

Author(s): Louis D'Alecy, 2009

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Respiratory Mechanics II

M1 – Cardiovascular/Respiratory
Sequence

Louis D'Alecy, Ph.D.

Fall 2008



Friday 11/14/08, 9:00

Mechanics of Ventilation II

30 slides, 50 minutes

1. Tidal Volume
2. Intraplural Pressure
3. Alveolar Distending Pressure
4. Lung Compliance
5. Airway Resistance
6. Lung volumes (Spirometer)
7. Functional Residual Capacity
8. Forced vital capacity
9. Measurement of airway resistance

Tidal Volume (TV)

-- air volume entering or leaving
the respiratory system
in a single breath.

It adds to, and mixes with,
alveolar gases.

Contrast with :

Minute ventilation that is total

Ventilation per minute = TV X Rate

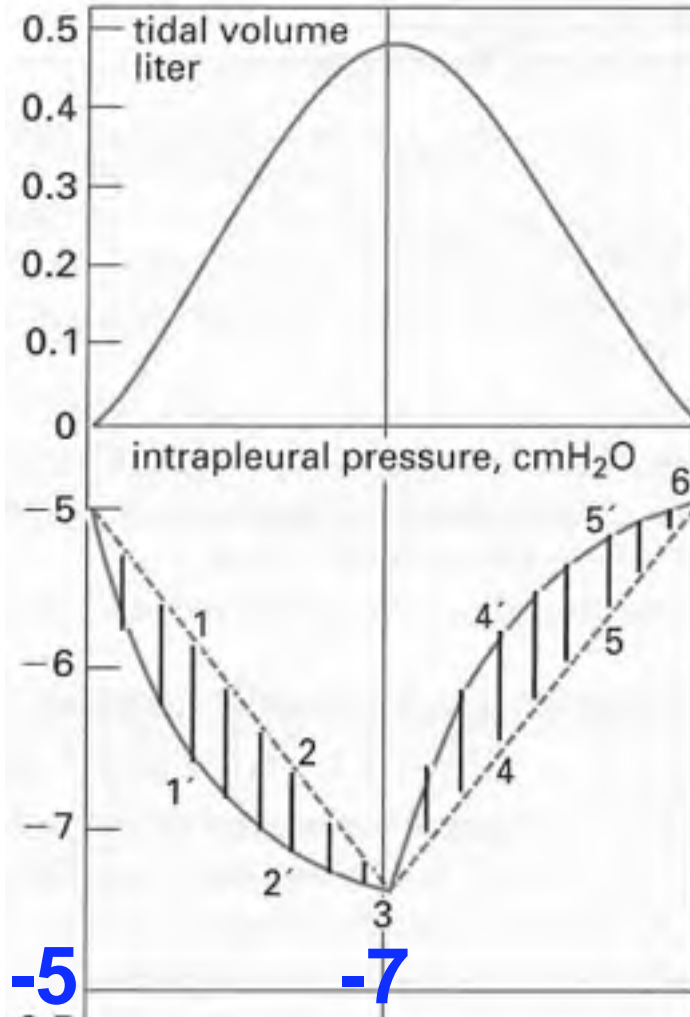
Tidal Volume & Intraplural (P_{ip})

Inspiration Expiration

Air
Entering
Lung



Air
Leaving
Lung



P_{ip} is

-5

-7

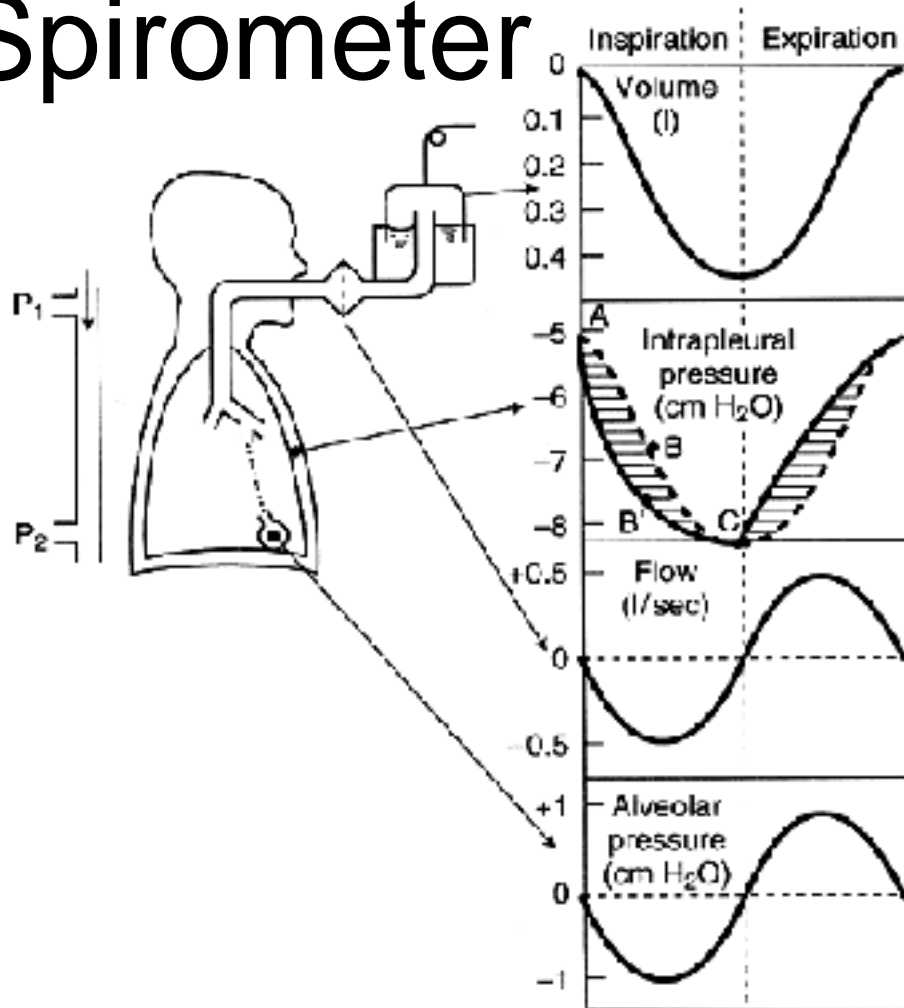
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6

