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Title

An Observational Study Comparing Intrathoracic Pressure Changes and Stroke Volume Variation with Abdominal Insufflation: SVV vs Pes

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Authors

Sadjadi, Sadaf
Alzayat, Omar
Subramanyam, Chaitra
et al.

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An Observational Study Comparing Intrathoracic Pressure Changes and

Stroke Volume Variation with Abdominal Insufflation: SVV vs Pes

Sadaf Sadjadi, BA, Omar Alzayat, BA, Chaitra Subramanyam, MS, Neal Fleming, MD, PhD

BACKGROUND

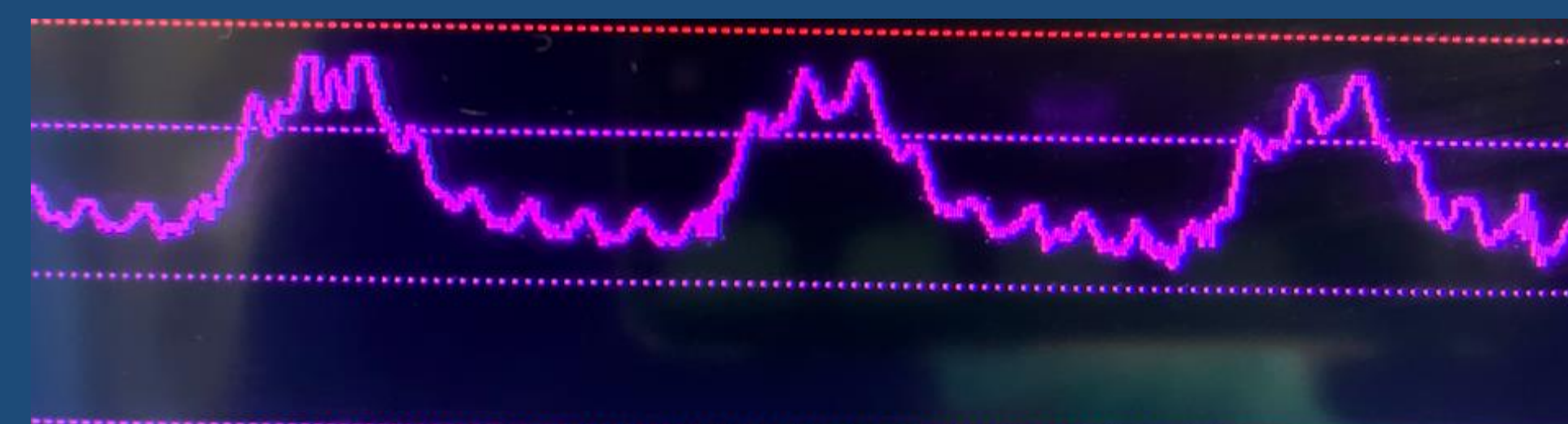
- Stroke volume variation (SVV) is a proxy for fluid responsiveness in mechanically ventilated patients¹
- Esophageal pressure (Pes) is an accepted method of determining transpulmonary pressure and estimation of intrathoracic pressure²
- Current literature is sparse and conflicting regarding SVV or PPV changes with pneumoperitoneum

