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Title

Comparing Intra-Operative Left Ventricular Contractility Measurements: Echocardiogram vs. Novel Software

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The data associated with this publication are not available for this reason: N/A

Comparing Intra-Operative Left Ventricular Contractility Measurements: Echocardiogram vs. Novel Software David Tan, BA, Benjamin Morey, MD, Patricia Applegate, MD, Neal W. Fleming, MD, PhD

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BACKGROUND

- The contractility of the left ventricle (LV) is an important determinant of cardiac function
- Measured as dP/dt_{max}, the maximum rate of left ventricular pressure change during isovolumetric contraction
- Direct measurement involves invasive catheter placement, but can measure indirectly with echocardiogram [1]
- More recently, arterial pressure waveform analysis proposed as a new method of determining dP/dt_{max} [2-5]
- In the OR, the Hypotension Prediction Index (HPI) software is a new technology that predicts impending intraoperative hypotensive episodes
- The HPI provides a calculated dP/dt_{max}, determined from the radial arterial pressure waveform
- Recent study has demonstrated significant correlation between the HPI radial arterial dP/dt_{max} values to those calculated using echo in patients with acute heart failure in the cardiac ICU setting [5]

OBJECTIVES

- 1. Determine how well correlated dP/dt_{max} as calculated by the HPI software is to dP/dt_{max} as calculated by TEE
- 2. Secondarily, evaluate correlations between three methods of measuring cardiac ejection fractions (Fractional Area Change, Simpson's Method of Disks, and 3D reconstruction) and their respective correlations to dP/dt_{max}



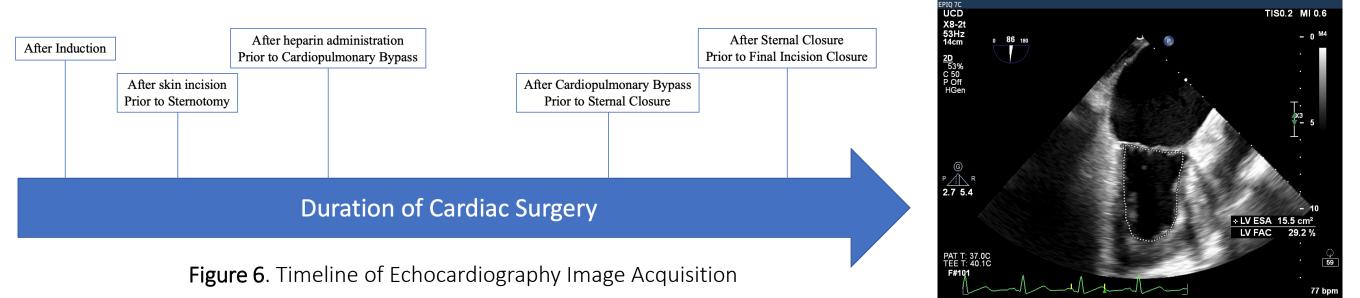
RESEARCH POSTER PRESENTATION DESIGN © 2015 **www.PosterPresentations.cor**

1. HemoSphere monitor – Enter patient data and	d zero transducer.
Check when completed	
2. Post-Induction	
Image	Time:
Mitral Regurgitation Jet Continuous Wave Doppler	
Left Ventricle Long Axis (2-Chamber)	
Left Ventricle 3D (4-beat, Full Volume)	
3. Post-Incision, Pre-Sternotomy	
Image	Time:
Mitral Regurgitation Jet Continuous Wave Doppler	
Left Ventricle Long Axis (2-Chamber)	
Left Ventricle 3D (4-beat, Full Volume)	
	•
4. Post-Heparin, Pre-Bypass	
Image to Acquire	Time:
Mitral Regurgitation Jet Continuous Wave Doppler	
Left Ventricle Long Axis (2-Chamber)	
Left Ventricle 3D (4-beat, Full Volume)	
5. Post-Bypass, Pre-Sternal Closure	
Image to Acquire	Time:
Mitral Regurgitation Jet Continuous Wave Doppler	
Left Ventricle Long Axis (2-Chamber)	
Left Ventricle 3D (4-beat, Full Volume)	
6. Post-Sternal Closure, Pre-Incision Closure	
Image to Acquire	Time:
Mitral Regurgitation Jet Continuous Wave Doppler	
Left Ventricle Long Axis (2-Chamber)	
Left Ventricle 3D (4-beat, Full Volume)	
7. End of Case HemoSphere 1-min Interval Data	Download to USB drive
Check when completed	