Mechanics of Breathing

Mechanics of Breathing

Spirometer



Tidal Volume
Figure shows
opposite direction,
“down”,
but volume is same

Esophagus balloon

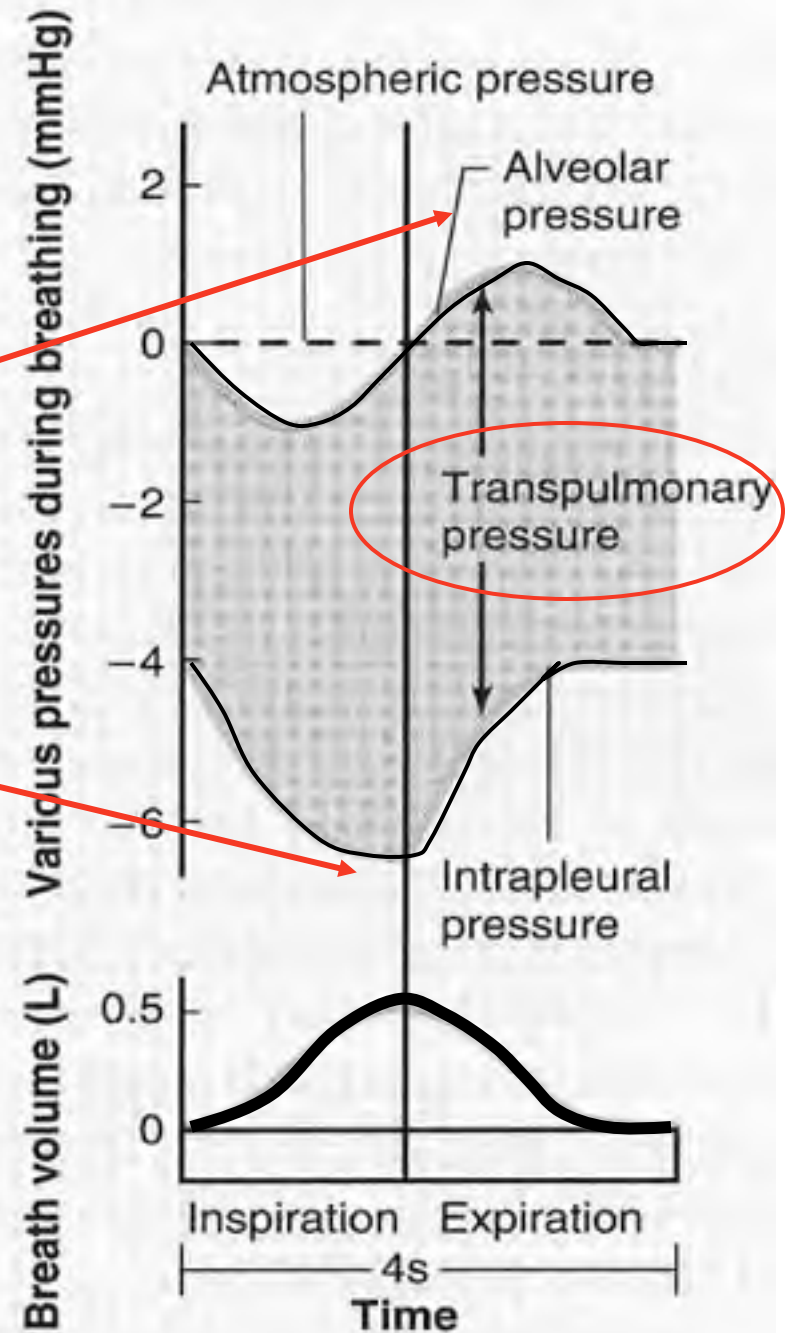
Flow meter

Calculated P_A

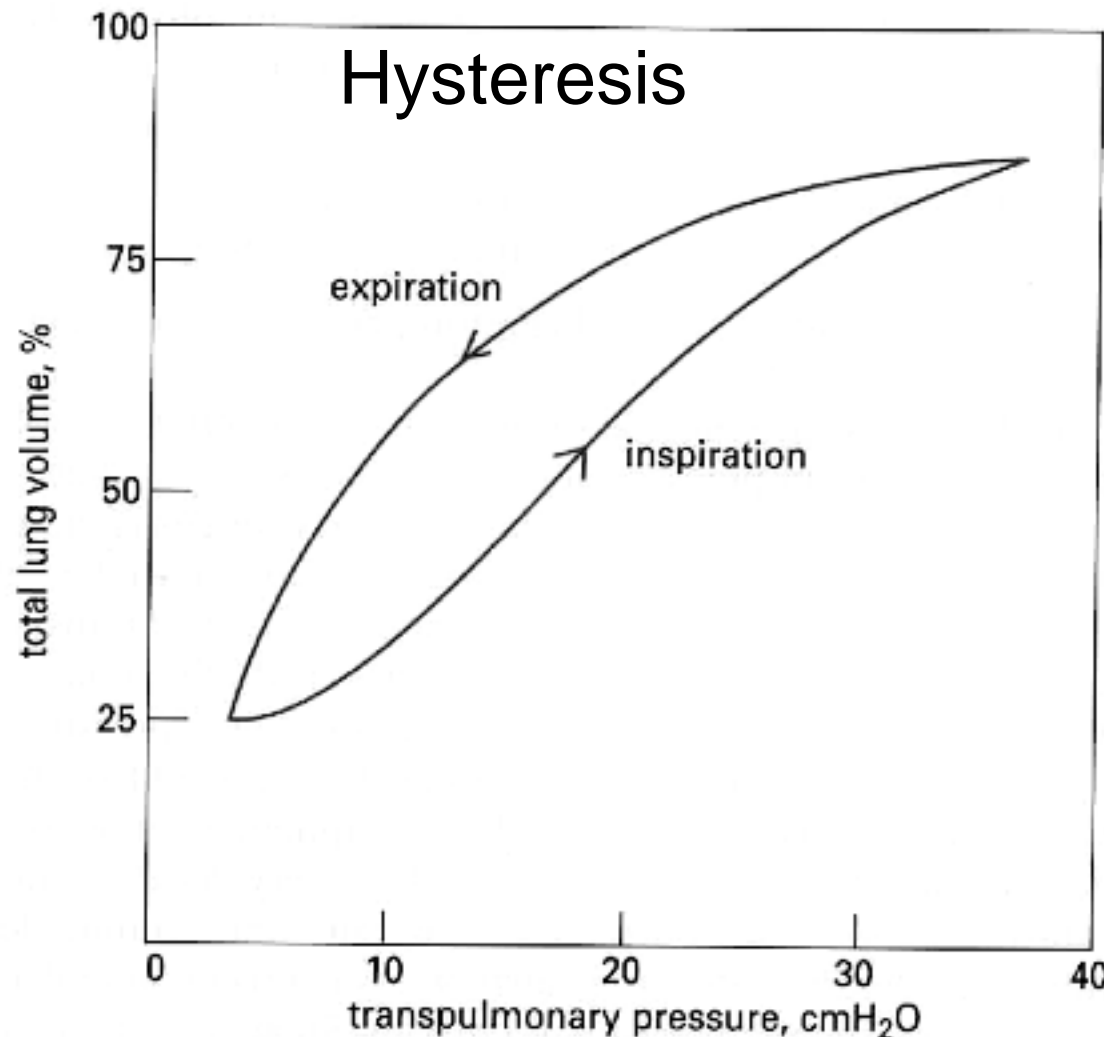
Trans-pulmonary
or alveolar-distending
pressure .

$$= P_A - P_{ip}$$

- “across” lung wall
- P_{ip} always negative
- not symmetrical
- max @ end of Insp.



Transpulmonary Pressure by “pumping” into isolated lung (positive)



Isolated Lung

Compliance =
(slope)

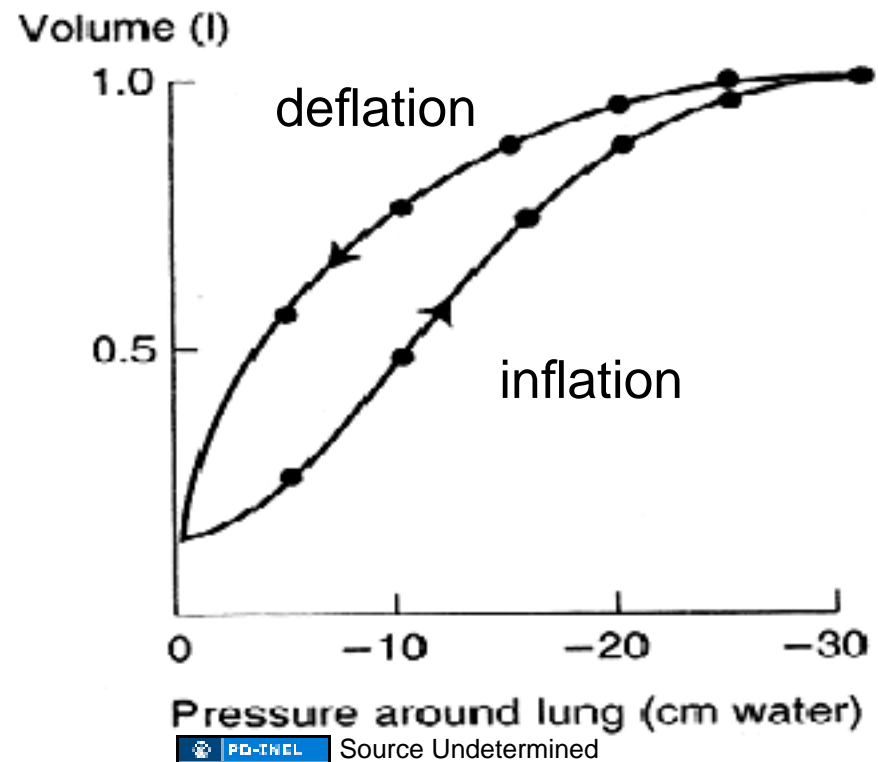
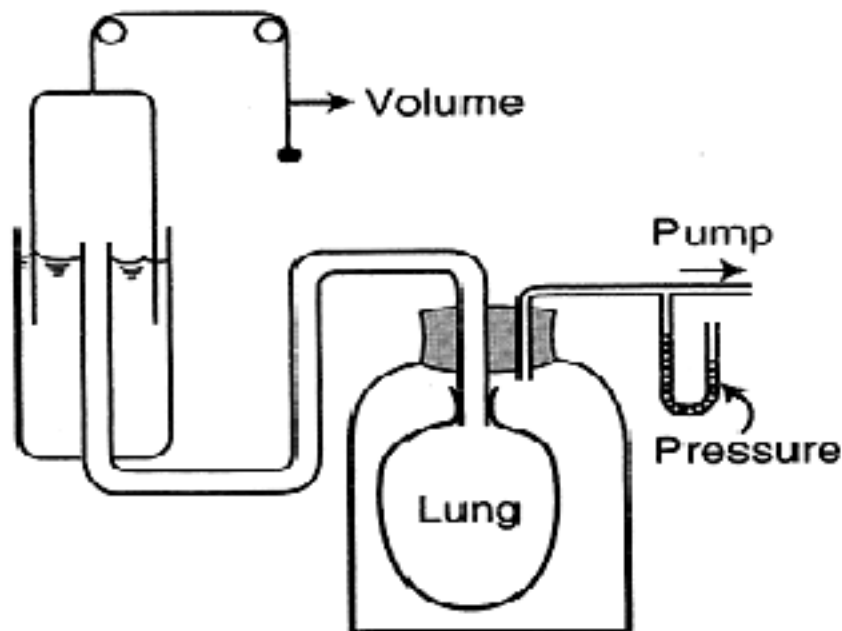
$$\frac{\Delta V}{\Delta P}$$

“ease of stretching” or
“inverse of elasticity”

Figure 2-6 Pressure-volume curve for isolated lungs.

Transpulmonary Pressure by “sucking” on outside of isolated lung (negative)

