport enzymes and hormones, and to remove carbon dioxide and other waste products from the cells

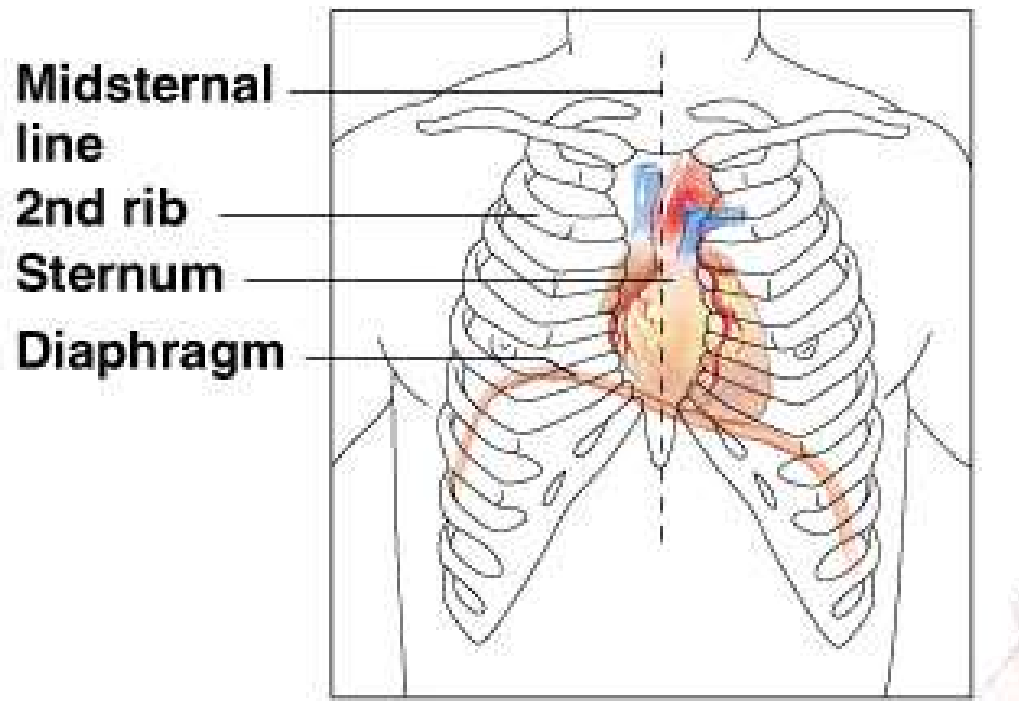
# External Heart Anatomy



# A) Anatomy of the Heart

## 1. Location

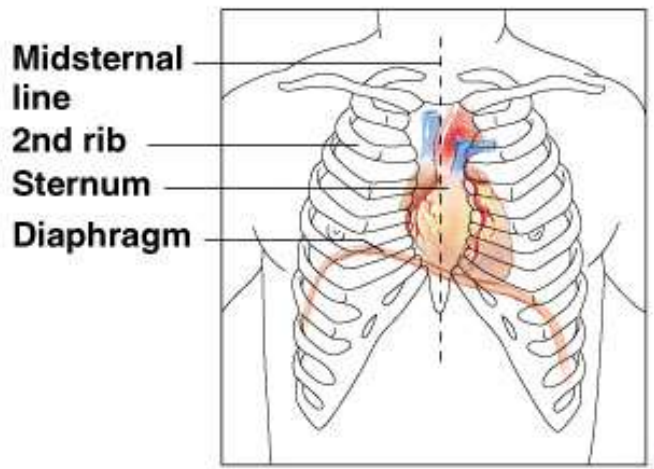
- thoracic cavity
- in the mediastinum, between the lungs



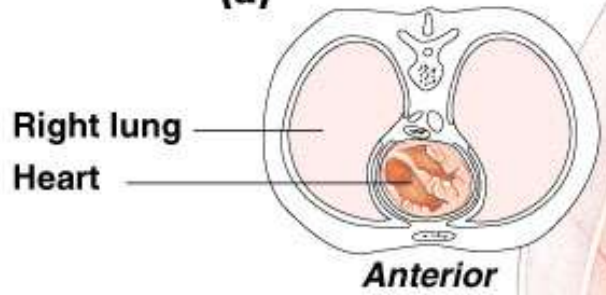
# Can you describe the location of the heart?

- The heart is \_\_\_\_\_ to the lungs, \_\_\_\_\_ to the sternum, \_\_\_\_\_ to the vertebral column, and \_\_\_\_\_ to the diaphragm.
- Its \_\_\_\_\_ end, the apex, points to the left, terminating at the level of the 5<sup>th</sup> intercostal space.

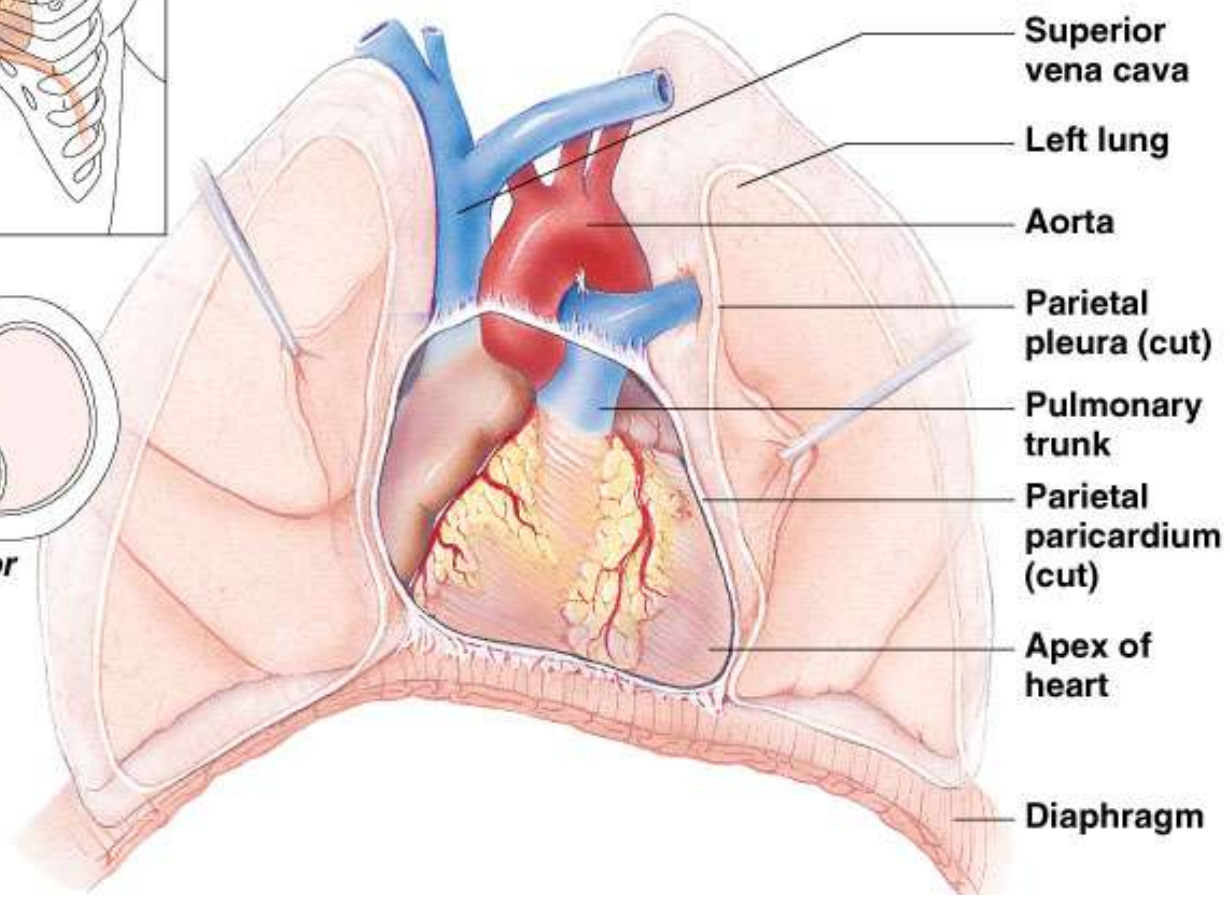
- The heart is medial to the lungs, posterior to the sternum, anterior to the vertebral column, and superior to the diaphragm.
- Its distal end, the apex, points to the left, terminating at the level of the 5<sup>th</sup> intercostal space.



