

Lecture 6 : ECG (Part 2)

0. Review

1. 12-Lead ECG

2. ECG system

3. Mini Lab

- Today : HW2 due

- Fri (Jan 24) : Lab 1 report due

- Next week : Quiz (Jan 28) ← HW2 material

PreLab 3 (due at lab session)

HW 3 (due Jan 30)

Lab 2 report (due Jan 31)

↑ see course website for template

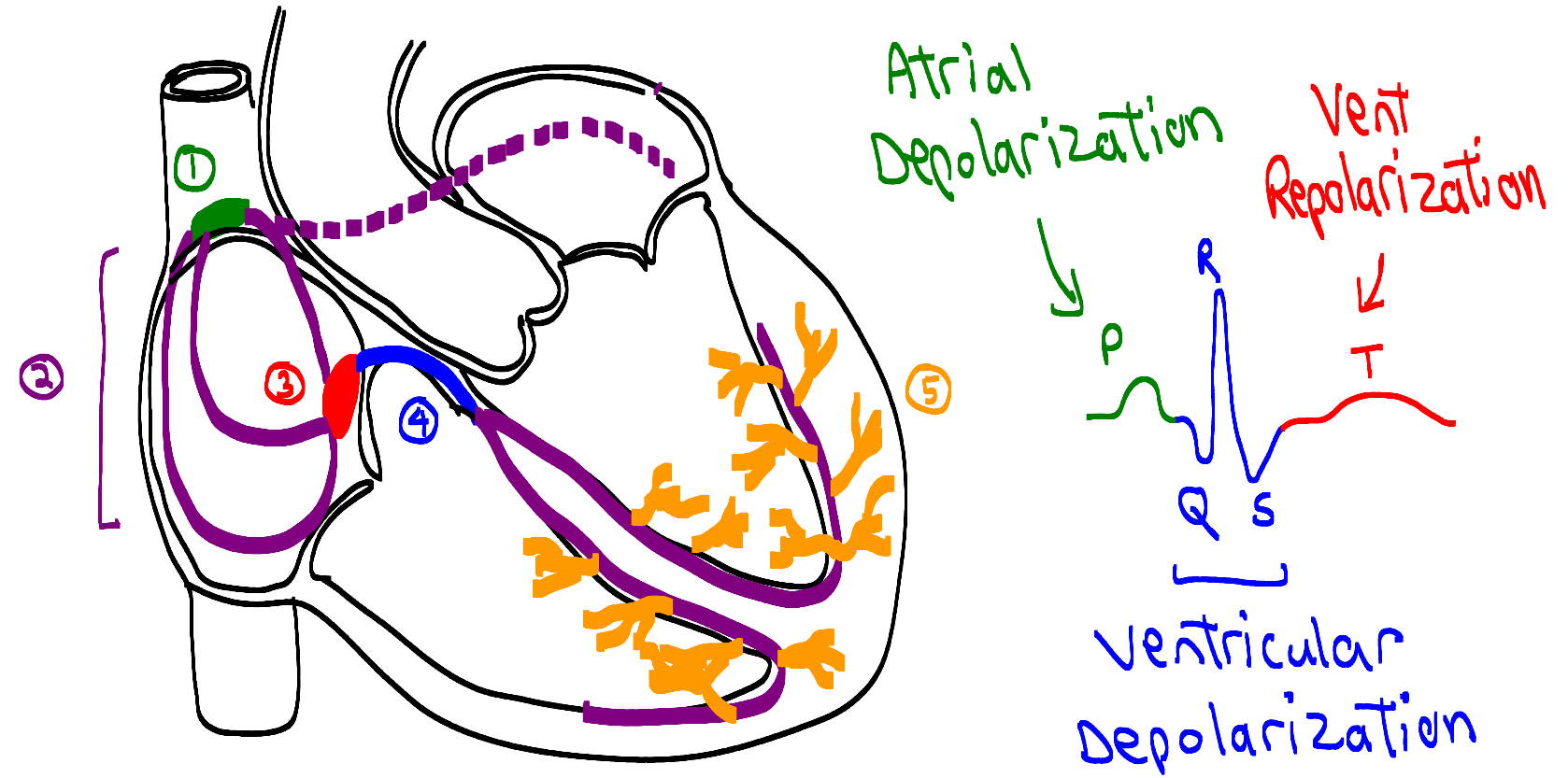
- Exam #1 (Feb 6) !