Hysteresis = difference on inflation and deflation



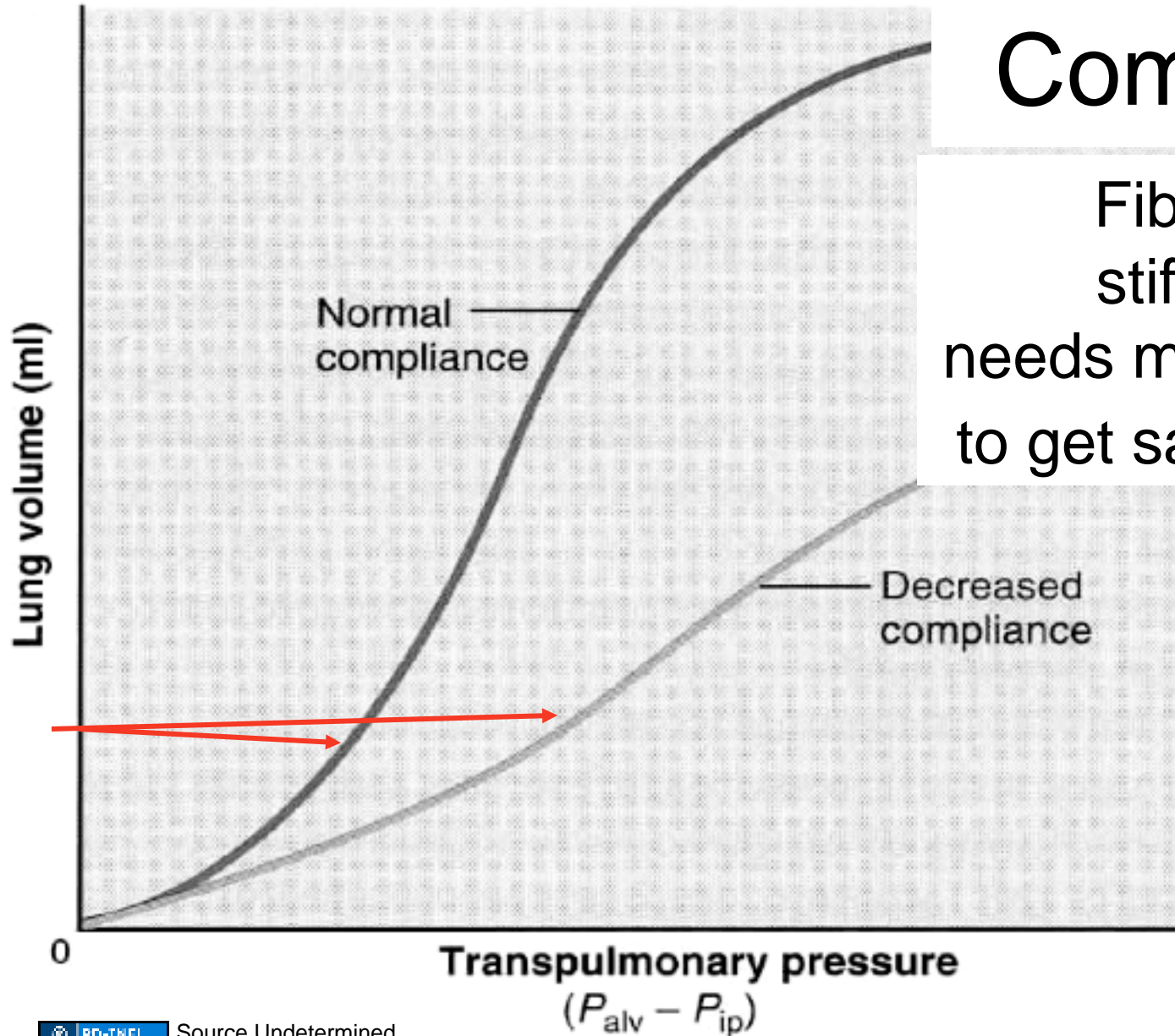
- Surfactant
- Recruiting alveoli

Same with positive or negative pressure.

$$\text{Compliance} = \frac{\Delta \text{Lung volume}}{\Delta(P_{\text{alv}} - P_{\text{ip}})}$$

Decreased Compliance

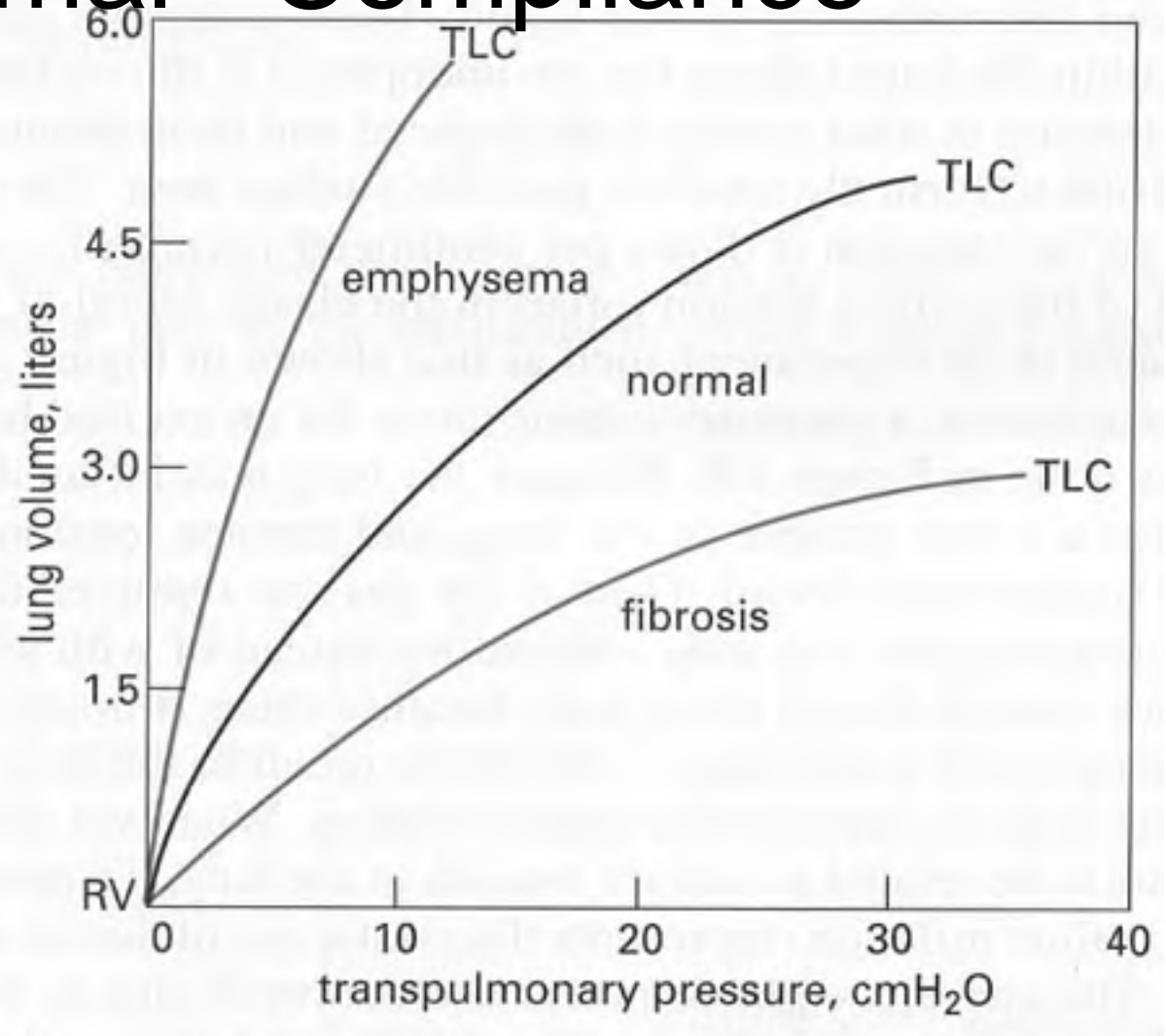
Fibrosis or stiffer lung needs more pressure to get same volume.




Abnormal Compliance

$$\frac{\Delta V}{\Delta P}$$

Emphysema
Greater
volume change
with
smaller
pressure change



 Levitzky. Pulmonary Physiology. McGraw-Hill, 2003. 6th ed.

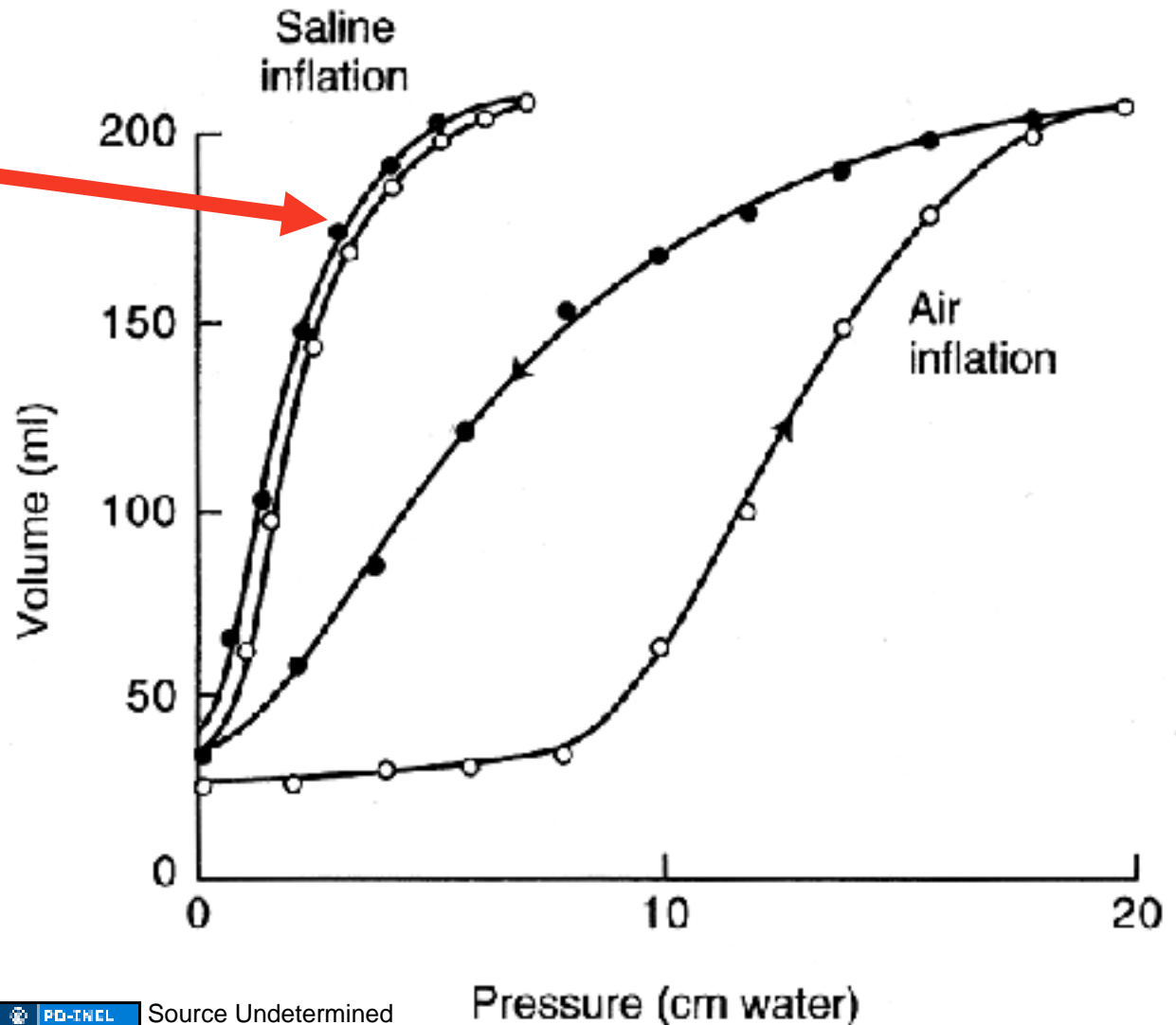
Static P / V Excised Isolated Lung

Air filled harder to inflate than saline filled **BUT...**

No air = no surface tension.

Thus

most inflation pressure is to overcome surface tension.



Surfactant

TABLE 15–3 Some Important Facts about Pulmonary Surfactant

1. Pulmonary surfactant is a mixture of phospholipids and protein.
2. It is secreted by type II alveolar cells.
3. It lowers surface tension of the water layer at the alveolar surface, which increases lung compliance (that is, makes the lungs easier to expand).
4. A deep breath increases its secretion (by stretching the type II cells). Its concentration decreases when breaths are small.