(a)



(b)



## 2. Size

- approximately the size of a person's fist & less than 1 pound
- ~ 14 cm long; 9 cm wide



### 3. Coverings of the heart

#### a) pericardium (or pericardial sac)

1) fibrous pericardium—sac made of tough connective tissue

2) double layered serous membrane:

a. parietal pericardium

b. visceral pericardium (a.k.a. epicardium)--covers the heart

b) serous fluid fills the pericardial cavity between parietal & visceral layers

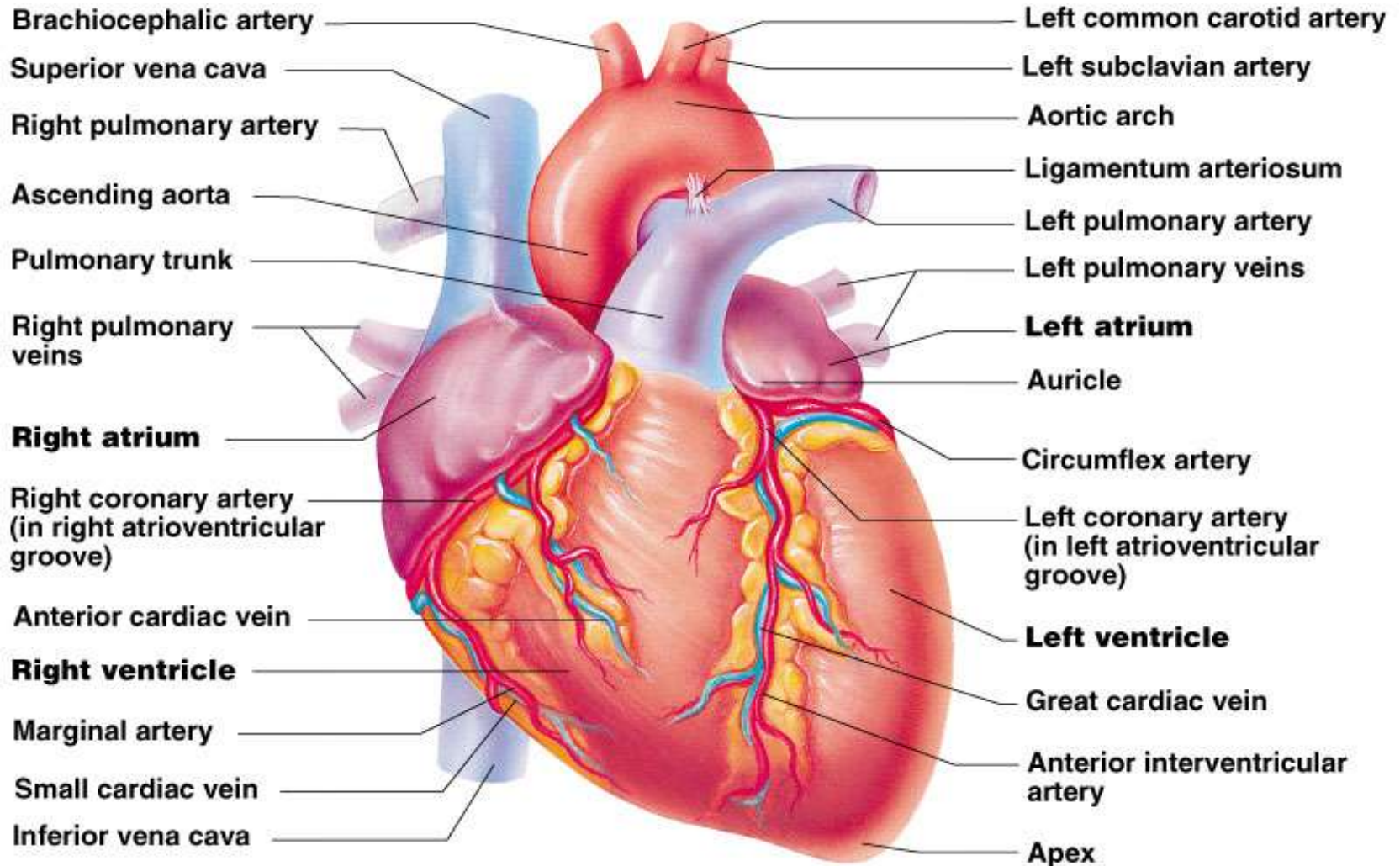
## 4. Heart wall

- a) epicardium** (aka visceral pericardium)  
outside layer of connective tissue on  
surface of the heart
- b) myocardium** = thick wall of cardiac  
muscle
- c) endocardium**—inner epithelial &  
connective tissue lining of heart and  
valves

## 5. Chambers of the heart (4)

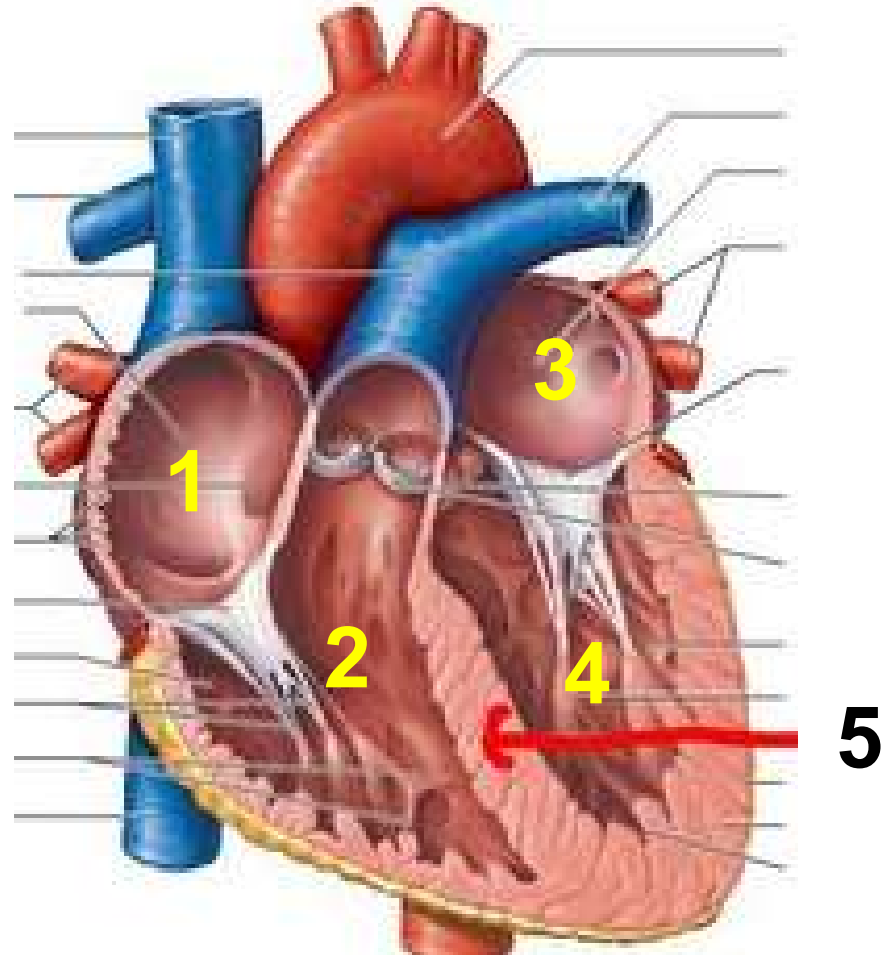
- **atrium** (R & L)—receive blood
  - each atria extends into a smaller, external chamber called an **auricle**
- **ventricle** (R & L)—inferior to the atria; expel blood out of the heart
- The chambers on the left are separated from the chambers on the right by a septum (wall of cardiac muscle)
  - interatrial septum
  - interventricular septum

# External Heart Anatomy

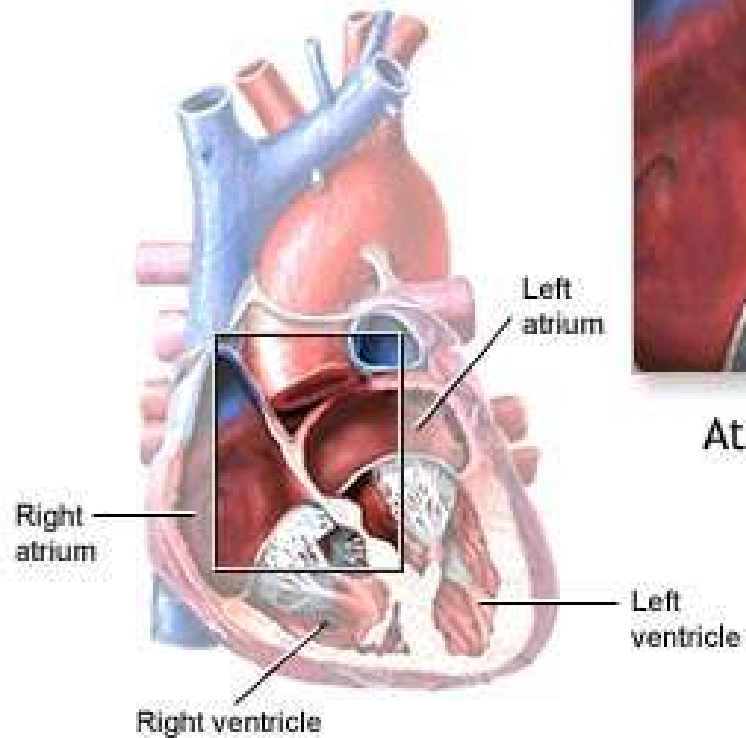


(a)