→ course website will have
sample exam + solutions

0. Review

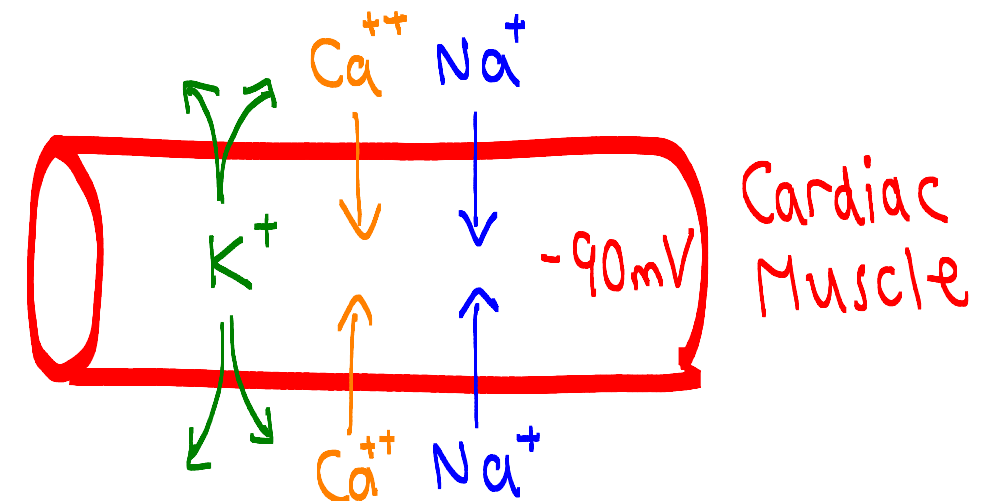
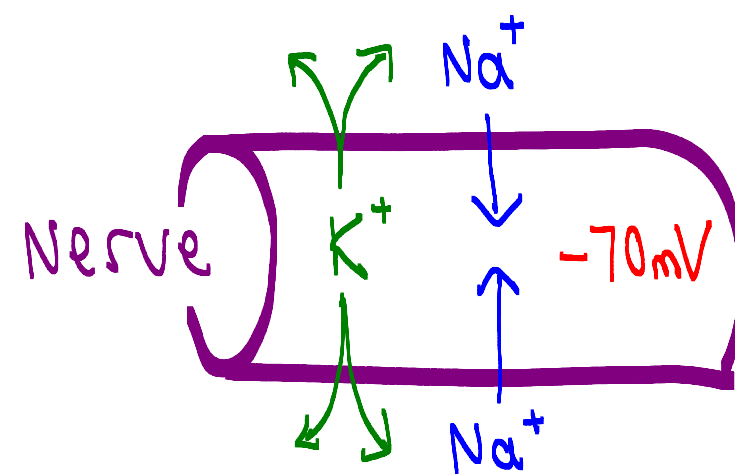
A. Electrical network of the heart

- ① SA node
- ② Internodal Tracts + Bachmann's Bundle
- ③ AV node
- ④ His, left + right bundles
- ⑤ Purkinje fibers



B. Action Potentials

Rest potential
Depolarization
Repolarization



1. 12-Lead ECG ← standard method

- 3 Einthoven's Triangle
- + 3 Augmented Leads ← ?
- + 6 Precordial Leads ← ?