Infant Respiratory Distress Syndrome

- No functional pulmonary surfactant
- Great difficulty inflating lungs
- If inflated for them -- tend to collapse
- Very low compliance (very stiff)
- Strenuous effort needed to breathe
- Die from complete exhaustion

Work of breathing

Work ~ Pressure change X Volume change

Elastic work overcomes:

recoil of chest wall

recoil of lung parenchyma

surface tension of alveoli

Resistive Work overcomes:

Tissue resistance

Airway resistance

Airway Resistance

The major determinant of airway resistance is the radius (r) of the airway, just as in blood vessels.

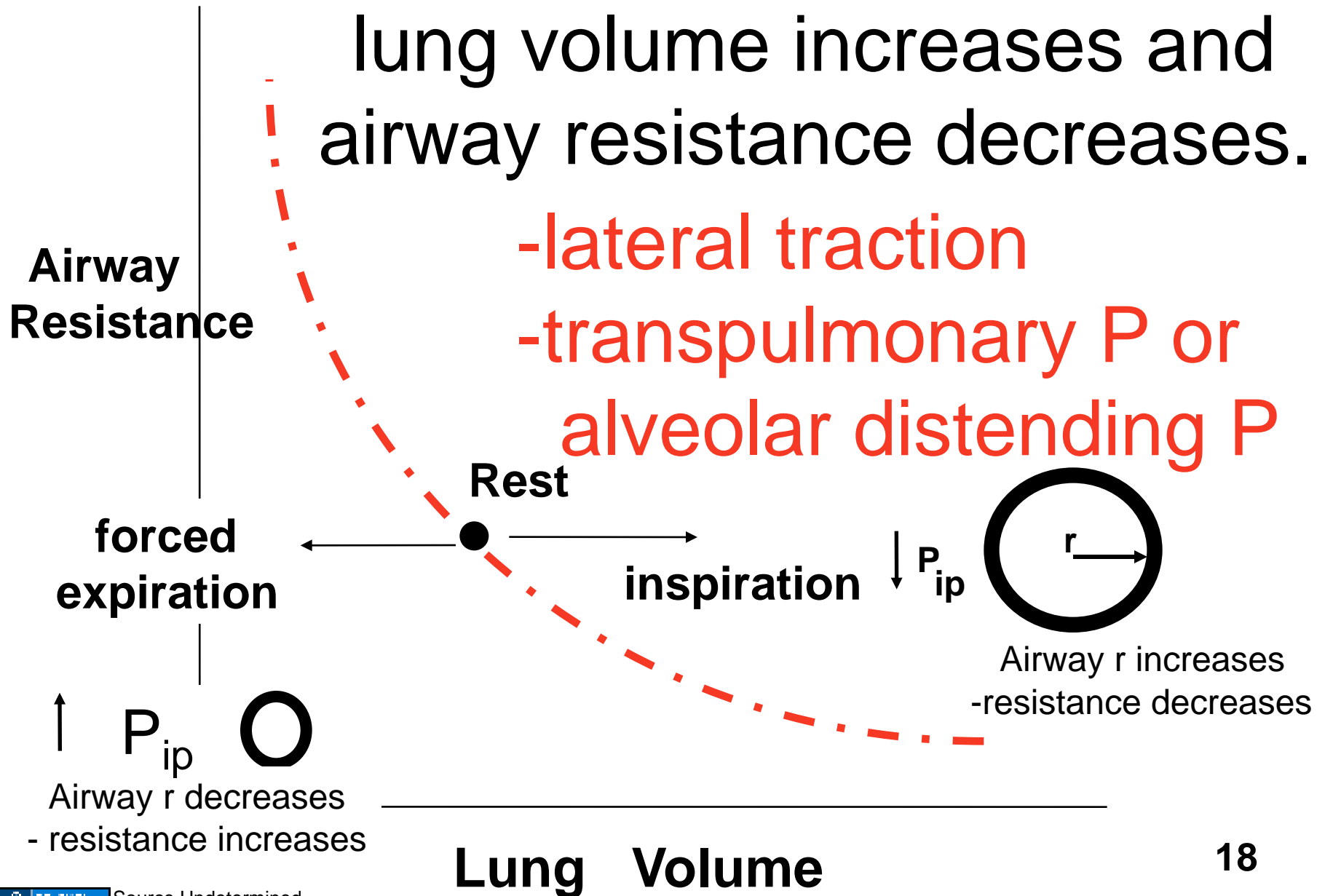
The walls of the airways are subjected to the same changes in transmural pressures as alveolar walls.

During inspiration as the intrapleural pressure decreases (becomes more negative), the transmural pressure across the airway walls will increase and the radius of the airway will increase resulting in a

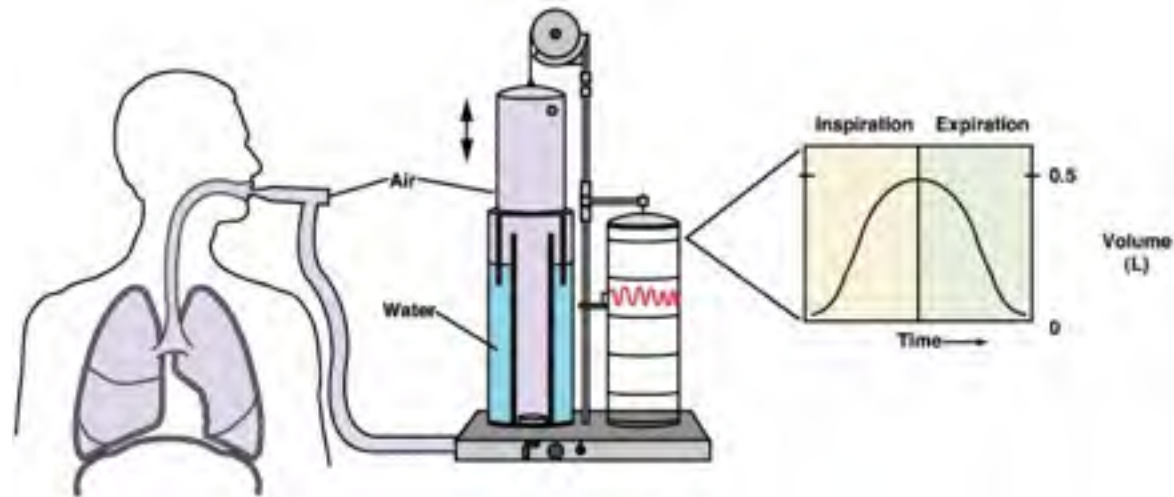
decrease in airway resistance
during inspiration.

During inspiration
lung volume increases and
airway resistance decreases.