**Can you name each numbered part of the heart?**



An atrial septal defect is a hole between the two atria



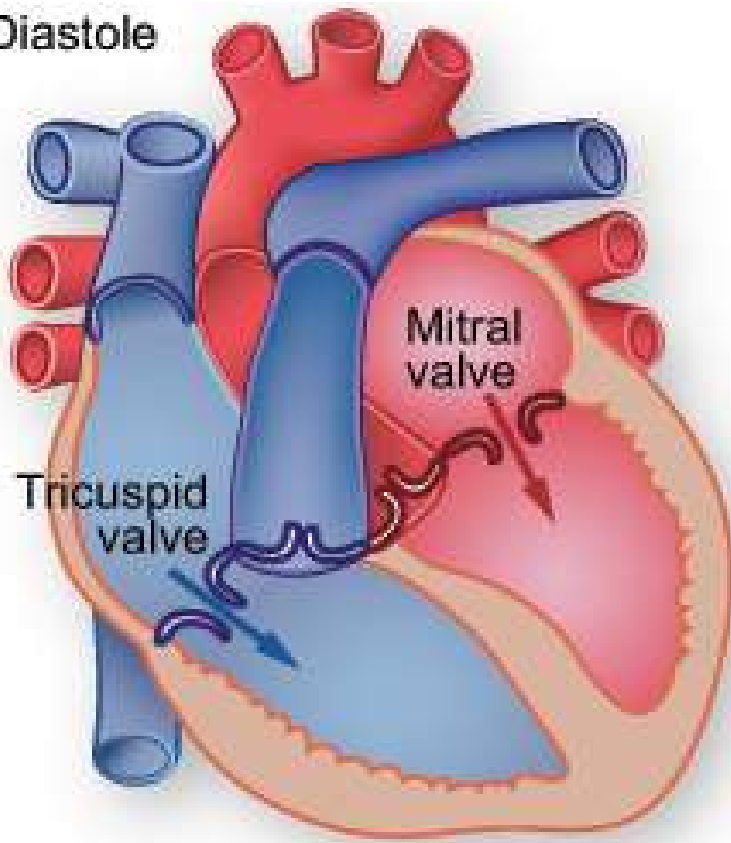
Atrial septal defect

## 6. Heart Valves

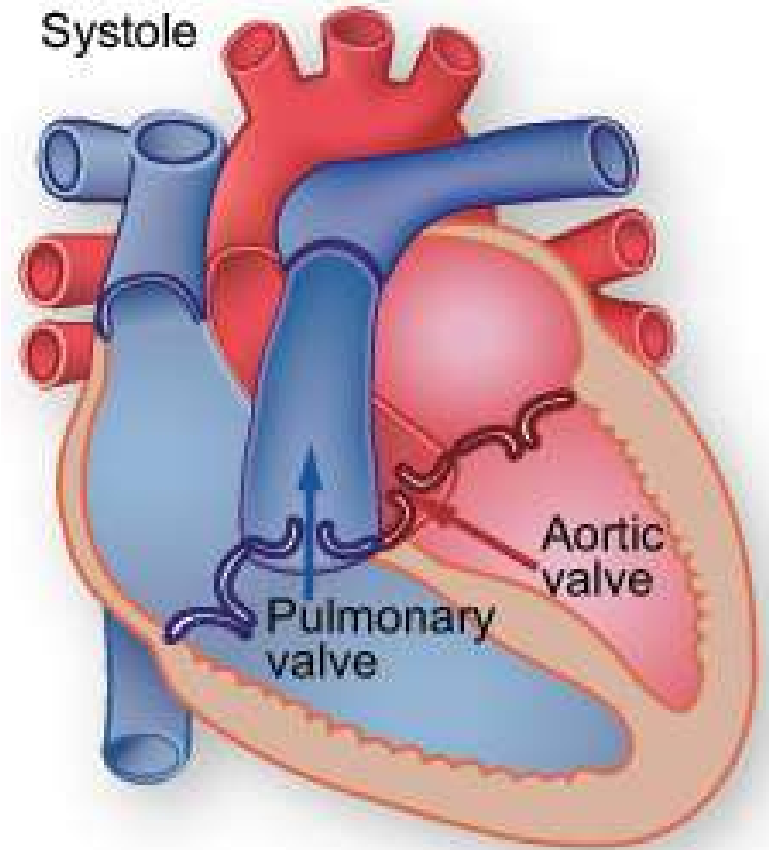


a) are flaps that allow blood to flow in only one direction

Diastole



Systole





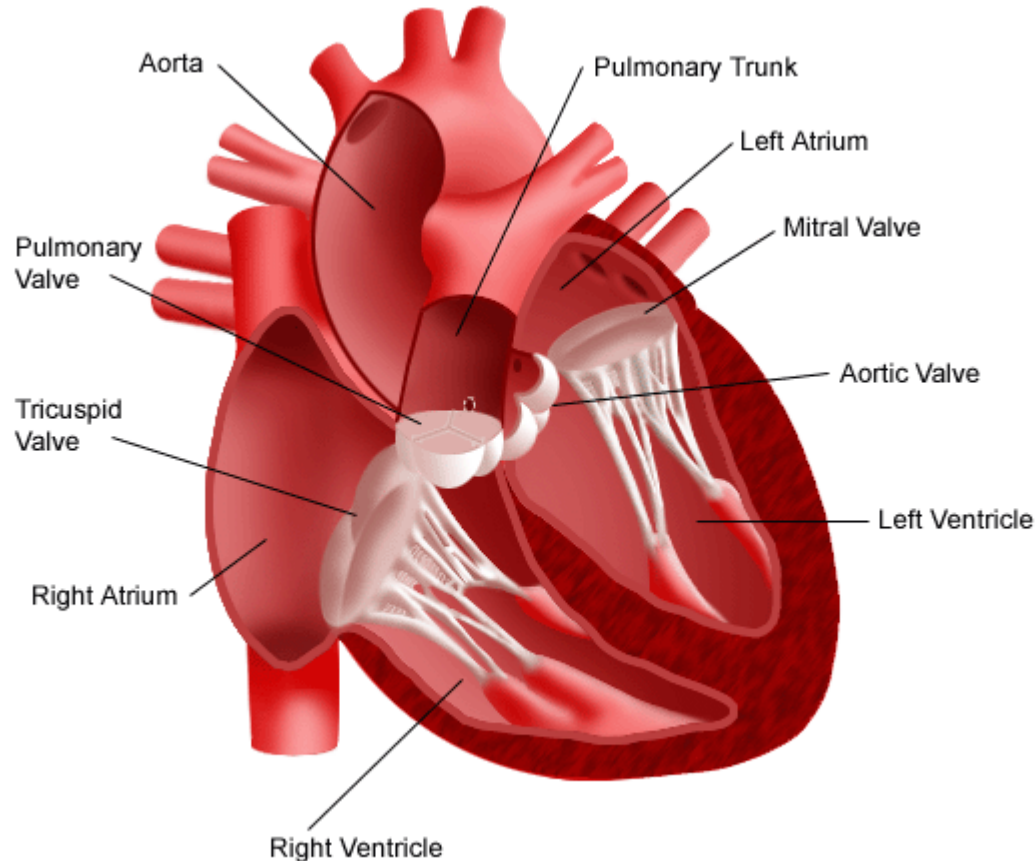
b) atrioventricular (AV) valves – between each atrium and ventricle; allow blood flow from each atrium down into the ventricle

- **bicuspid/mitral valve** (left side)
- **tricuspid valve** (right side)

c) **semilunar valves** - between ventricle and major heart artery; allow blood flow out of each ventricle through one of the major heart arteries; 3 cusps

- **pulmonary valve** (R ventricle & pulmonary trunk)
- **aortic valve** (L ventricle & aorta)

d) The valve cusps are held in place by chordae tendineae (“heart strings”) which originate from papillary muscles protruding from the inside of the ventricle wall



## e) valve function

- ★ when a chamber wall contracts blood is pumped through a valve
- ★ any backflow increases pressure on the cusps and closes the valves
- ★ AV valves close during ventricular contraction; papillary muscles also contract pulling the chordae tendineae which keep the valve cusps from prolapsing back into the atrium

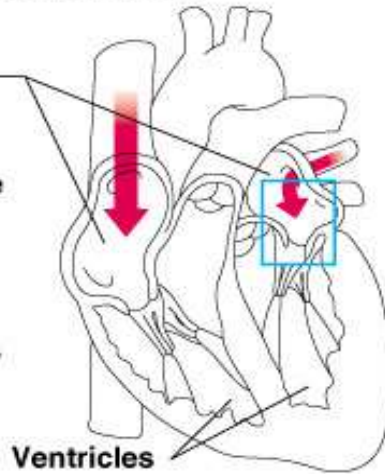
## f) heartbeat sound

“lub” = when AV valves close

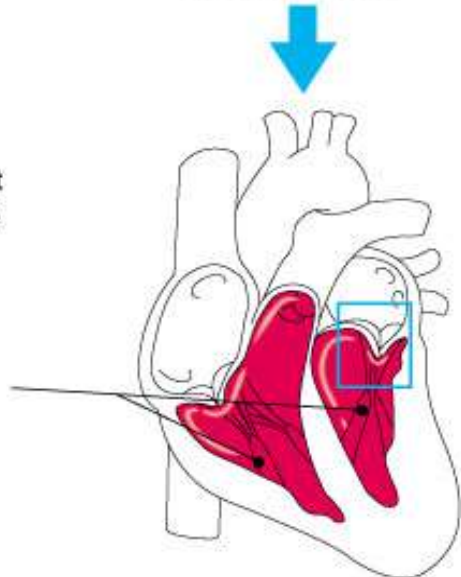
“dup” = when semilunar valves close

### Operation of the AV valves

- 1 Blood returning to the heart fills atria, putting pressure against atrioventricular valves; the atrioventricular valves are forced open
- 2 As the ventricles fill, atrioventricular valve flaps hang limply into ventricles
- 3 Atria contract, forcing additional blood into ventricles