12 Leads

NOTE: Only 9 electrodes
+ Right Leg electrode

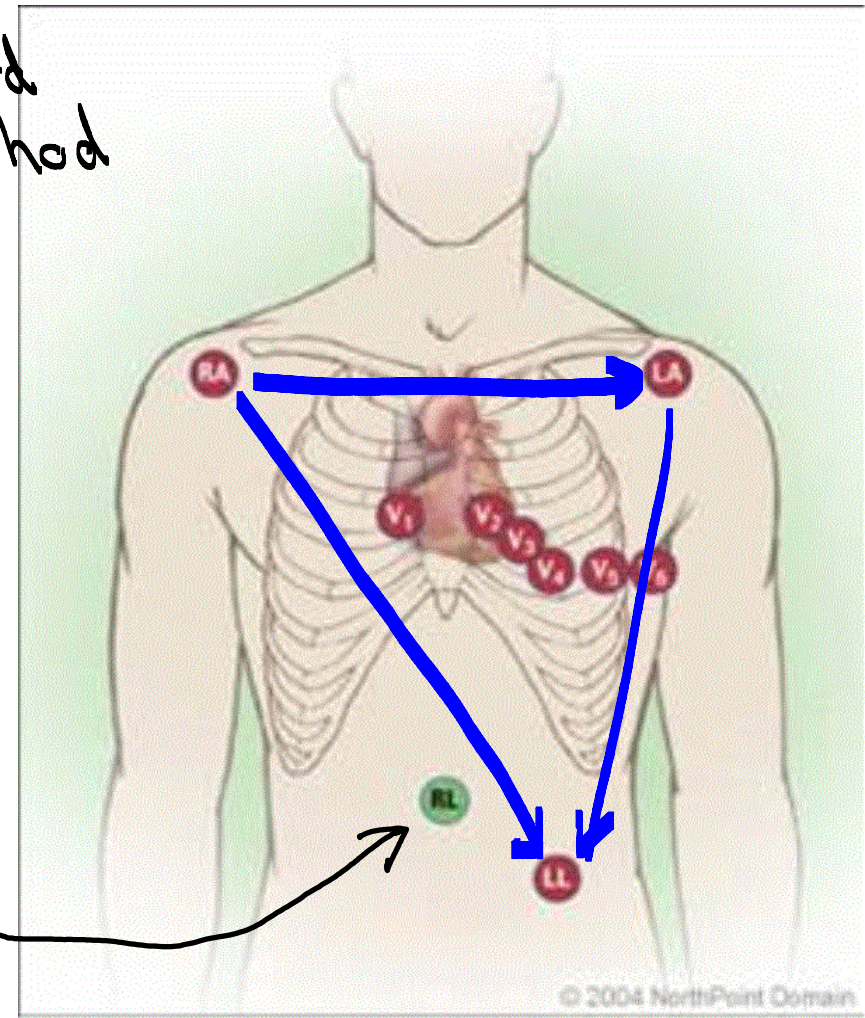
For electrical grounding

Q: Why so many leads?

• Cardiac vector provides useful diagnostic info.