-lateral traction
-transpulmonary P or
alveolar distending P



Measurement of Lung Volumes by Spirometer

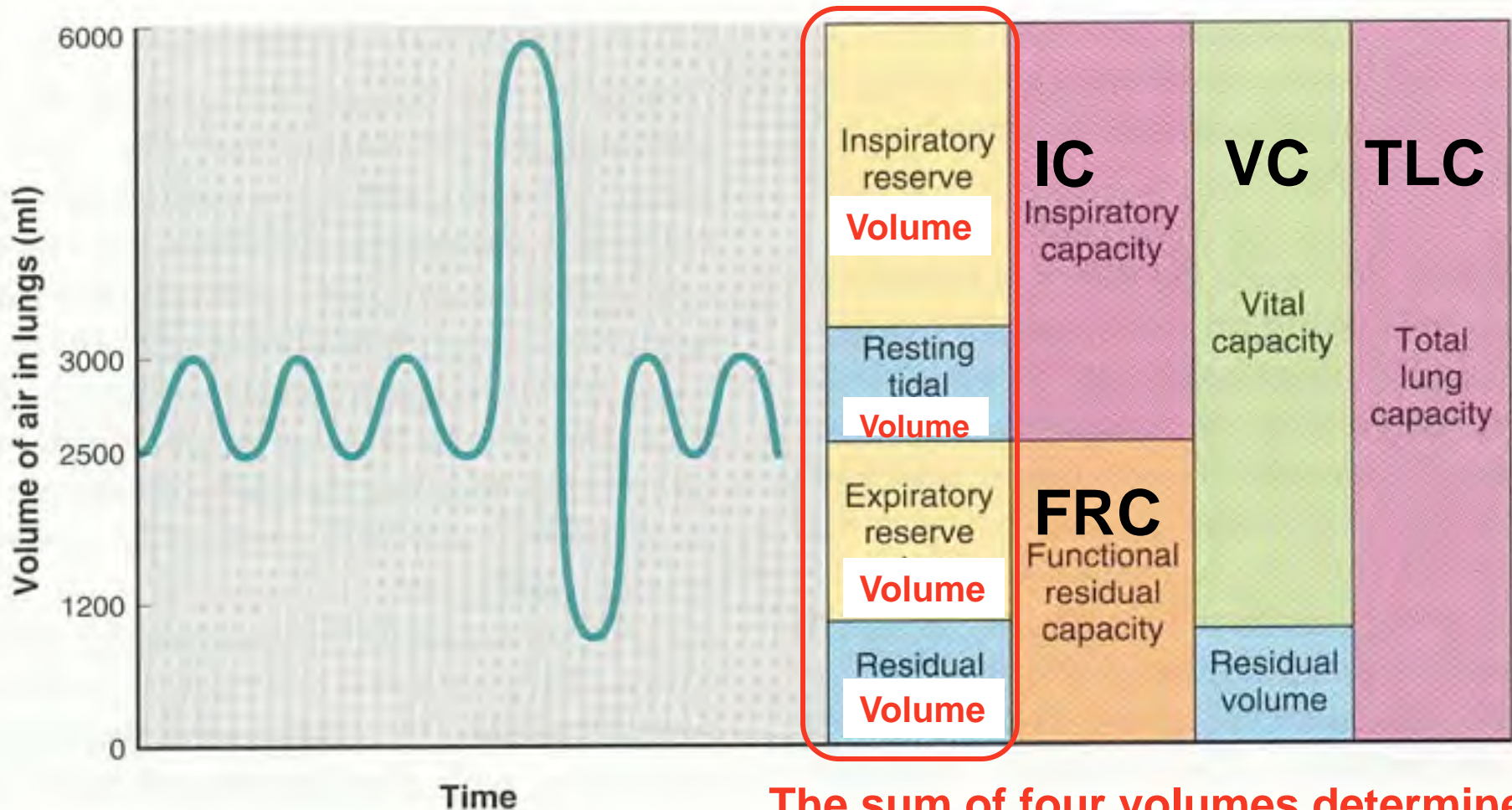


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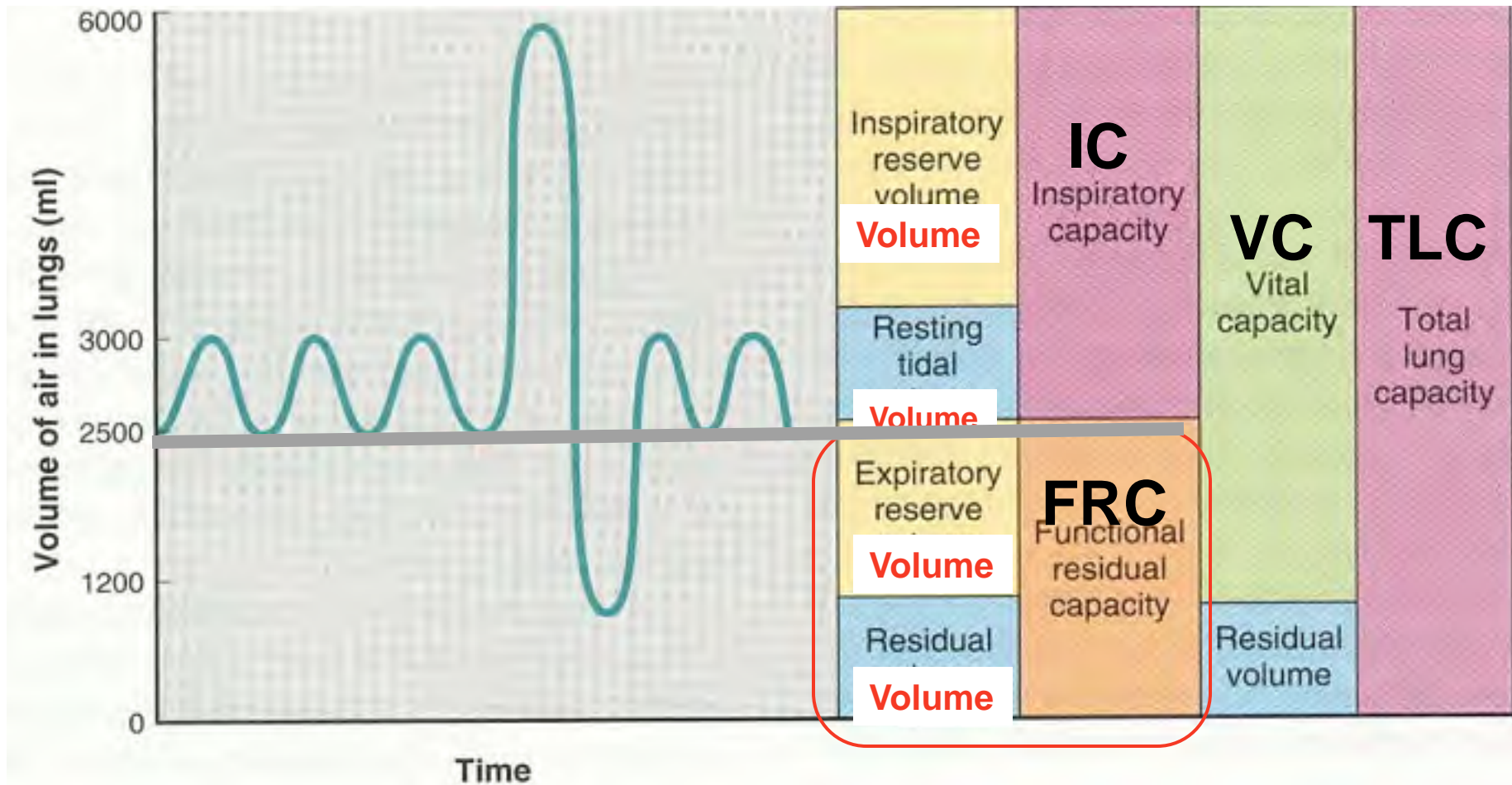
Please see: <http://www.cvrti.utah.edu/~macleod/bioen/be6000/labnotes/resp/figures/spirometer.jpg>

Measurement of lung volumes and capacities and their relationships under different conditions is used clinically to distinguish obstructive and restrictive disease. **19**

All Volumes & Capacities



The sum of four volumes determine the total lung capacity (TLC).



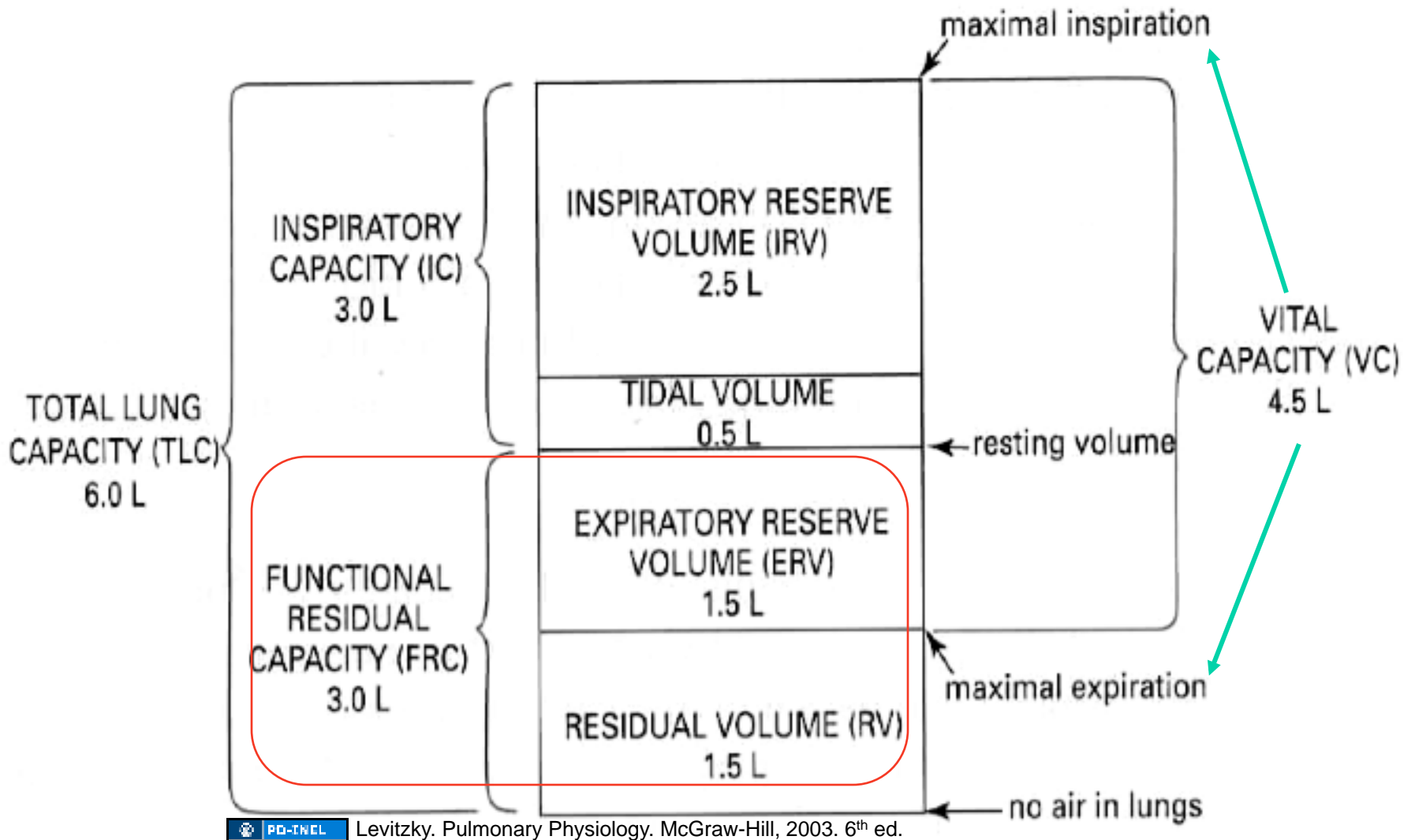
PD-TWEL Source Undetermined

Each “capacity” is the sum of two or more volumes.

FRC is rest position and made of ERV + RV.

VC is maximum tidal volume.