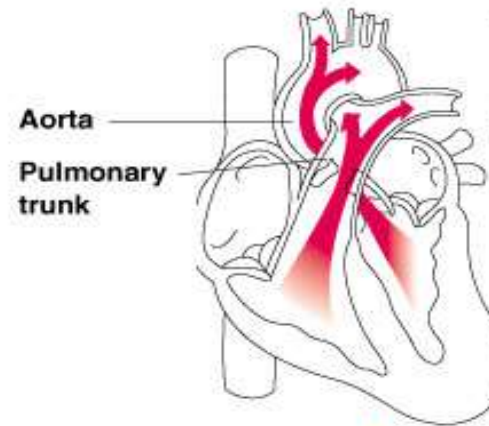
- 1 Ventricles contract, forcing blood against atrioventricular valve cusps
- 2 Atrioventricular valves close
- 3 Chordae tendineae tighten, preventing valve flaps from everting into atria



(a)

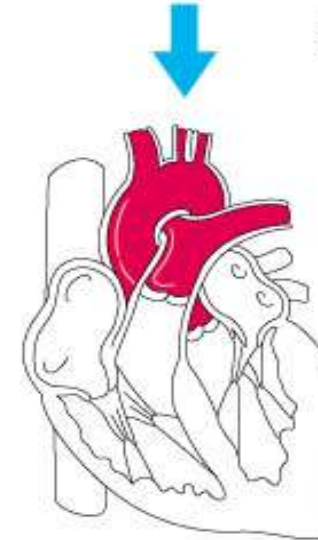
### Operation of the semilunar valves

As ventricles contract and intraventricular pressure rises, blood is pushed up against semilunar valves, forcing them open



Semilunar valve open

As ventricles relax, and intraventricular pressure falls, blood flows back from arteries, filling the cusps of semilunar valves and forcing them to close



Semilunar valve closed

(b)

## g) valve pathology

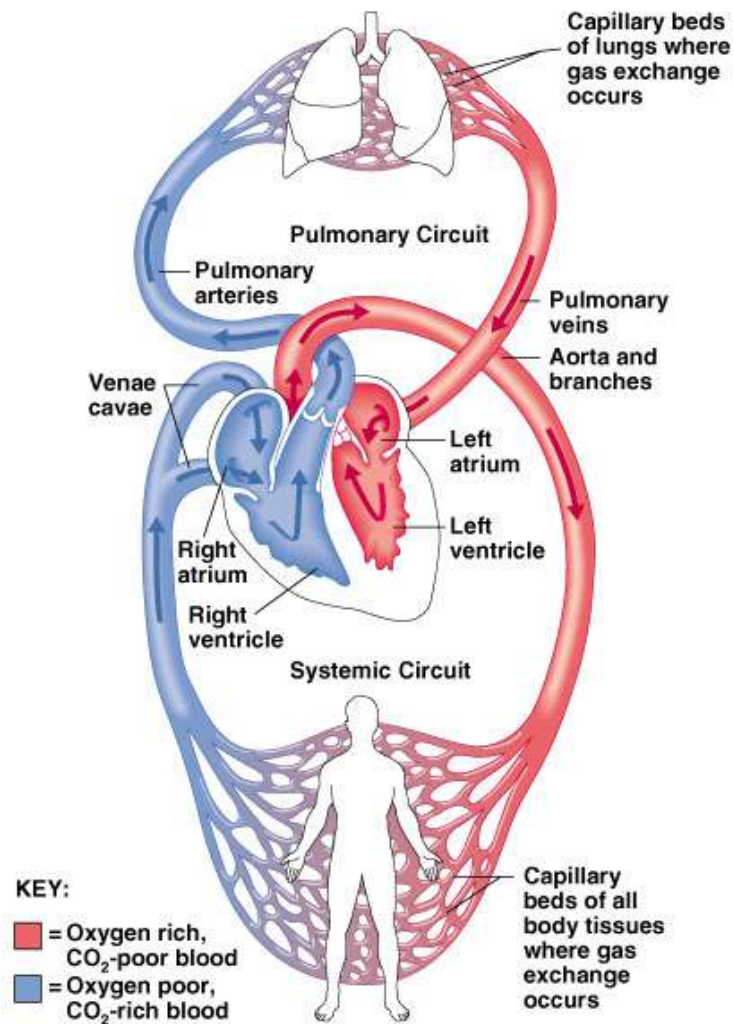
- an incompetent valve can lead to backflow, heard as a “heart murmur” and repumping (regurgitation) of the same blood
- stenosis = narrowing of valve increases workload on heart to pump out blood
- Treatment: valve repair or replacement

# Video clip Overview of Circulation

<http://www.bing.com/videos/search?q=blood+circulation&FORM=HDRSC3#view=detail&mid=D7FC584D7C3259E0686DD7FC584D7C3259E0686D>



# B) Paths of Blood Circulation

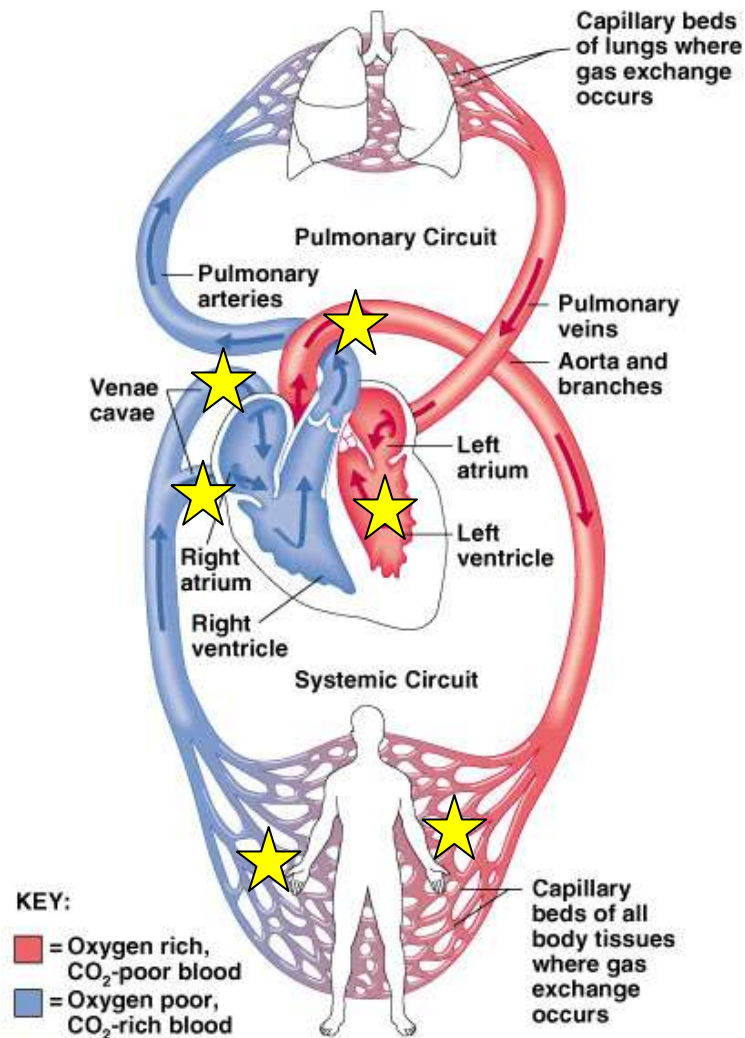


# 1. Major Blood Vessels of the Heart

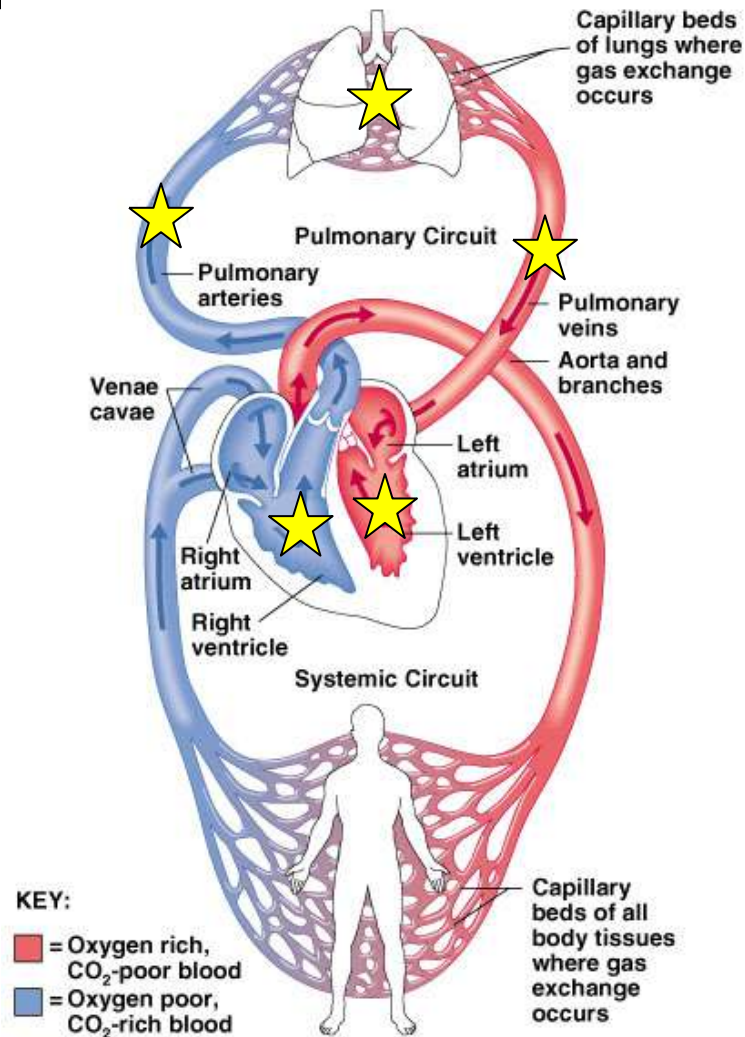
- **aorta** carries \_\_\_\_\_ blood from the left ventricle to upper & lower body
- **pulmonary arteries** (L & R): carries \_\_\_\_\_ blood from right ventricle to lungs
- **vena cava** (superior & inferior): carries \_\_\_\_\_ blood from upper & lower body into right atria
- **pulmonary veins** (2 pairs, L & R): carry \_\_\_\_\_ blood from lungs into left atria

