

## ORIGINAL ARTICLE

**HRV a simple non-invasive tool to evaluate autonomic tone in perioperative period during general anaesthesia**Jagadamba A<sup>1</sup>, Kavana G Venkatappa<sup>2</sup>, Ravi Madhusudhana,<sup>3</sup> Karthiyanee Kutty,<sup>1</sup> Vinutha Shankar<sup>1</sup>

## ABSTRACT

**Background:**

General anaesthesia causes decrease in both sympathetic & parasympathetic tone. Heart Rate variability (HRV) provides a powerful means of observing the interplay between sympathetic and parasympathetic nervous system. Reduced heart rate variability has been used as a marker of reduced vagal activity and is a valuable non-invasive tool in assessment of cardiovascular autonomic function.

**Objectives:**

To evaluate the autonomic tone in perioperative period during general anaesthesia by HRV.

**Methods:**

HRV was recorded for 5 minutes in supine position by using (CARDIART 8408 VIEW) HRV machine. Time domain (SDNN) analysis of HRV was done in the perioperative period. Reduced HRV is indicated by reduced SDNN. The results were statistically analyzed using one way ANOVA & Post-Hoc Bonferroni criterion was used.

**Results:**

Post Hoc analysis indicated that SDNN was significantly lower in intraoperative period compared to the preoperative period. There was no significant difference between the preoperative & postoperative period. SBP, DBP, MAP & HR were significantly lower in the intraoperative & post operative period. Pair wise comparison of SBP, DBP, MAP & HR between intraoperative & postoperative period was significant.

**Conclusion:**

The results confirm a significant relationship between HRV preoperatively measured at rest and BP stability during anaesthesia induction. It can be used to measure the peri-operative hypotension & study the circulatory phenomenon in peri-operative subjects. Thus better understanding of the resting pre operative ANS condition has to be done.

**Key words:** blood pressure, general anaesthesia, heart rate variability.

1. Department of physiology, SDUMC, Kolar.
2. Department of physiology, AJ Institute of Medical Sciences, Mangalore.
3. Department of Anaesthesia, SDUMC, Kolar.

**Corresponding Author: Dr. Jagadamba A, SDUMC, Kolar**

Email ID: jagguravi@gmail.com



10. Boer DRW, Karemaker JM, Strackee J. Spectrum of a series of point events, generated by the integral pulse frequency modulation model. *Med Biol Eng Comput* 1985;23:138-142.
11. Acharya UR, Min LC, Joseph P. HRV analysis using correlation dimension DFA. *Innov Tech BIOL Med(ITBM-RBM)* 2002;23:333-339.
12. Laitio TT, Huikuri HV, Makikallio TH, Jalonen J, Kentala ES, Helenius H et al. The breakdown of fractal heart rate dynamics predicts prolonged postoperative myocardial ischemia. *Anaesth Analg* 2004;98:1239-44.
13. Estafanous FG, Brum JM, Riberio MP, Estafanous M, Starr N, Ferrario CJ. Analysis of heart rate variability to assess hemodynamic alterations following induction of anesthesia. *Cardiothorac Vasc Anesth* 1992;6:651-7.
14. Hanss R, Renner J, Ilies C, Moikow L, Buell O, Steinfath M et al. Does heart rate variability predict hypotension and bradycardia after induction of general anaesthesia in high risk cardiovascular patients? *Anaesthesia* 2008;63:129-35.
15. Picker O, Scheeren TW, Arndt JO. Inhalation anaesthetics increase heart rate by cardiac vagal activity in dogs. *Br J Anaesth* 2001;87:748-54.
16. Page MM, Watkins PJ. Cardiorespiratory arrest and diabetic autonomic neuropathy. *Lancet* 1978;7:14-6.
17. Haberthur C, Schachinger H, Seeberger M, Gysi CS. Effect of non-hypotensive haemorrhage on plasma catecholamine levels and cardiovascular variability in man. *Clin Physiol Funct Imaging* 2003;23:159-65.
18. Lalito T, Jalonen J, Scheinin H. The role of heart rate variability in risk stratification for adverse postoperative cardiac events. *Anesth Analg* 2007;105:1548-60.
19. Tsuchiya S, Kanaya N, Hirata N, Kurosawa N, Kamada N, Edanaga M et al. Effects of thiopental on bispectral index and heart rate variability. *Eur J Anaesthesiol* 2006;23:454-9.
20. Tanaka M, Nagasaki G, Nishikawa T. Moderate hypothermia depresses arterial baroreflex control of heart rate during, and delays its recovery after, general anesthesia in humans. *Anesthesiology* 2001;95:51-5.
21. Novak V, Novak P, De Champlain J, Le Blanc AR, Martin R, Naedeau R. Influence of respiration on heart rate and blood pressure fluctuations. *J Appl Physiol* 1993;74:617-26.