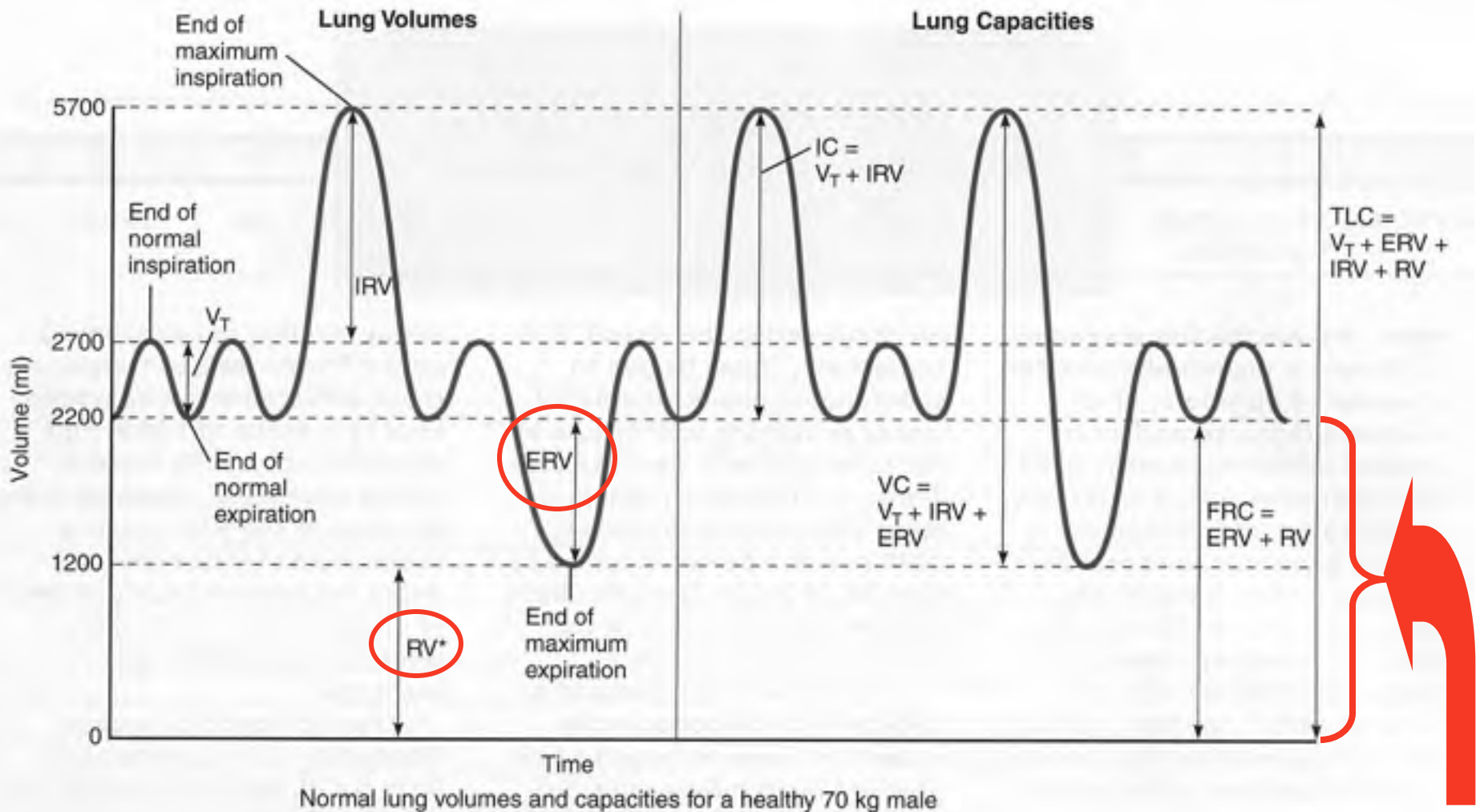
Levitzky Volumes & Capacities



PD-TNCL Levitzky. Pulmonary Physiology. McGraw-Hill, 2003. 6th ed.

$$FRC = ERV + RV \quad 22$$

Volumes & Capacities



$$FRC = ERV + RV$$

FRC & RV

Neither functional residual capacity (FRC) nor residual volume (RV) can be measured with simple spirometer.

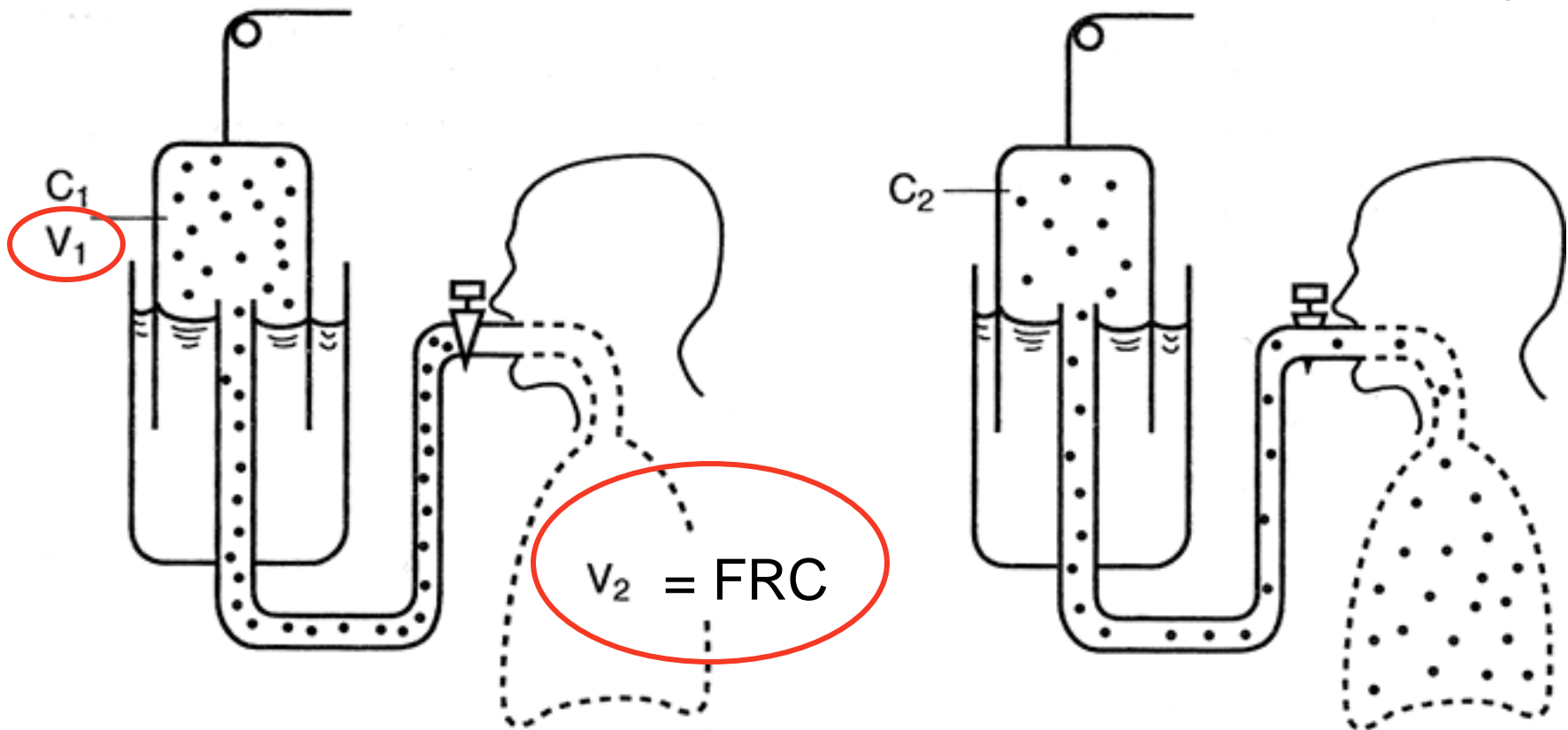
THREE CLINICAL OPTIONS

1) Gas (helium) dilution***** (poor solubility)
(no metabolism)
(no diffusion)

2) Nitrogen-Washout Technique

3) Body plethysmography

Measurement of Functional Residual Capacity



PD-THEL Source Undetermined

Before Equilibration

After Equilibration

$$C_1 \times V_1 = C_2 \times (V_1 + V_2)$$

“Dilution”

Amount of He “Before” = Amount of He “After”

Solve for V_2 .