- **aorta** carries **oxygenated** blood from the left ventricle to upper & lower body
- **pulmonary arteries** : carries **deoxygenated** blood from right ventricle to lungs
- **vena cava**: carries **deoxygenated** blood from upper & lower body into right atria
- **pulmonary veins**: carry **oxygenated** blood from lungs into left atria

# 2. Systemic circuit

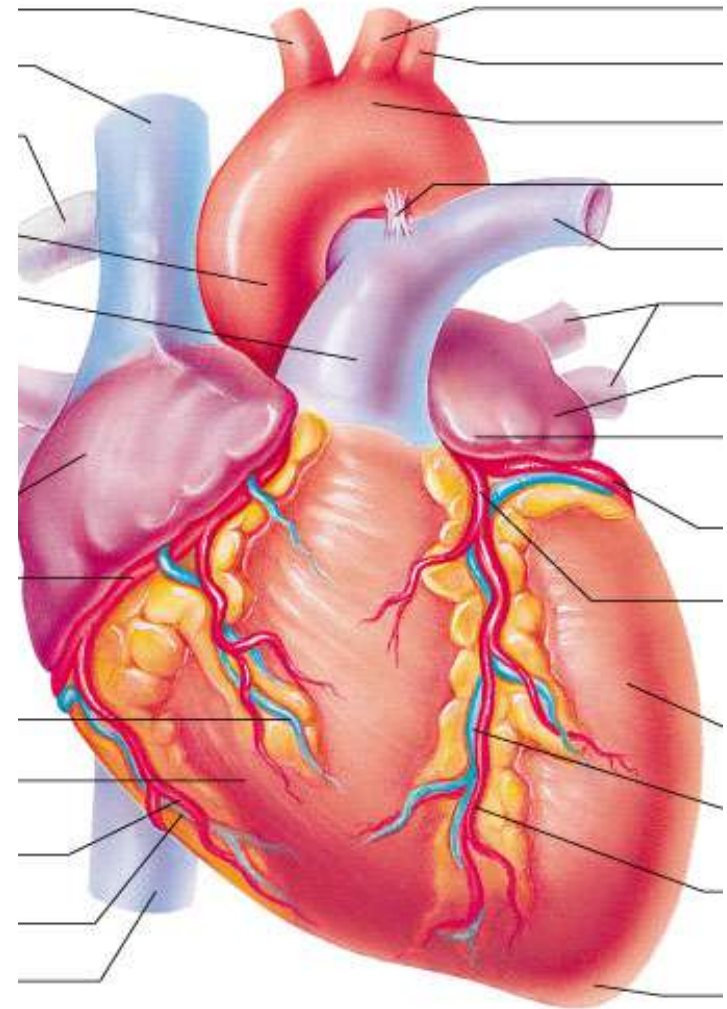


# 3. Pulmonary circuit



### 3. Coronary circuit

- The heart has its own network of blood vessels to supply the cardiac muscle cells
  - coronary arteries & veins, capillaries
- NOTE: The blood flowing *through the heart chambers* does NOT nourish the myocardium



## Video clip Coronary Heart Bypass surgery

<http://www.bing.com/videos/search?q=video+of+coronary+circulation&view=detail&mid=8B64DE6E57407A5A5E1B8B64DE6E57407A5A5E1B&first=0&FORM=LKVR&adlt=strict#view=detail&mid=7B67DD929983076406EC7B67DD929983076406EC>

\* Video clip of mitral valve disease

<http://www.medmovie.com/mmdatabase/MediaPlayer.aspx?ClientID=65&TopicID=773>

# Heart Physiology

How does the heart **function**?



# A) The Cardiac Cycle

1. A cardiac cycle refers to the series of contractions & relaxations of the heart to produce a complete heartbeat

systole = contraction

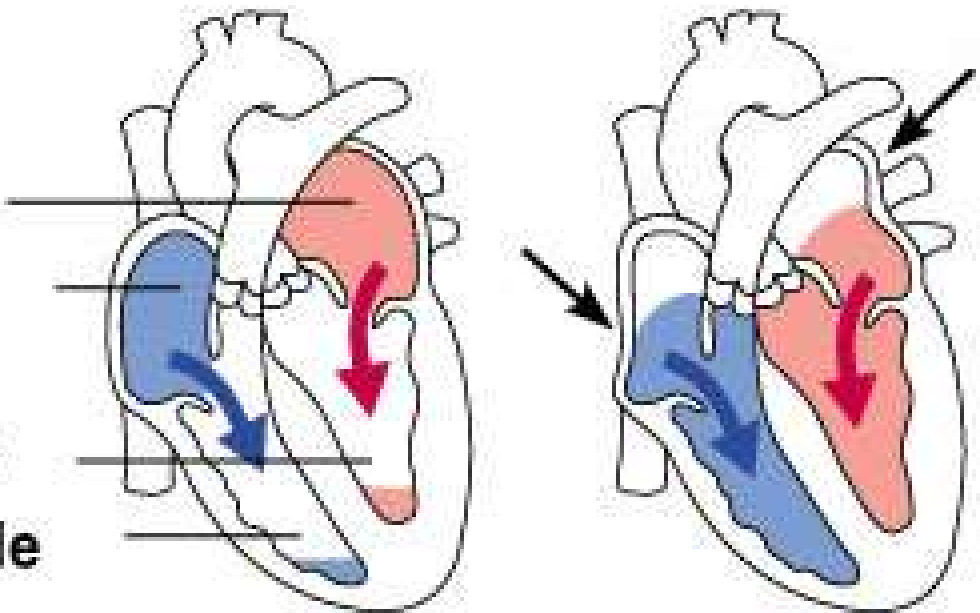
diastole = relaxation

## 2. Events of the cardiac cycle

### *Diastole*

- I. Atria and ventricles fill with blood
- II. Atria contract (simultaneously) to complete the filling of ventricles;  
**ventricles are relaxed**