STUDY OBJECTIVE

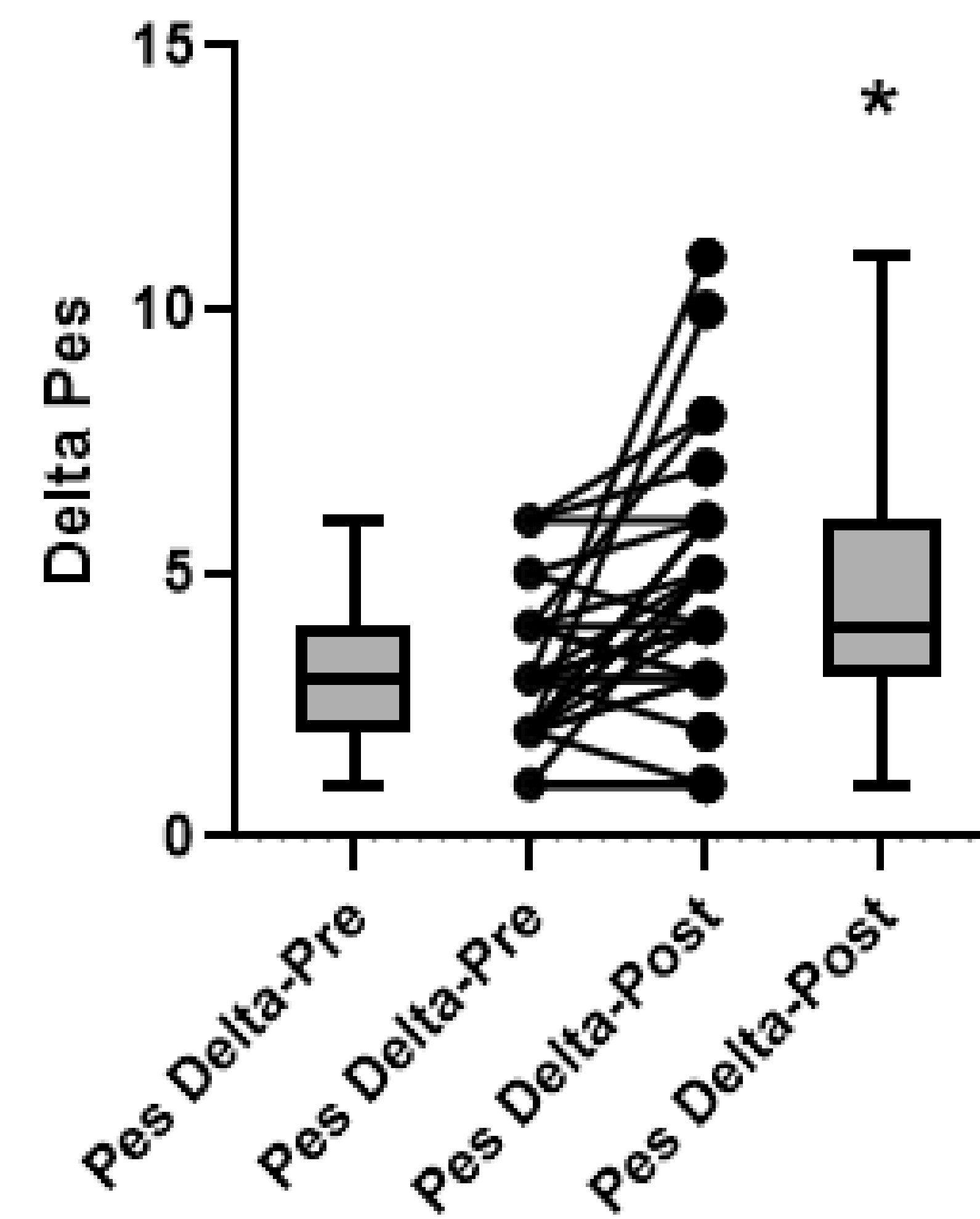
Compare and correlate predictive agreement between Pes and Edwards ClearSite hemodynamic measurement changes following abdominal insufflation