Measure by

Helium
dilution



FRC

Spirometry

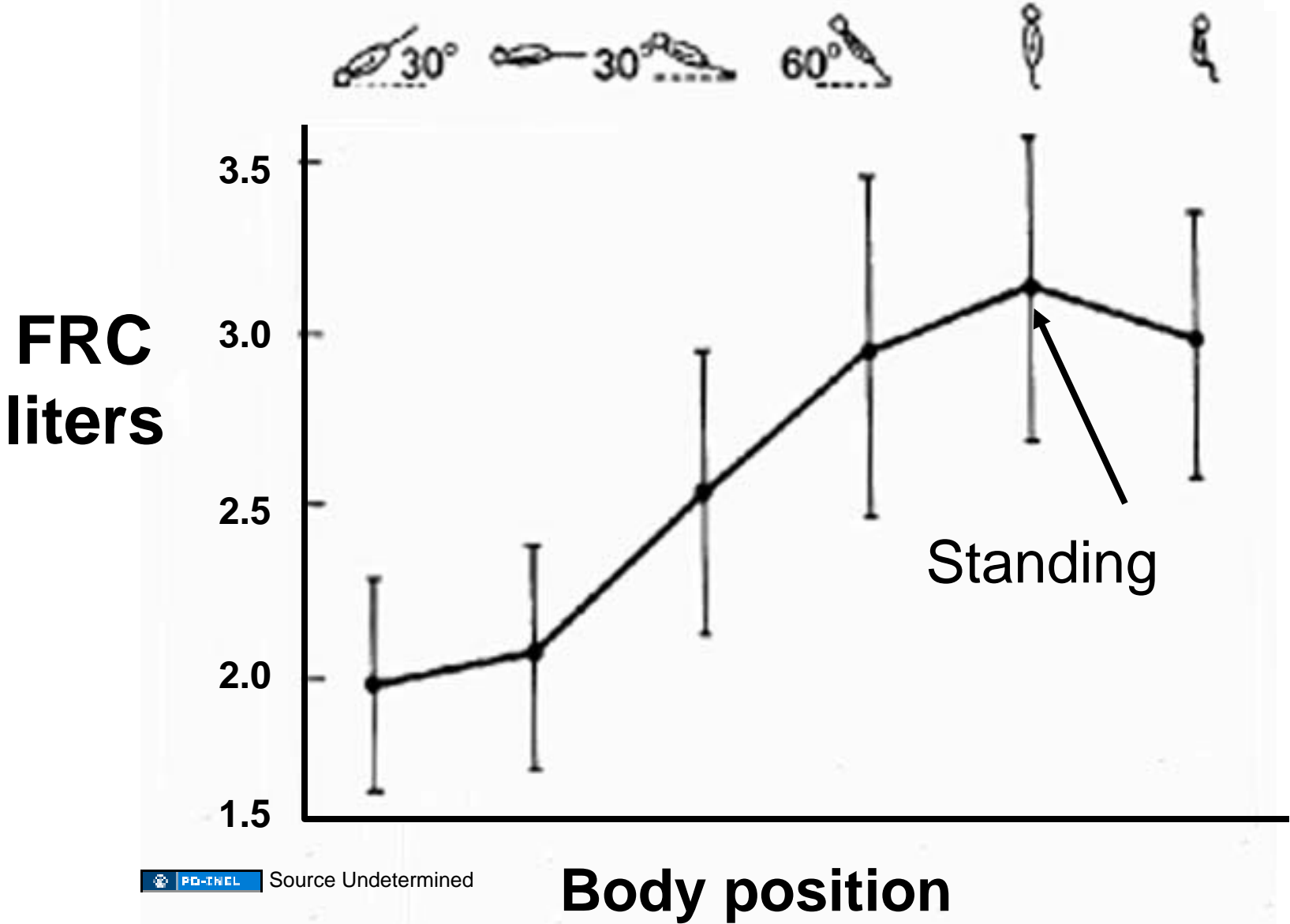


= ERV + RV

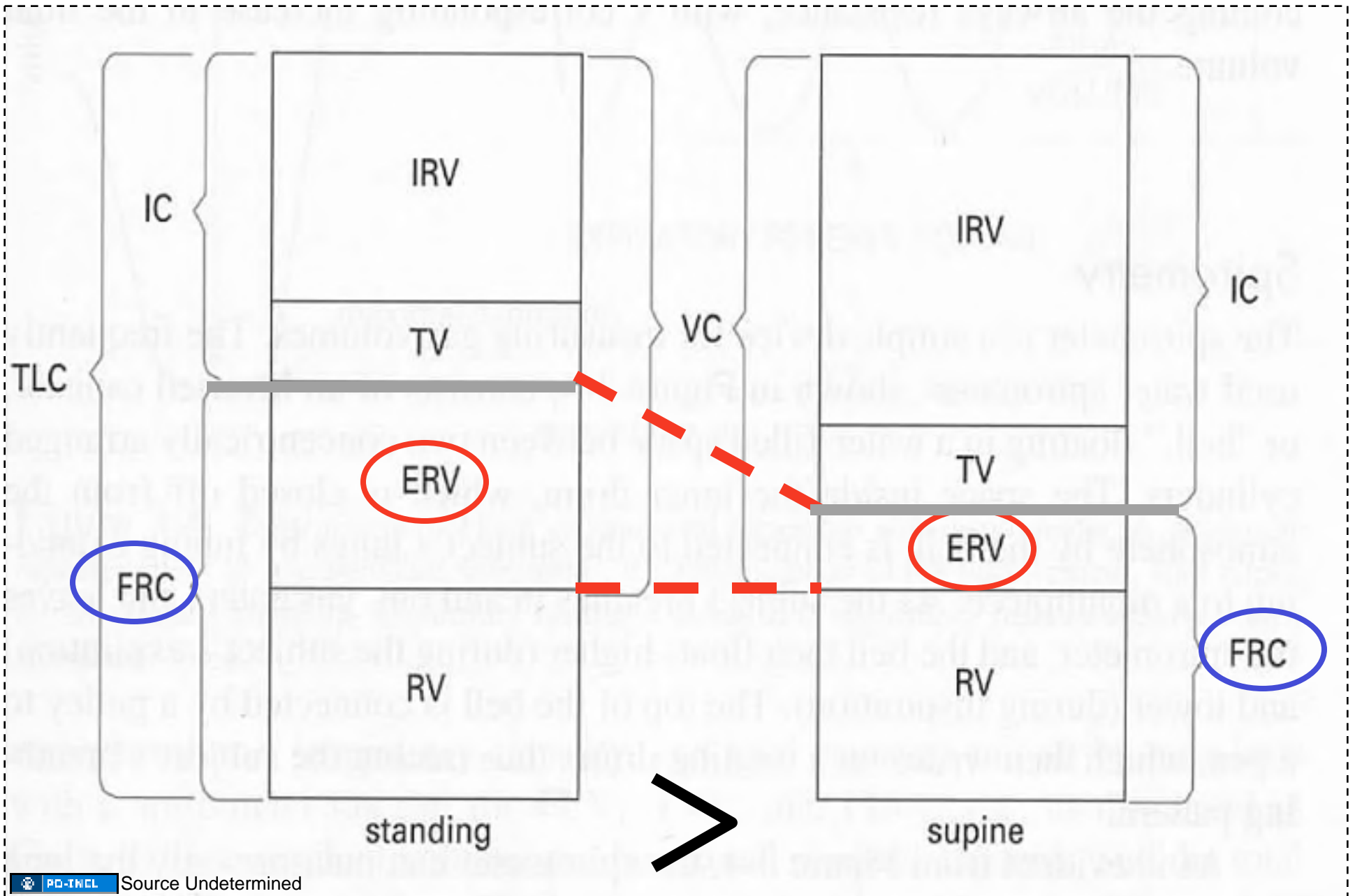


Calculate

Standing increase FRC by increasing ERV



FRC Standing is Larger Than FRC Supine

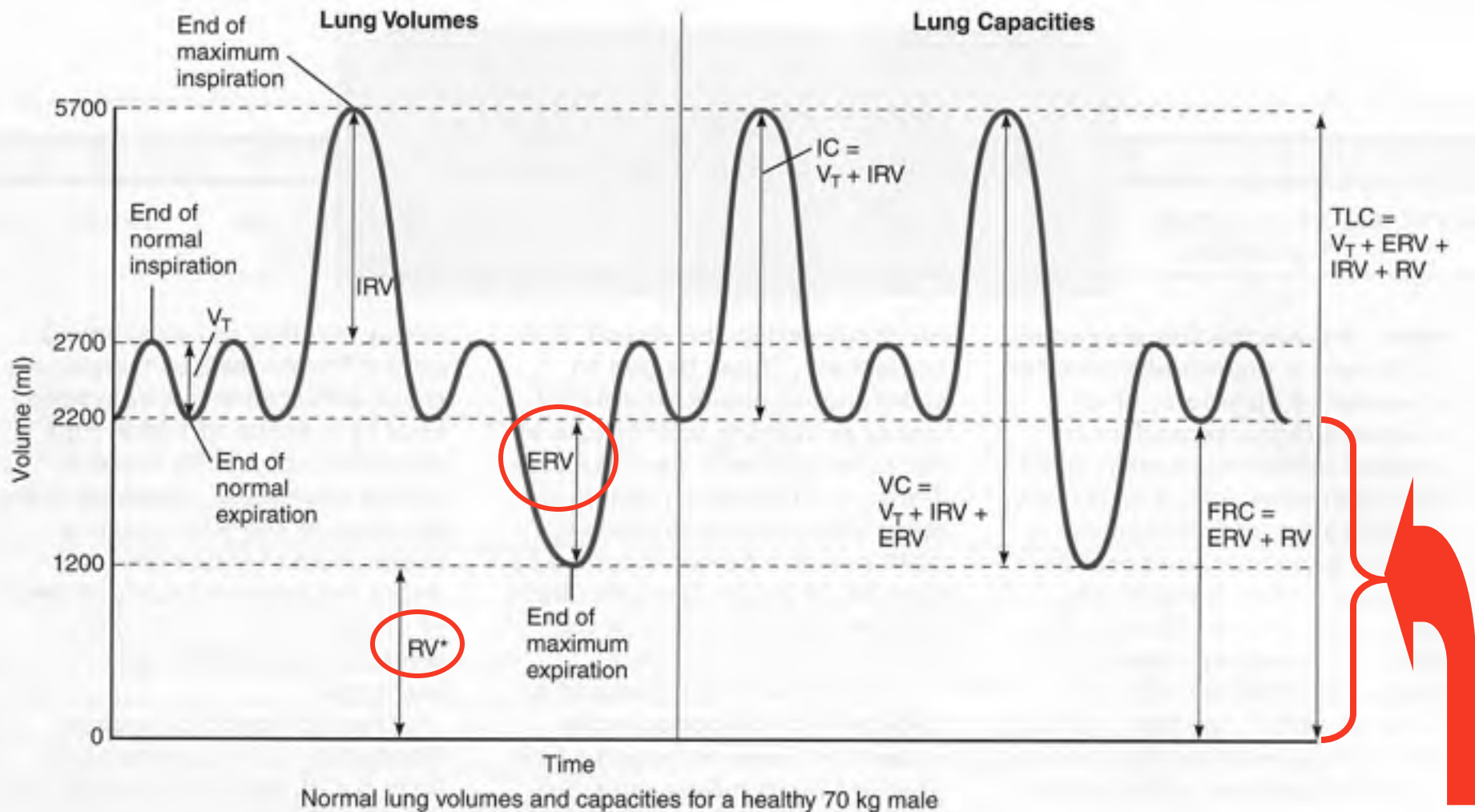


FRC Standing & Supine

When standing the abdominal contents pull down on diaphragm increasing FRC so chest has more air in it at rest (FRC).

When supine abdominal contents push diaphragm up into chest reducing FRC so chest has less air in it at rest (FRC).

