

# Évaluation de la fonction cardiaque


## Programme d'anesthésie et de soins intensifs



André Denault MD FRCPC

8 septembre 2004


# Susruta MD



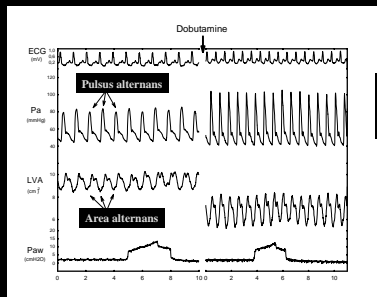
## Pendant une chirurgie à cœur battant



## Dysfonction VG



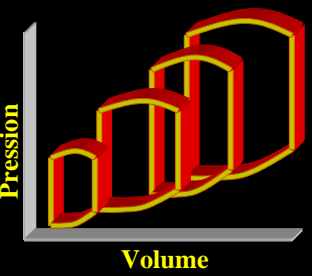
## Dobutamine



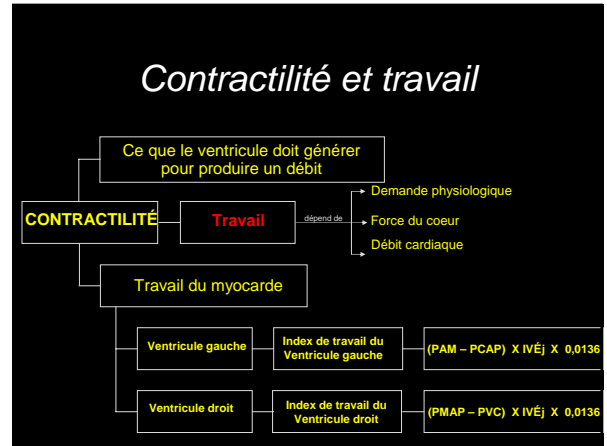
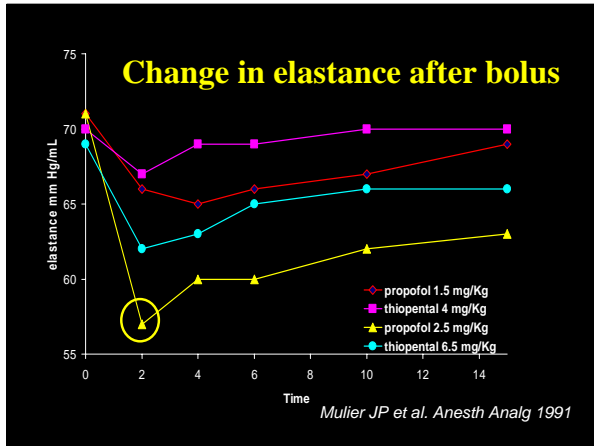
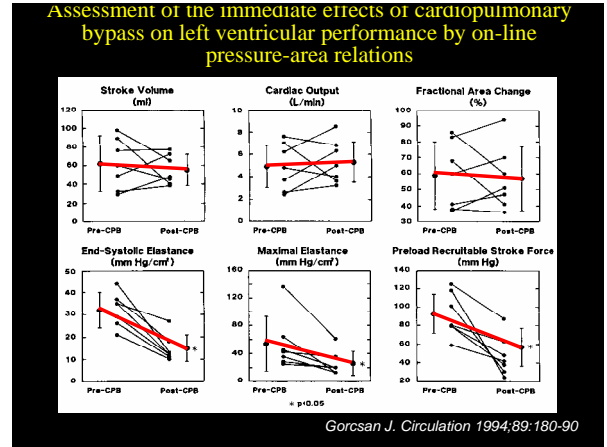
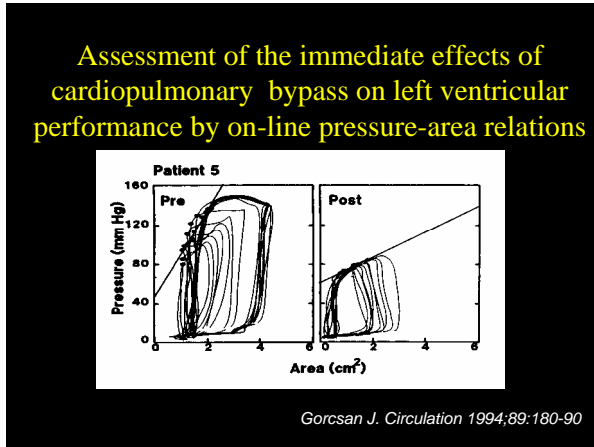
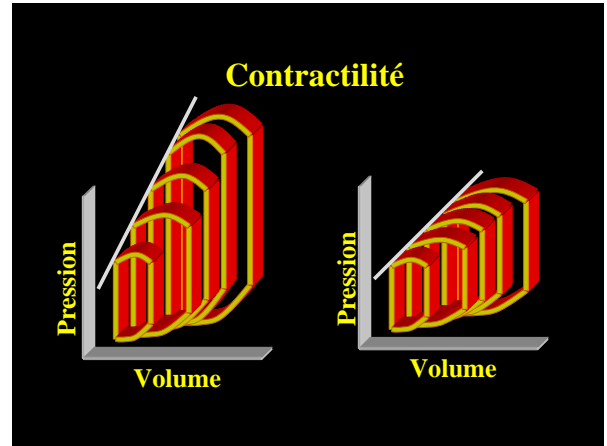
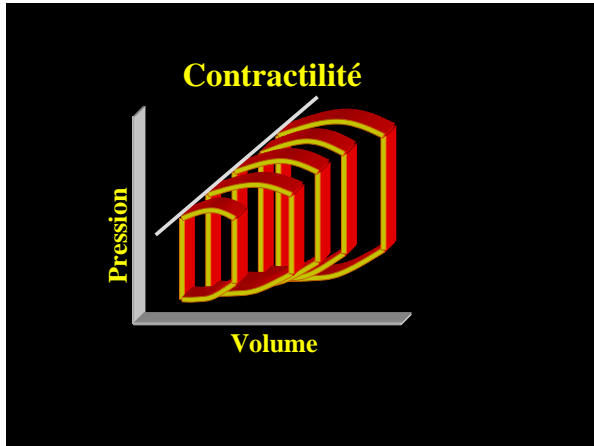
Dobutamine