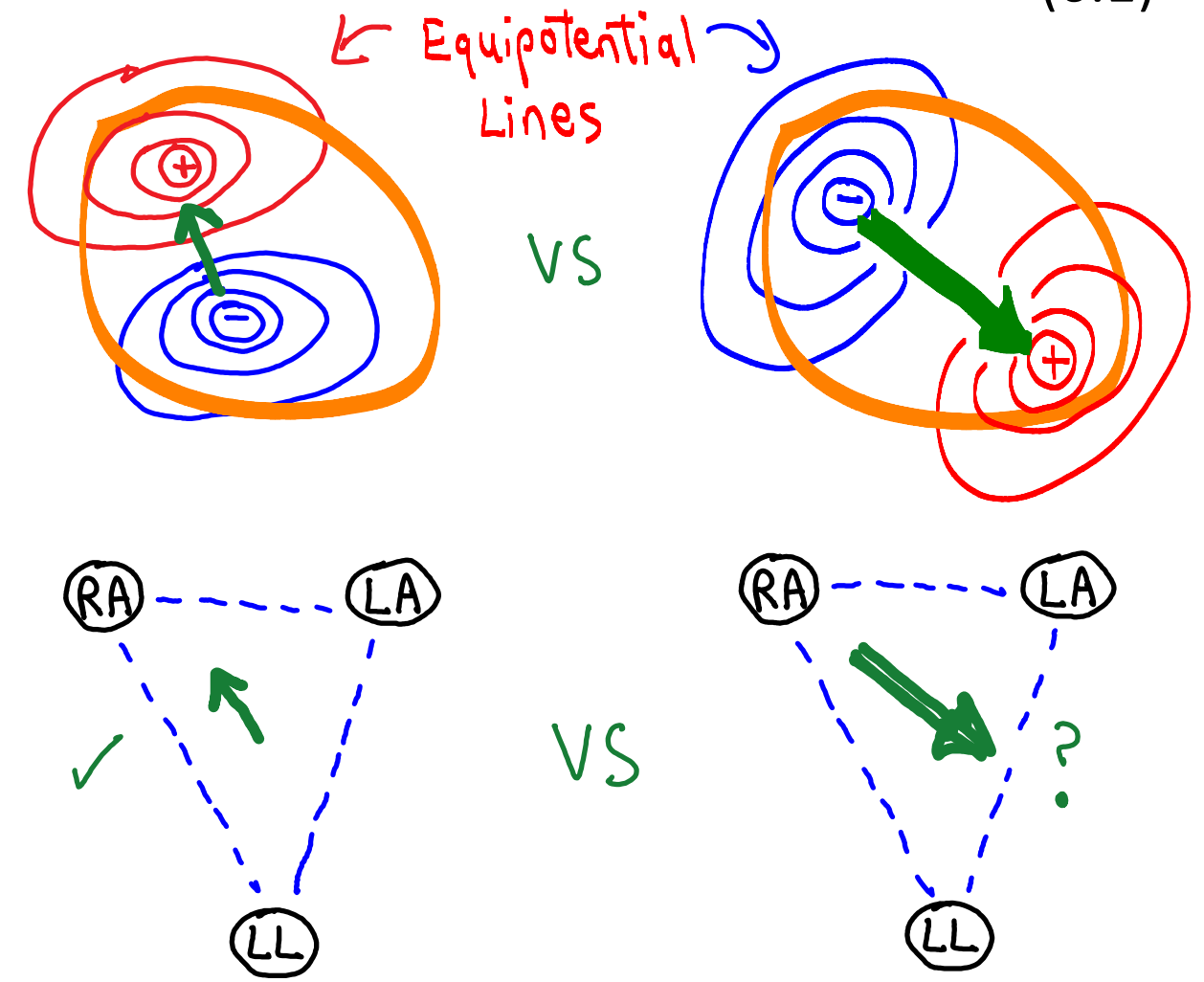
Mag + direction change during cardiac cycle

Need multiple ECG leads to easily visualize



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(6.1)