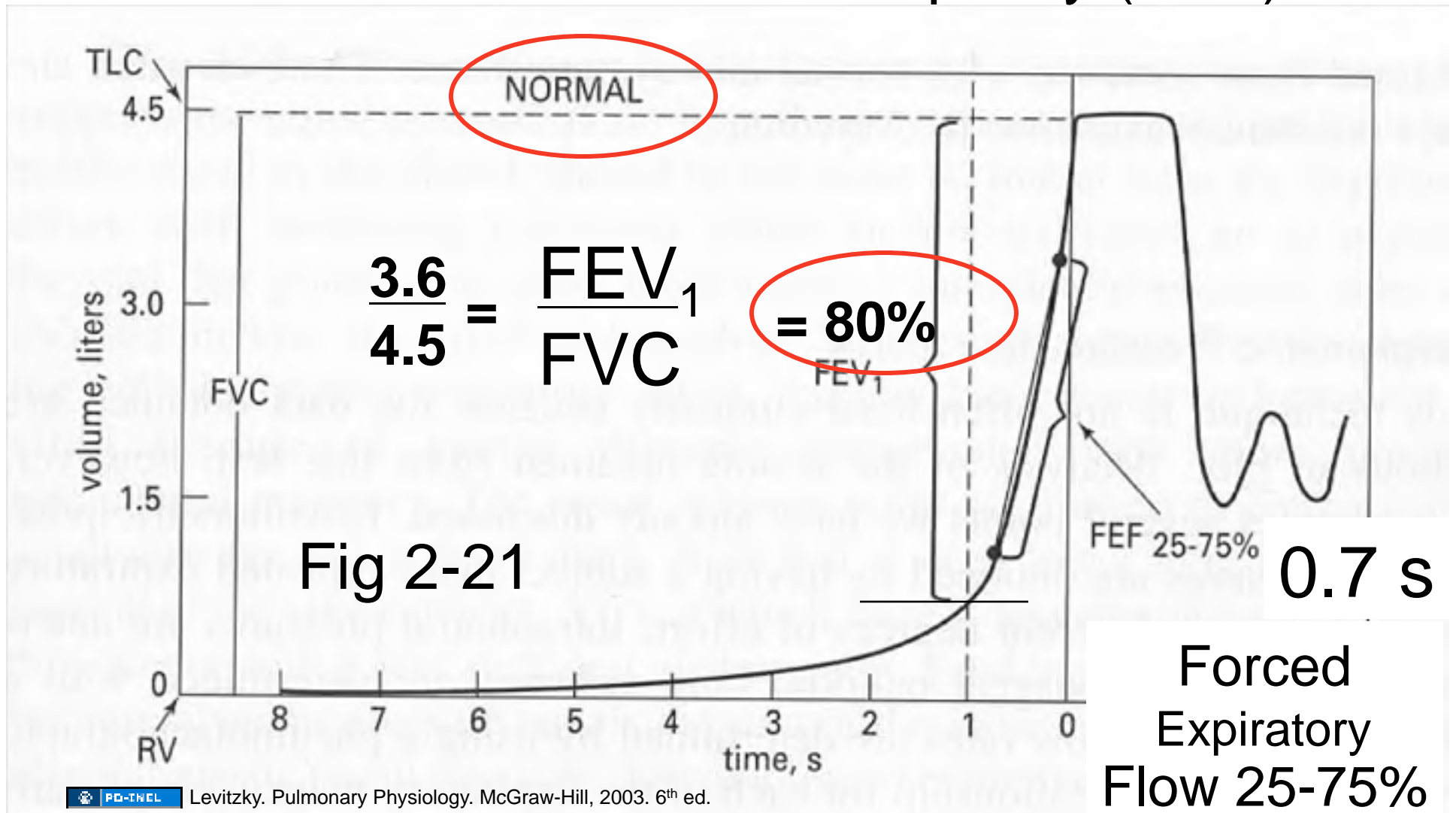
“Static” Volumes & Capacities



$$FRC = ERV + RV$$

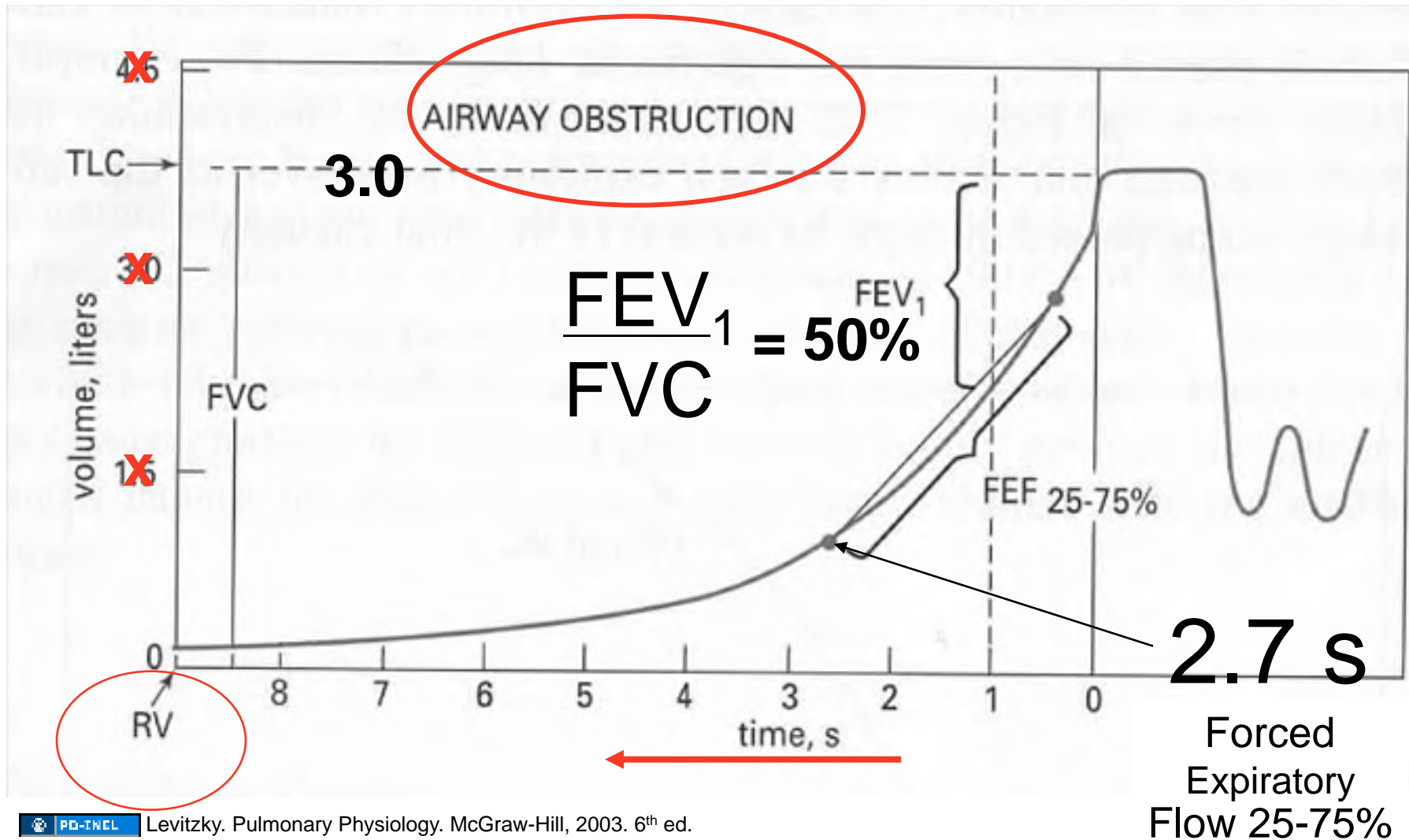
Airway Resistance 1 (Normal)

Forced expired volume in 1 sec (FEV_1) as a fraction of Forced Vital Capacity (FVC)



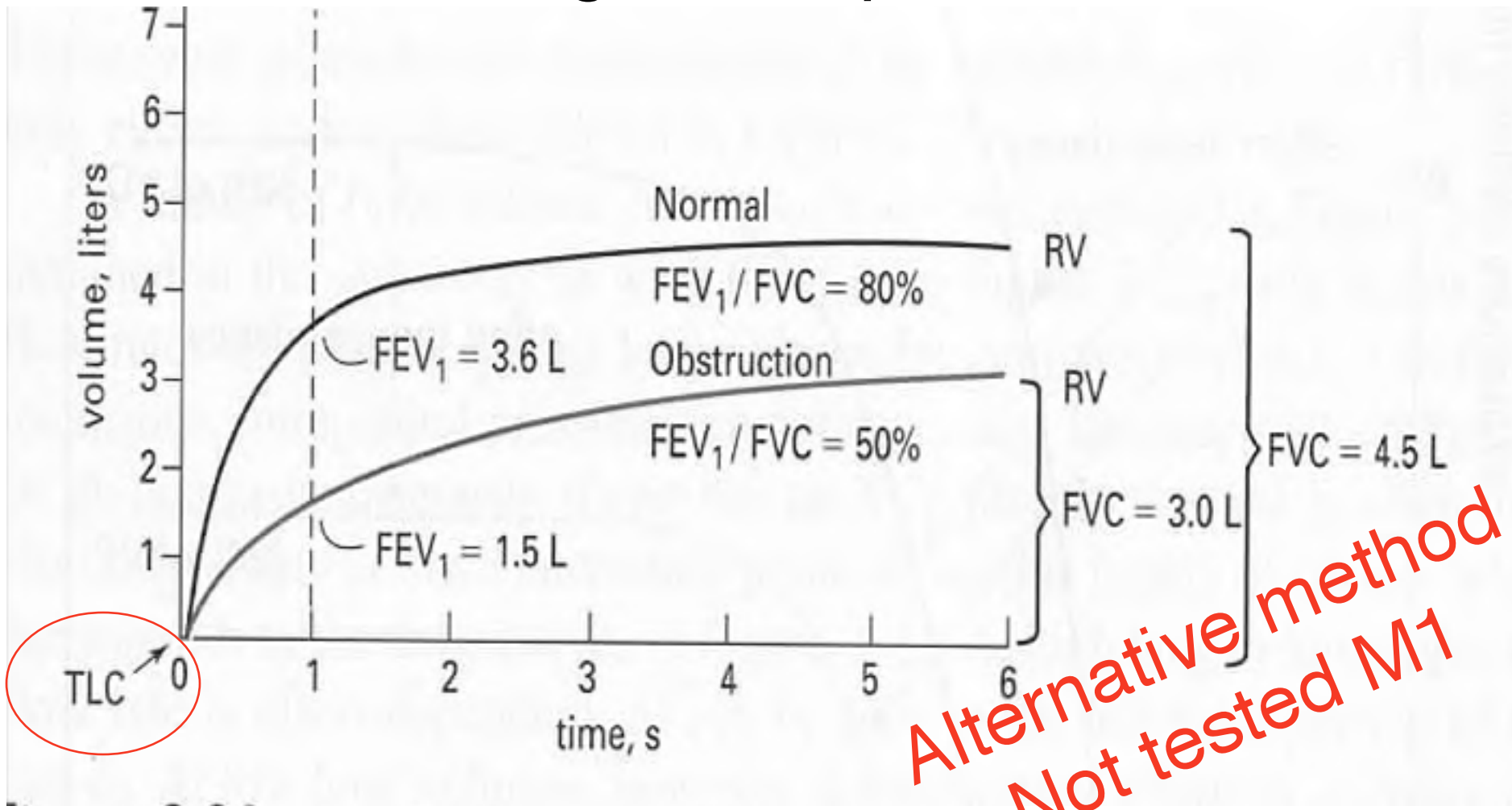
Airway Resistance 2 (Obstruction)

More resistance so less and slower flow



Airway Resistance 3

“Rolling Seal Spirometer”



Alternative method
Not tested M1

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Slide 19: Source Undetermined, Please see: <http://www.cvrti.utah.edu/~macleod/bioen/be6000/labnotes/resp/figures/spirometer.jpg>

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