Left atrium  
Right atrium  
  
Left ventricle  
Right ventricle



**Ventricular filling**

**Atrial contraction**

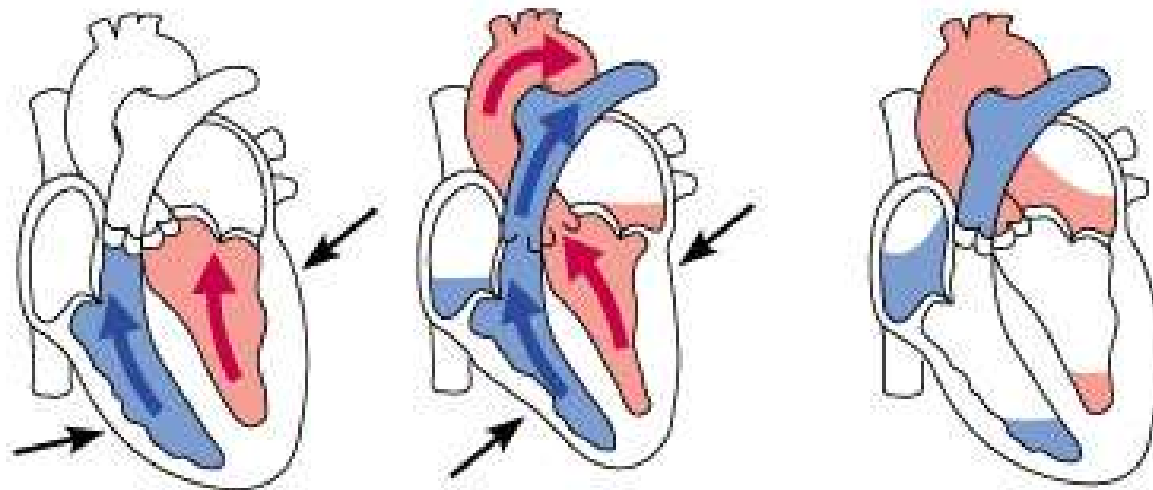
①

**(Ventricular filling)  
mid-to-late diastole**

# *Systole*

III. **Ventricles contract** forcing blood up and out of the heart arteries; AV valves shut (“lup”)

IV. Backflow in the aorta & pulmonary arteries cause semilunar valves to shut (“dup”)



**Isovolumetric contraction phase**

**Ventricular ejection phase**

**Isovolumetric relaxation**

2

3

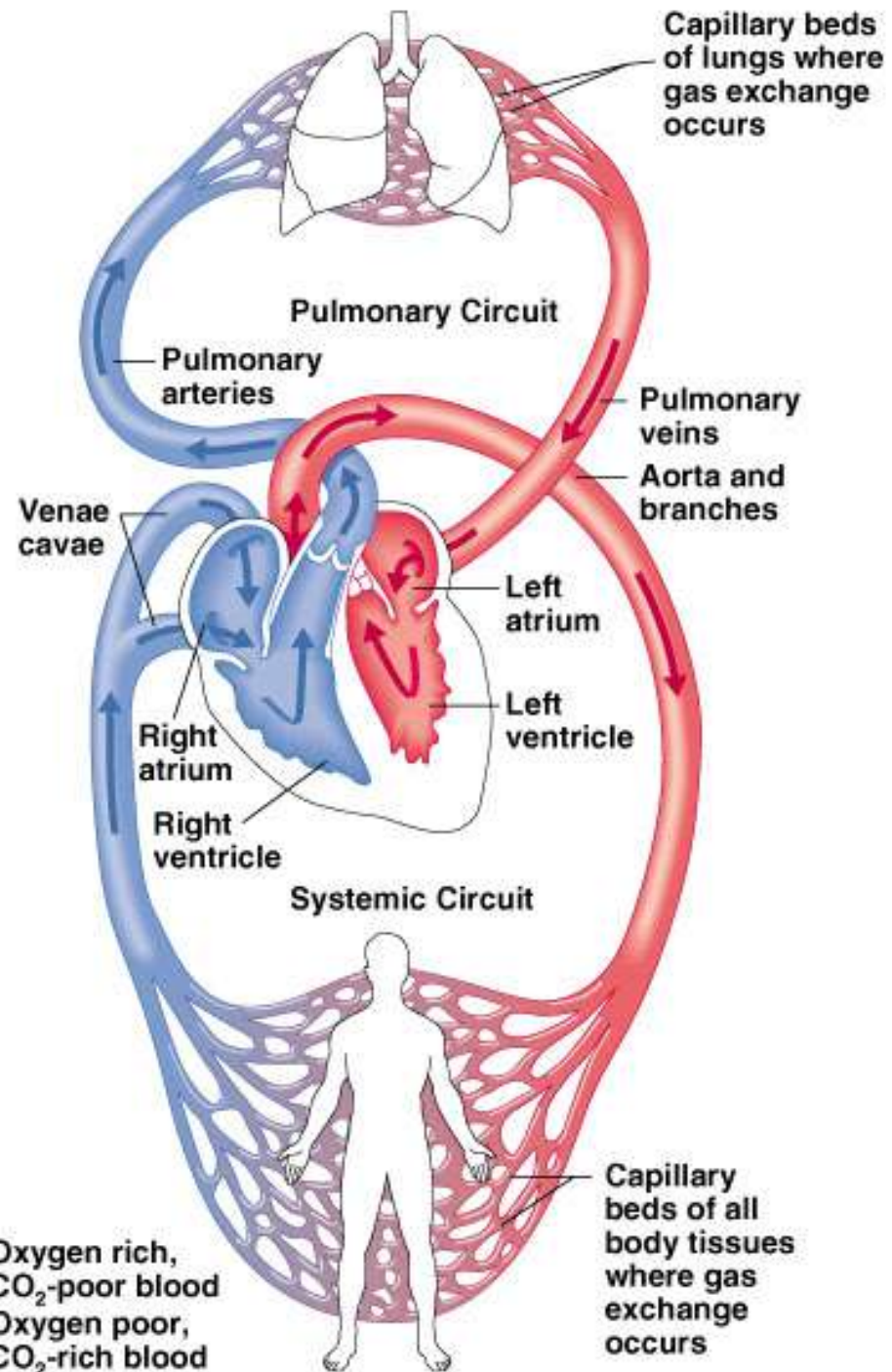
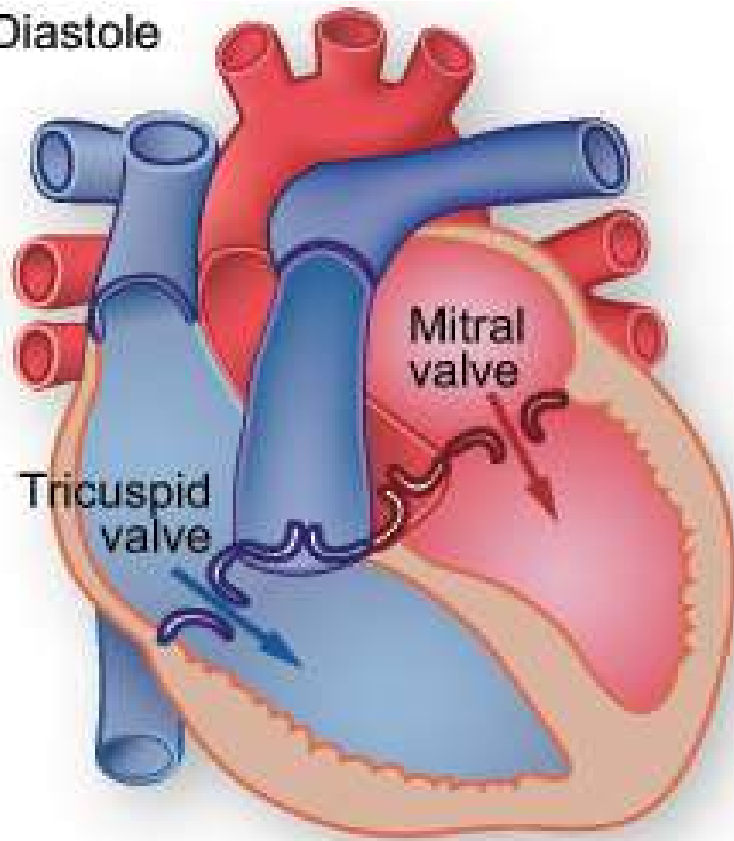
**Ventricular systole  
(atria in diastole)**

**Early diastole**

# Video: systole & diastole

[http://highered.mcgraw-hill.com/sites/0072495855/student\\_view0/chapter22/animation\\_the\\_cardiac\\_cycle\\_quiz\\_2.html](http://highered.mcgraw-hill.com/sites/0072495855/student_view0/chapter22/animation_the_cardiac_cycle_quiz_2.html)

Diastole



## B) Conduction System

- is an intrinsic, nodal conduction system that regulates heart wall contractions via electrical impulses
- Specialized muscle tissue regulates contractions by carrying nerve impulses



- i. sinoatrial (SA) node = “pacemaker”**  
(located in the wall of the right atrium)
- ii. atrioventricular (AV) node** (in septum at the junction of the R & L atria)
- iii. atrioventricular bundle** or Bundle of His  
(in the interventricular septum)
- iv. bundle branches** (right and left)
- v. Purkinje fibers** (in the myocardium wall)

Superior  
vena cava

Sinoatrial node  
(pacemaker)

Atrioventricular  
node

Right atrium

Bundle branches

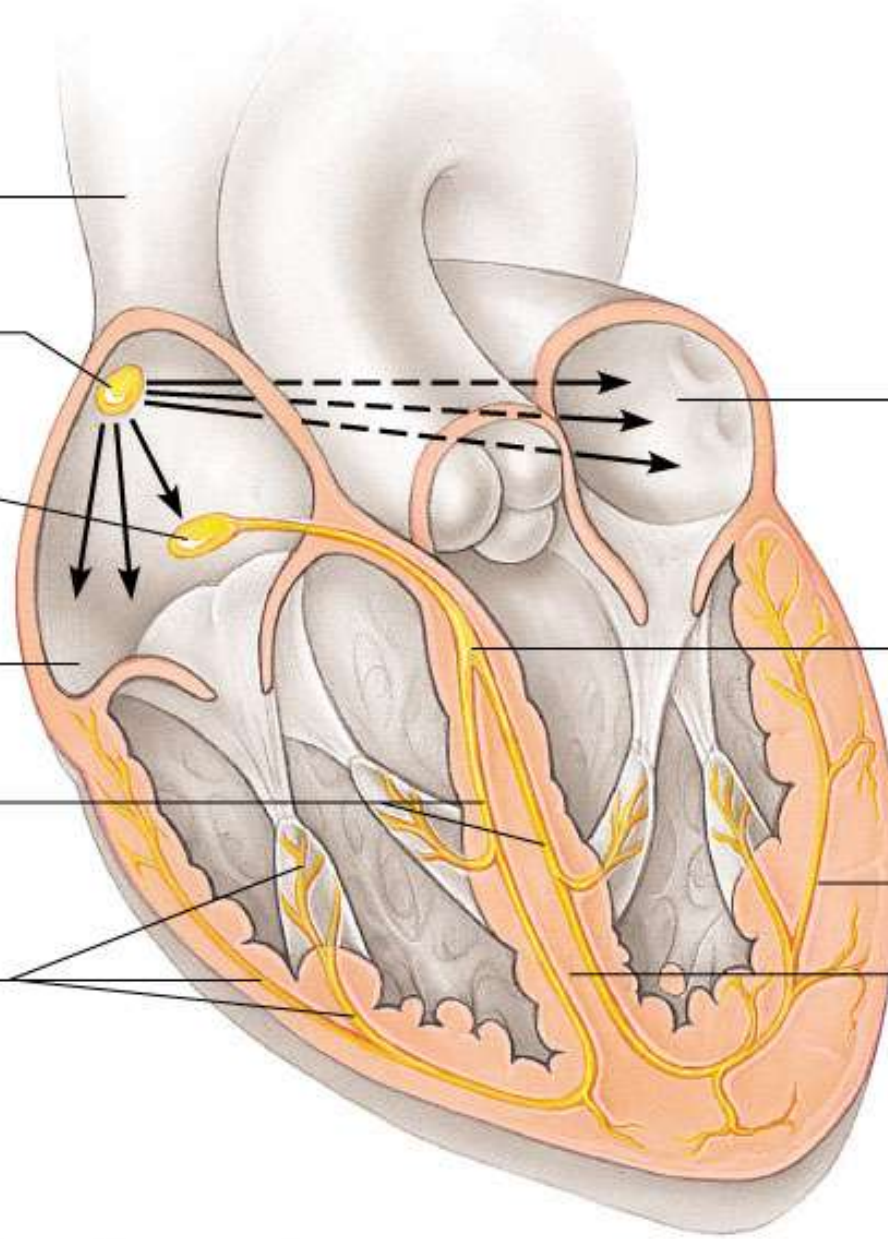
Purkinje fibers

Left atrium

Atrioventricular  
bundle  
(Bundle of His)