METHODS

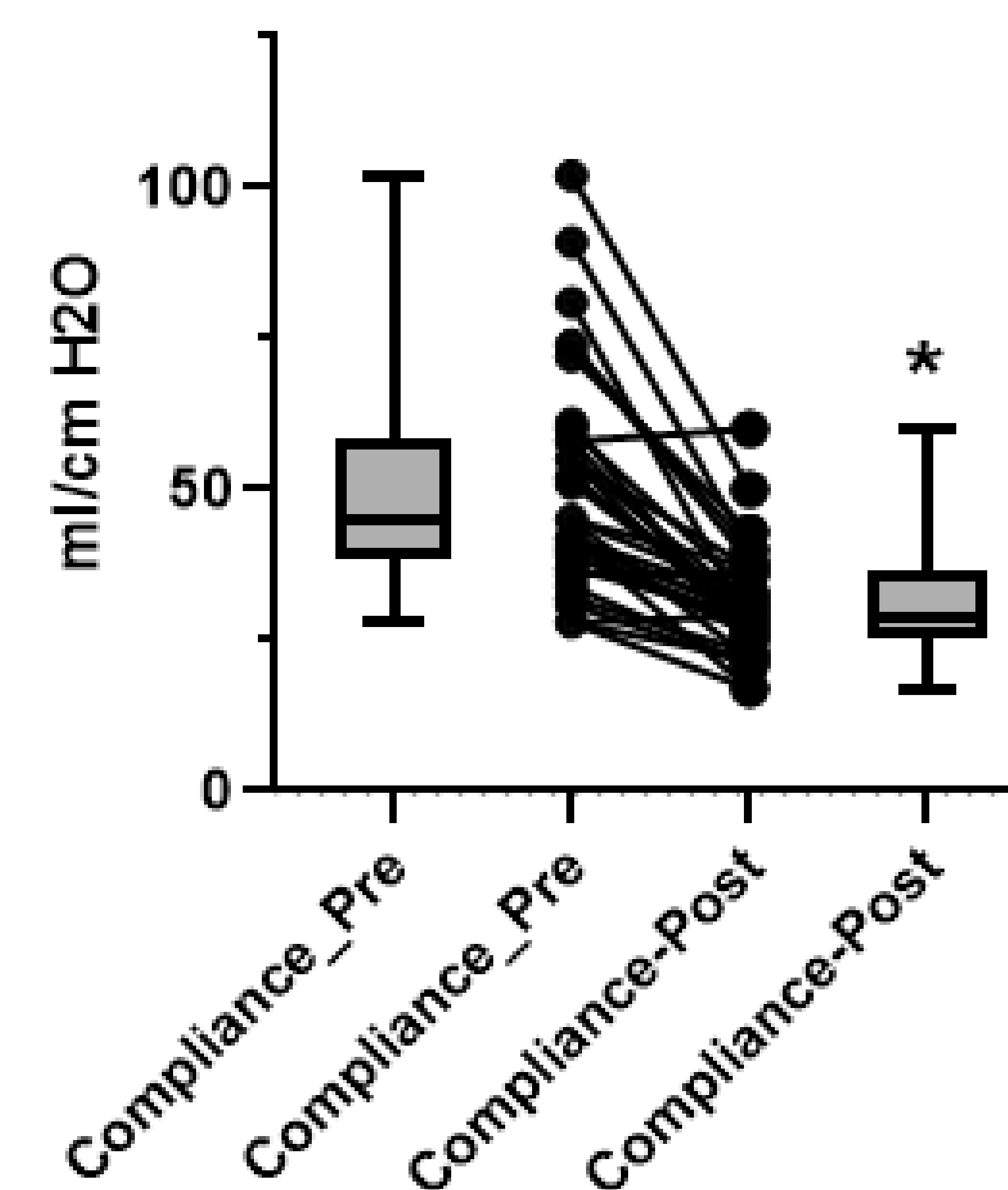
- Approved by Human Subjects Research Committee. Written, informed consent
- ASA I-III adult patients undergoing elective laparoscopic surgery with general anesthesia and abdominal insufflation
- Standardized tidal volume (8ml/kg) and PEEP (5 cm H₂O)
- Esophageal balloon catheter inserted after induction to measure Pes with optimized waveform
- Measured pre- and post- insufflation min/max Pes, lung compliance and SVV
- ClearSite cuff connected to Edwards HemoSphere advanced monitoring platform to measure SVV
- Paired t-test to analyze Pes, lung compliance and SVV changes.



