

Category 1 :**Respiratory monitoring**

Category 2 :**Respiratory - airway management**

**A118 - A pressure reconstruction method for spontaneous breathing effort monitoring.**

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### **Introduction:**

Estimating respiratory mechanics of mechanically ventilated (MV) patients is unreliable when patients exhibit spontaneous breathing (SB) efforts on top of ventilator support. This reverse triggering effect [1] results in an M-wave shaped pressure wave. A model-based method to reconstruct the affected airway pressure curve is presented to enable estimation of the true underlying respiratory mechanics of these patients.

### **Methods:**

Airway pressure and flow data from 72 breaths of a pneumonia patient were used for proof of concept. A pressure wave reconstruction method 'fills' parts of the missing area caused by SB efforts and reverse triggering by connecting the peak pressure and end inspiration slope (Figure 1). A time-varying elastance model [2] is then used to identify underlying respiratory elastance ( $AUCE_{drs}$ ). The area of the unreconstructed M-wave has less pressure, resulting in a lower overall  $AUCE_{drs}$  without reconstruction. The missing area of the airway pressure or  $AUCE_{drs}$  is hypothesized to be a surrogate of patient-specific inspiratory to assess the strength of SB efforts.  $AUCE_{drs}$  and missing area  $A_2$  are compared with/without reconstruction.

### **Results:**

Median  $AUCE_{drs}$  and breath-specific effort using reconstruction were 24.99[IQR:22.90-25.98] cmH<sub>2</sub>O/l and 3.64 [IQR:0.00-3.87] % versus  $AUCE_{drs}$  of 20.87[IQR:15.24-27.48] cmH<sub>2</sub>O/l for unreconstructed M-wave data, indicating significant patient and breath specific SB effort, and the expected higher elastance ( $p < 0.05$ ).

### **Conclusions:**

A simple reconstruction method enables the real-time measurements respiratory system properties of a SB patient and measure the surrogate of the SB effort, that latter of which has clinical useful in deciding whether to extubate or re-sedate the patient.

### **References:**

1. E. Akoumianaki et al. CHEST 143:927-938, 2013.
2. Y. S. Chiew et al. BioMedical Engineering OnLine 10: 111, 2011.

### **Image 1 :**

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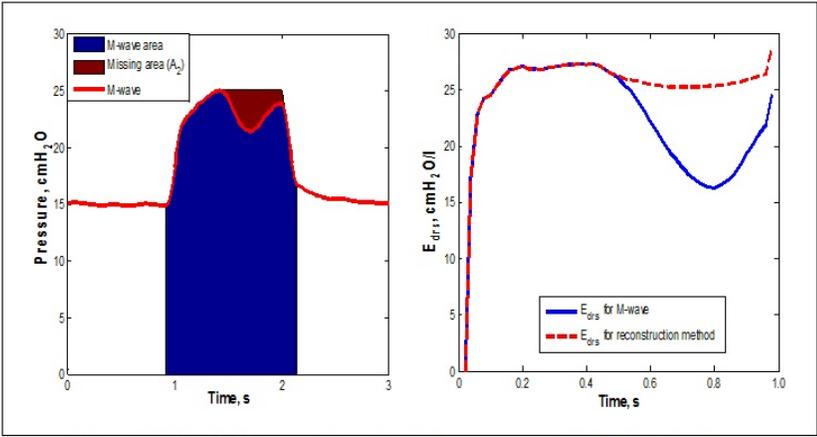


Figure 1. The  $E_{drs}$  for M-wave and reconstructed airway pressure at PEEP = 15 cmH<sub>2</sub>O.