**Physics of Medical Devices** 

Fourth Lecture

# Electrocardiograph I,II

Fourth Stage

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# The heart and potential source

#### Anatomy of the Heart

- The heart, a fist-sized muscular organ located in the mediastinum, is the central structure of the cardiovascular system.
- It is protected by the bony structures of the sternum anteriorly, the spinal column posteriorly, and the rib cage.
- The heart is roughly conical, with the base of the cone at the top of the heart and the apex (the pointed part) at the bottom.



Location of the heart



Layers of the heart

#### Heart Valves:

Properties of Heart Valves

Fibrous connective tissue prevents enlargement of valve openings and anchors valve flaps.

Valve closure prevents backflow of blood during and after contraction.



#### Heart Chambers and Great Vessels

- The heart is a hollow muscle with an internal skeleton of connective tissue that creates four separate chambers.
- $\checkmark$  The superior chambers of the heart are the right and left atria.
- Their primary function is to collect blood as it enters the heart and to help fill the lower chambers.
- The more thickly muscled lower chambers of the heart are the ventricles.



*Heart–Anterior section (arrows show direction of blood flow)* 

#### Coronary Arteries and Veins

- The coronary arteries and veins provide blood to the heart muscle and the electrical conduction system.
- The left and right coronary arteries are the first to branch off the aorta, just above the leaflets of the aortic valve.



#### Anatomy of the Cardiovascular System

- The cardiovascular system is a closed system consisting of the heart and all the blood vessels.
- Arteries and veins are connected by smaller structures that transport substances needed for cellular metabolism to body systems and remove the waste products of metabolism from those same tissues.
- Arteries carry blood away from the heart and, with the exception of the pulmonary arteries, transport oxygenated blood.
- Veins move blood toward the heart. With the exception of the pulmonary veins, they carry blood that is low in oxygen and high in carbon dioxide.



**Blood vessels-Cross-section** 

#### Physiology of the Heart

- Normal blood flow through the heart begins at the right atrium, which receives systemic venous blood from the superior and inferior vena cava.
- Blood passes from the right atrium, across the tricuspid valve, to the right ventricle. It is then pumped across the pulmonary valve into the pulmonary arteries.
- Outside the heart, the left and right pulmonary arteries distribute blood to the lungs for gas exchange in the pulmonary capillaries.
- Oxygenated blood returns to the left atrium through the left and right pulmonary veins.
- After passing across the mitral valve, blood enters the left ventricle, where it is pumped across the aortic valve, through the aorta, into the coronary arteries and the peripheral circulation.

Mechanics of Heart Function		
Process	Action	
Cardiac cycle	Sequence of events in 1 heartbeat. Blood is pumped through the entire cardiovascular system.	
Systole	Contraction phase—usually refers to ventricular contraction.	
Diastole	Relaxation phase—the atria and ventricles are filling. Lasts longer than systole.	
Stroke volume (SV)	Amount of blood ejected from either ventricle in a single contraction. Starling's Law of the Heart states that the degree of cardiac muscle stretch can increase the force of ejected blood. More blood filling the ventricles increases SV.	
Cardiac output (CO)	Amount of blood pumped through the cardiovascular system per min. CO = SV x Heart rate (HR)	
Properties of Cardiac Cells		
Property	Ability	
Automaticity	Generates electrical impulse independently, without involving the nervous system.	
Excitability	Responds to electrical stimulation.	
Conductivity	Passes or propagates electrical impulses from cell to cell.	
Contractility	Shortens in response to electrical stimulation.	

#### Systolic and Diastolic Phases in the Heart

Diastole: the phase of the heartbeat when the heart muscle relaxes and allows the chambers to fill with blood.



Systolic: phase relating to the phase of the heartbeat when the heart muscle contracts and pumps blood from the chambers into the arteries.



Atrial systolic phase



Ventricular systolic phase

### Electrical Conduction System of the Heart

Electrophysiology			
Structure	Function and Location		
Sinoatrial (SA or sinus) node	Dominant pacemaker of the heart, located in upper portion of right atrium. Intrinsic rate 60—100 bpm.		
Internodal pathways	Direct electrical impulses between the SA and AV nodes and spread them across the atrial muscle.		
Atrioventricular (AV) node	Part of the AV junctional tissue, which includes some surrounding tissue plus the connected bun- dle of His. The AV node slows conduction, creating a slight delay before electrical impulses are carried to the ventricles. The intrinsic rate is 40–60 bpm.		
Bundle of His	At the top of the interventricular septum, this bun- dle of fibers extends directly from the AV node and transmits impulses to the bundle branches.		
Left bundle branch	Conducts electrical impulses to the left ventricle.		
Right bundle branch	Conducts electrical impulses to the right ventricle.		
Purkinje system	The bundle branches terminate with this network of fibers, which spread electrical impulses rapidly throughout the ventricular walls. The intrinsic rate is 20–40 bpm.		



## **Conduction system of the heart**

#### The Depolarization Process

The electrical charge of a cell is altered by a shift of electrolytes on either side of the cell membrane. This change stimulates muscle fiber to contract.

#### The Repolarization Process

Chemical pumps re-establish an internal negative charge as the cells return to their resting state.



(A) A single cell has depolarized.

(B) A wave propagates from cell to cell.

(C)Wave propagation stops when all cells are depolarized.

(D) Repolarization restores each cell's normal polarity.

# Progression of Depolarization through the Heart SA Node-AV Node Septal depolarization Atrial depolarization Apical depolarization Left ventricular depolarization