Purkinje fibers

Interventricular  
septum

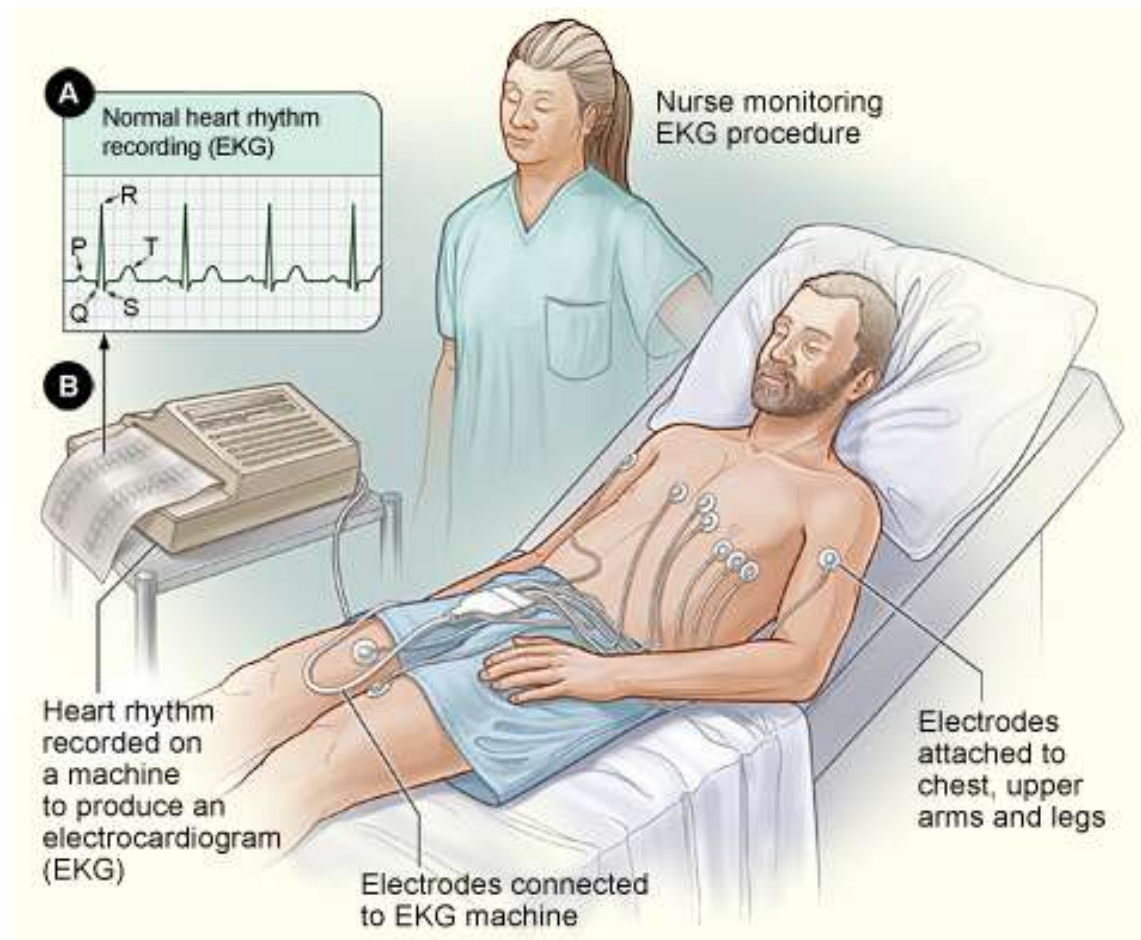


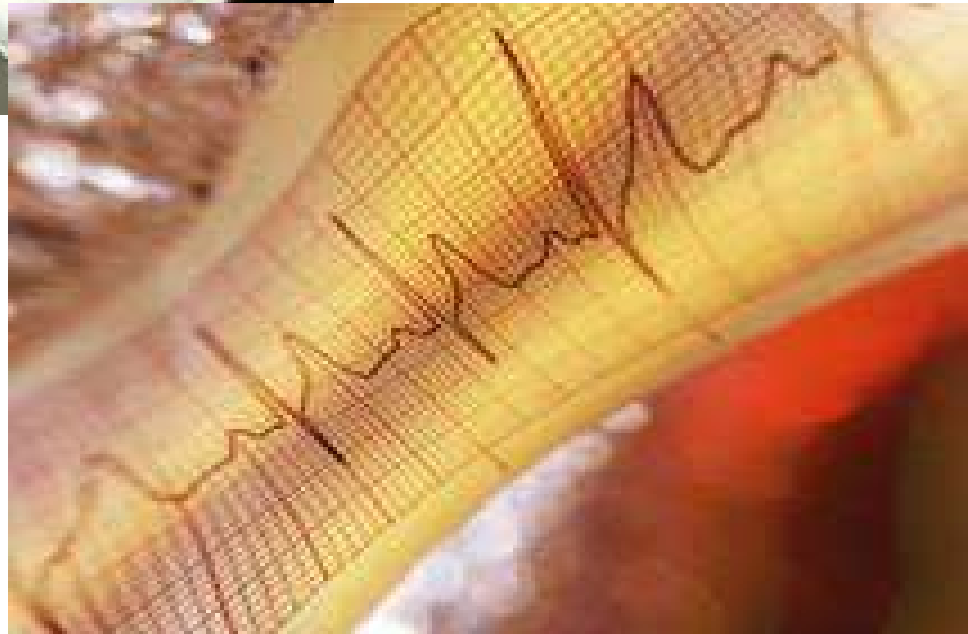
# Video: Conduction

[http://highered.mcgraw-hill.com/sites/0072495855/student\\_view0/chapter22/animation\\_conducting\\_system\\_of\\_the\\_heart.html](http://highered.mcgraw-hill.com/sites/0072495855/student_view0/chapter22/animation_conducting_system_of_the_heart.html)

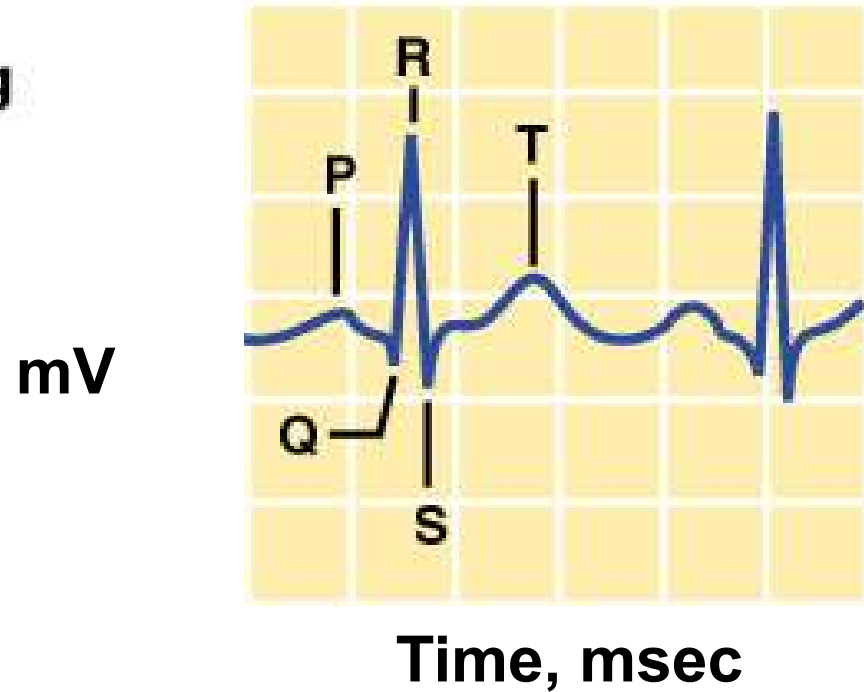
# C) electrocardiogram (ECG or EKG)

is a recording of the electrical changes in the myocardium during a cardiac cycle