Figure 1. Data Collection Sheet



Figure 2. HemoSphere



METHODS

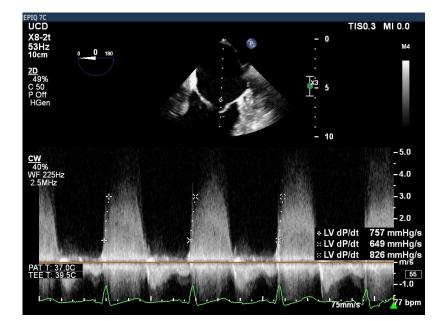


Figure 3. Continuous Wave Doppler on Mitral Regurgitant Jet with dP/dt

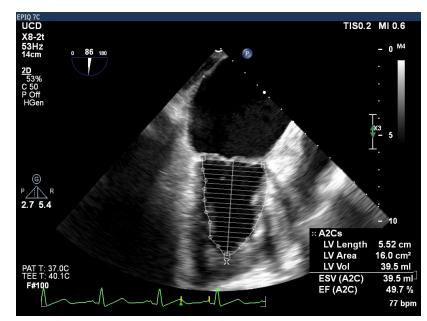


Figure 4. Left Ventricular Long Axis (Systole)

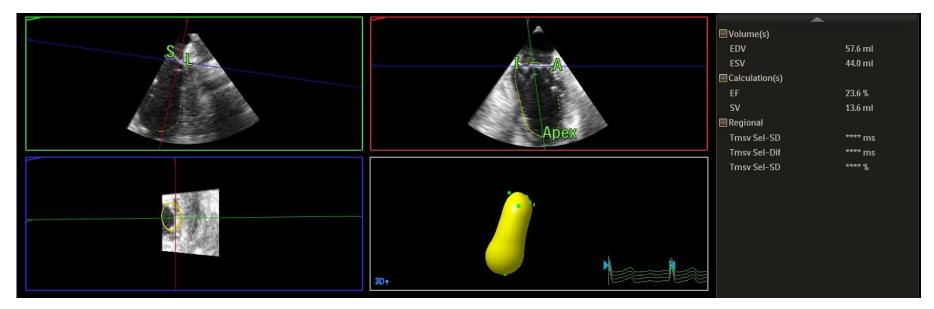


Figure 5. Left Ventricle 3D Reconstruction

Figure 7. Fractional Area Change EF Calculation (Systole)

- Due to unforeseen delays, patients have only begun to be recruited for this study
- Pilot trial runs have been completed to assure quality and feasibility of study with good results
- Currently too early in data collection process for definitive conclusions
- Hopeful that analysis of data collected from this study can be used to evaluate accuracy and precision of a newer method of dP/dt_{max} measurement
- Further corroboration of the reliability of this newer method and quantifying the correlations in different clinical settings will hopefully allow for more accurate and efficient measurement of dP/dt_{max} in a larger number of settings in the future
- Bargiggia, G S, et al. "A New Method for Estimating Left Ventricular DP/Dt by Continuous Wave Doppler-Echocardiography. Validation Studies at Cardiac Catheterization." Circulation, vol. 80, no. 5, 1989, pp. 1287–1292., doi:10.1161/01.cir.80.5.1287.
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RESULTS

CONCLUSIONS

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