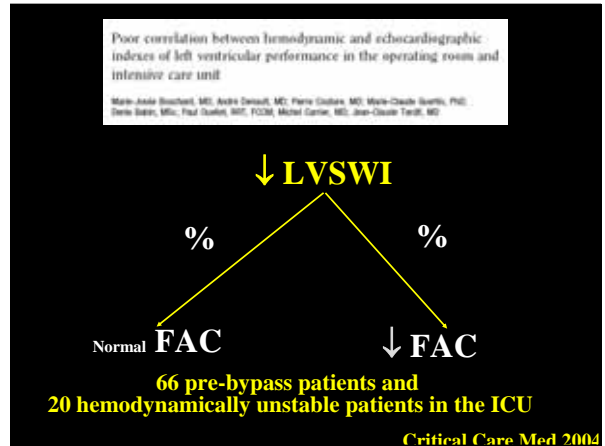
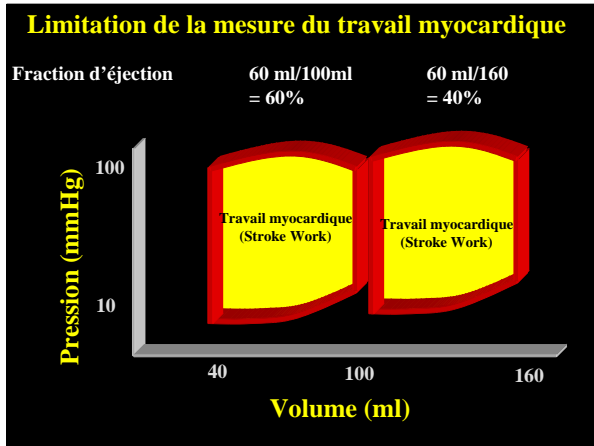
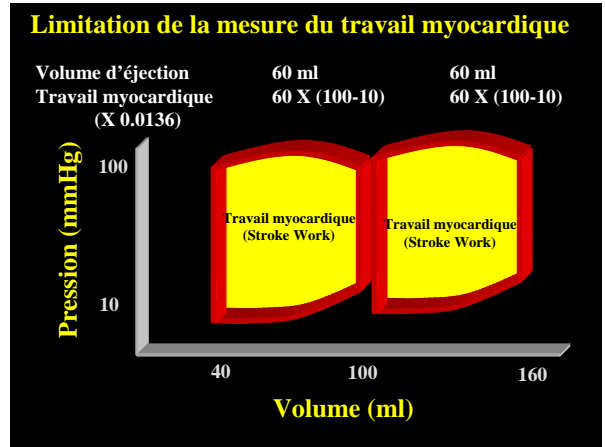
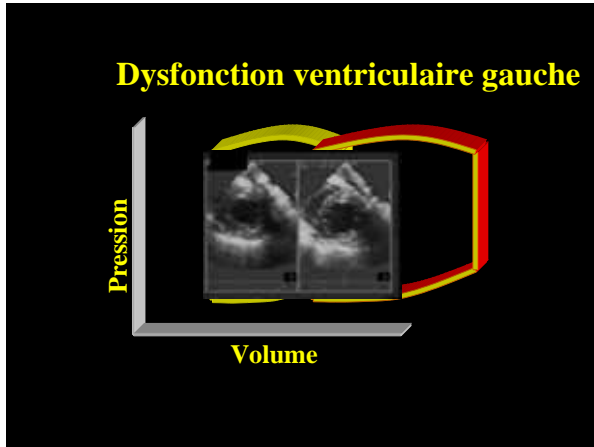
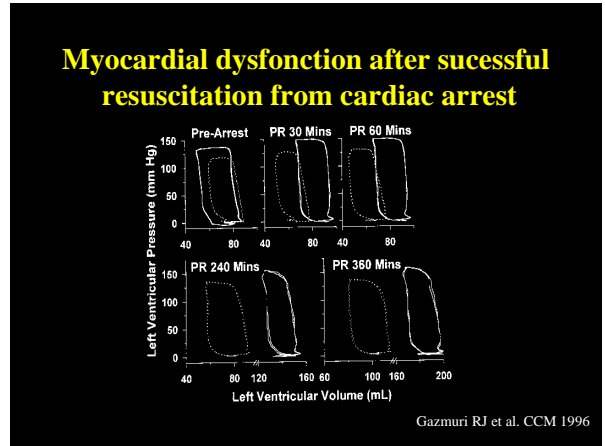
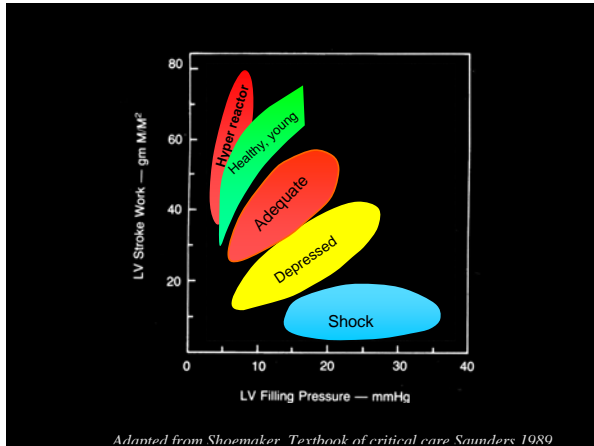
- Increase in heart rate
- Increase in blood pressure and pulse pressure, pulsus alternans disappear
- Increase in stroke area: decrease EDA and ESA, area alternans disappear, increase in FAC

## Limitation des indices d'éjection



VTD	VE	FE
160	90	56%
150	80	53%
140	70	50%
130	60	46%
120	50	42%
110	40	36%
100	30	30%







## Sommaire contractilité

- Débit cardiaque et fraction d'éjection = dépendant des conditions de charge
- Discordance entre ÉTO et hémodynamie: volume d'éjection > débit cardiaque
- Signes: pouls alternans et  $\pm$  pressions de remplissage élevé, absence de réponse à la phényléphrine
- Meilleur indice de contractilité = élastance ventriculaire