Esophageal Pressure



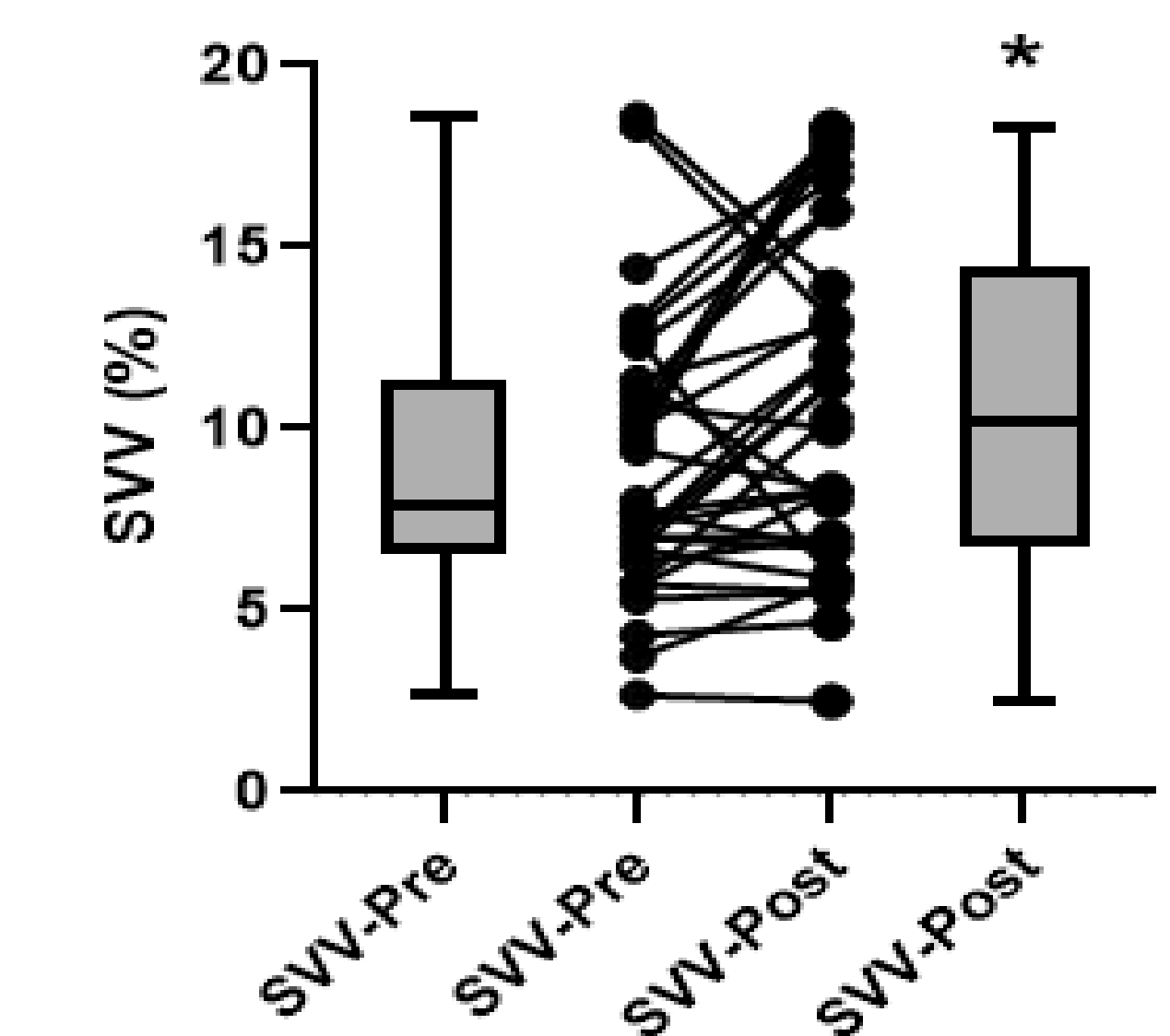
Lung Compliance



RESULTS

- 27 female and 7 male subjects undergoing general abdominal surgery
- Average Age: 56 ± 18 yr, Height: 167 ± 9 cm, Weight: 83 ± 17 kg, Ideal Weight: 60 ± 10 kg

Stroke Volume Variation



CONCLUSION

- Abdominal insufflation to 15mmg Hg increases the esophageal pressure swing (Δ Pes) from 3 ± 1.4 cm H₂O to 4.4 ± 2.4 cm H₂O
- Abdominal insufflation decreases lung compliance from 51 ± 18 L/cm H₂O to 31 ± 9.0 L/cm H₂O
- There is a corresponding significant increase in SVV with abdominal insufflation from 9.0 ± 3.7 to 11 ± 4.6

NEXT STEPS

- Extend study to confidently establish the relationship between abdominal insufflation, Pes, lung compliance and SVV
- Characterize the potential correlation between SVV and Pes

**Pneumoperitoneum
increases Pes & decreases
lung compliance.
There is a corresponding
increase in SVV.**

Omar Alzayat BA, UC Davis School of Medicine, Sadaf Sadjadi, UC Davis School of Medicine, Chaitra Subramanyam MS, Western University of Health Sciences
Neal Fleming M.D., Ph.D., Department of Anesthesiology and Pain Medicine, UC Davis School of Medicine

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1. Reuter, et al, Intensive Care Med; 2002; 28(4):392-8.
2. Grieco, et al., Annals of Translational Medicine; 2017; 5(14)a:285