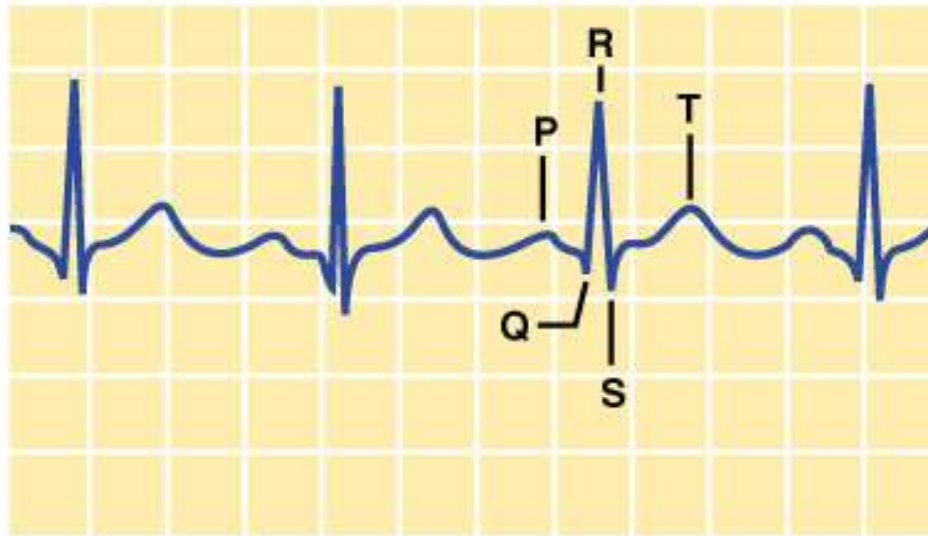
## A normal ECG recording



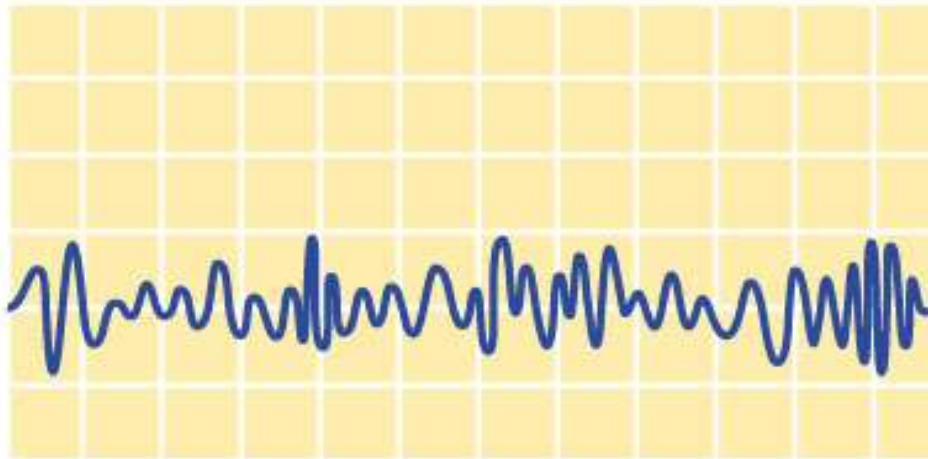
**P wave:** atria depolarize

**QRS complex:** ventricles depolarize

**T wave:** end of electrical activity in ventricles;  
repolarization of ventricular muscles



**(b)** A normal ECG recording



**(c)** Ventricular fibrillation

## D) Pathology of the Conduction System

- **fibrillation** = an irregular & often rapid heart rate; decreases blood flow
- **tachycardia** = more than 100 beats/min
- **bradycardia** = less than 60 beats/min



# Possible causes of atrial fibrillation

## **Abnormalities /damage to the heart's structure due to:**

- High blood pressure or Heart attacks
- Abnormal heart valves
- Congenital heart defects (you're born with)
- An overactive thyroid gland
- Stimulants (medications, caffeine, tobacco, alcohol)
- improper functioning of SA node
- Emphysema or other lung diseases
- Viral infections
- Stress due to pneumonia, surgery
- Sleep apnea

## E) Cardiac Output

1. is the amount of blood pumped by the ventricle in one minute

2. Formula for cardiac output

$$= (\text{heart rate}) \times (\text{stroke volume}^*)$$

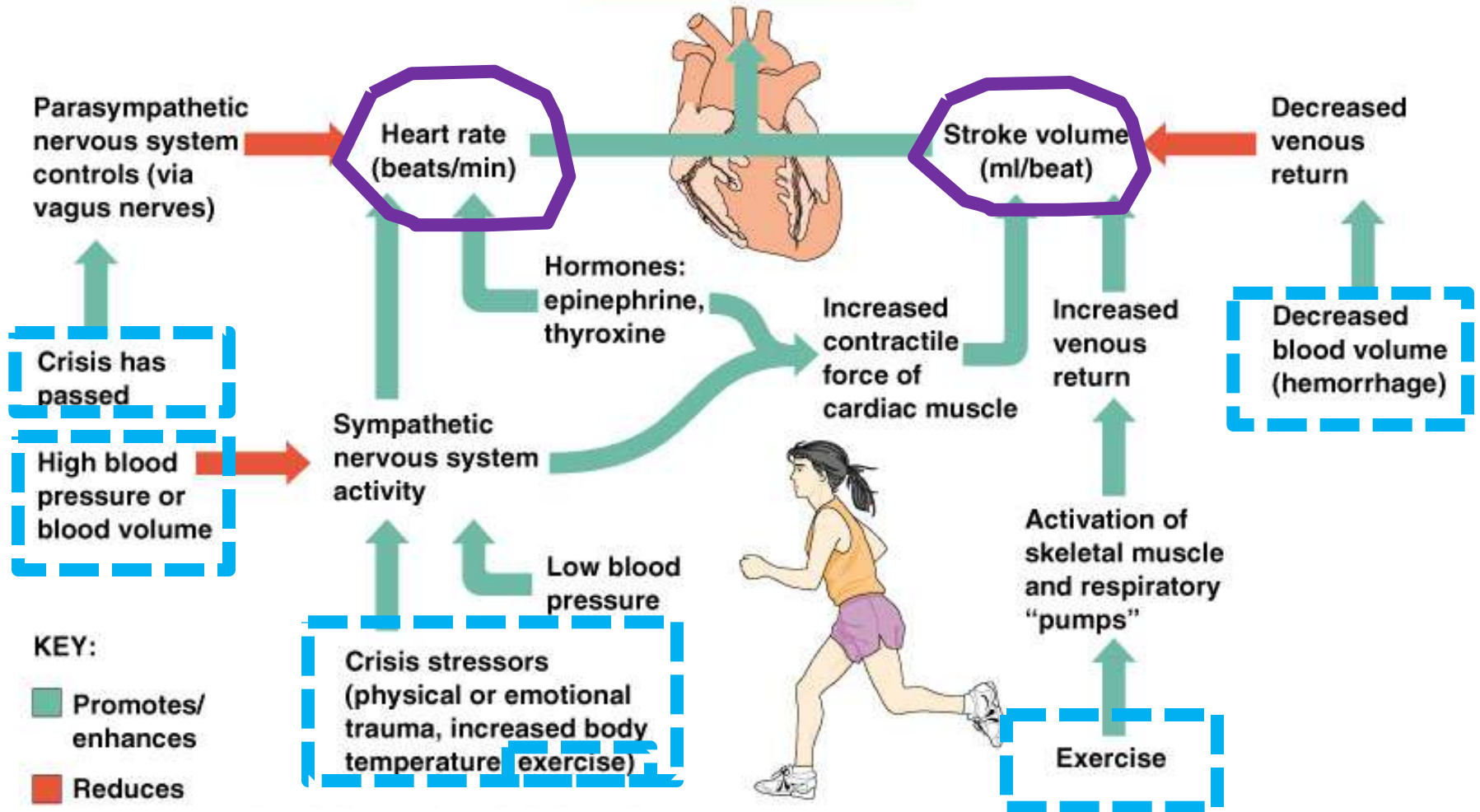
**\* volume of blood pumped by a ventricle in one contraction**

3. Normal cardiac output  
= (75 beats/min) x (70 mL/beat)  
= 5000 mL/min  
= 5 L/min

4. Cardiac output varies with demands  
of the body  
e.g.

# Cardiac Output Regulation

Cardiac output (ml/min)

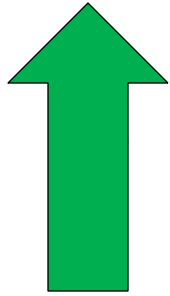


*Q. How long does it take for a RBC to make a roundtrip through the body (via systemic circuit)?*

5. The entire blood supply passes through body once every **minute**.

## F) Regulation of Heart Rate

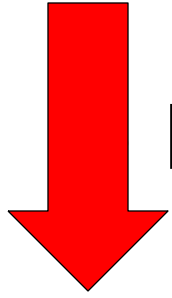
1. Stroke volume usually remains relatively constant
2. The most common way the body changes cardiac output is by changing the heart rate.



## Increases heart rate

- Sympathetic nervous system
  - ✓ Crisis
  - ✓ Low blood pressure
- Hormones
  - ✓ Epinephrine
  - ✓ Thyroxine
- Exercise
- Decreased blood volume





## Decreases heart rate

- Parasympathetic nervous system
- High blood pressure or blood volume
- Decreased venous return
- In congestive heart failure the heart is worn out and pumps weakly. Digitalis works to provide a slow, steady, but stronger beat.

# Cardiac Pathology

- Rapid heart beat
- = Inadequate blood
- = Angina Pectoris

# Congestive Heart Failure (CHF)

- Decline in pumping efficiency of heart
- Inadequate circulation
- Progressive, also coronary atherosclerosis, high blood pressure and history of multiple Myocardial Infarctions
- Left side fails = pulmonary congestion and suffocation
- Right side fails = peripheral congestion and edema