• Augmented Leads

The RA, LA, and LL electrodes also define three equivalent (augmented) leads

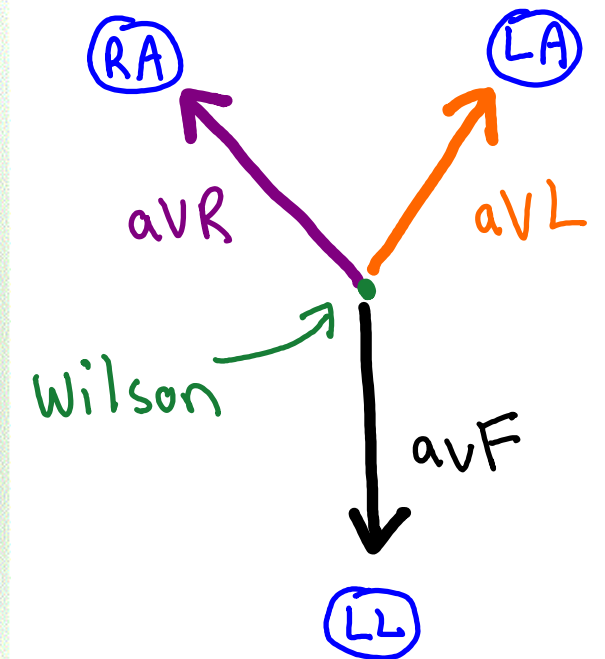
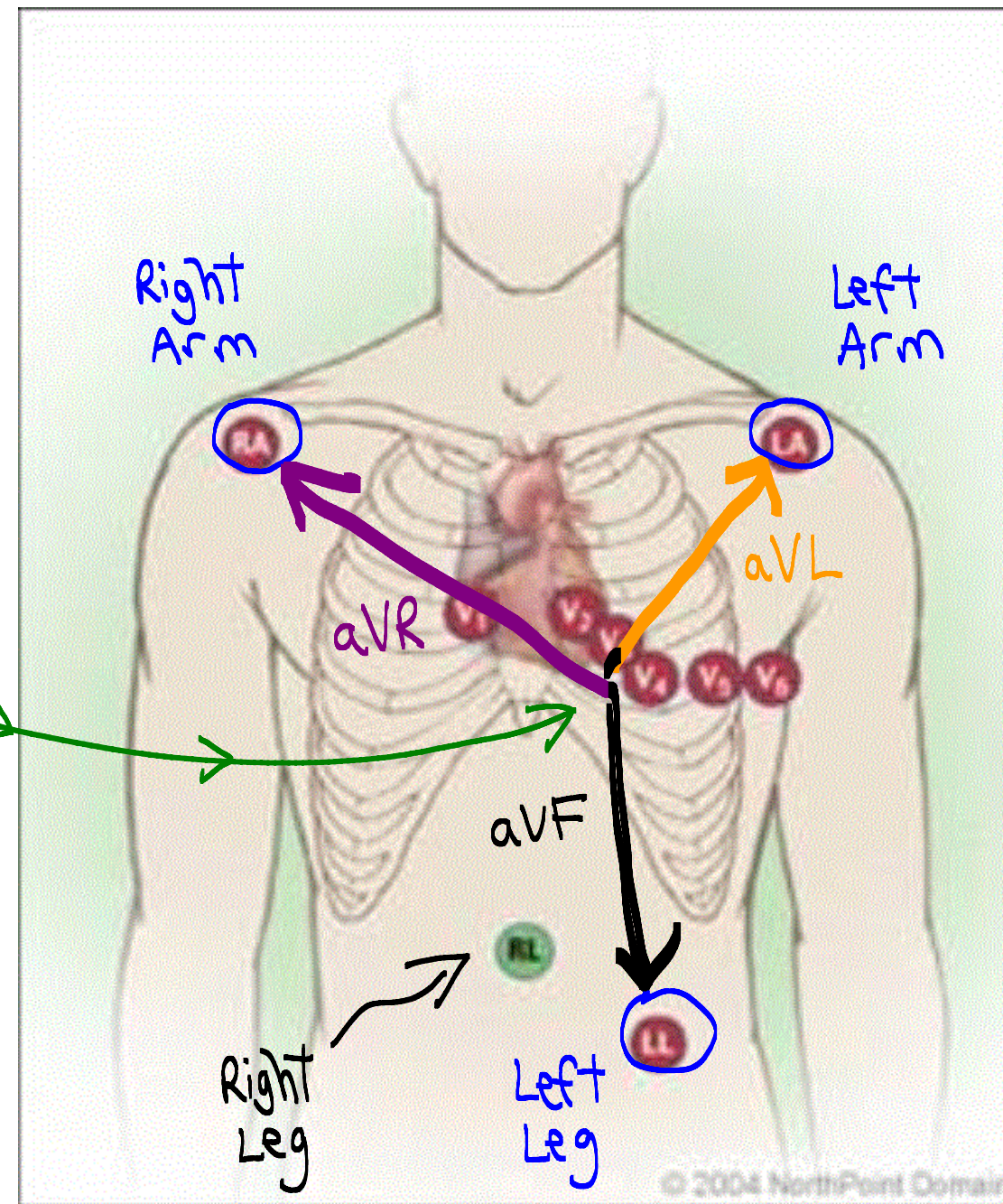
Potential difference between electrode and an equivalent reference electrode

↳ Wilson's Central Terminal

$$(1) aVR \equiv [\text{Wilson}] \rightarrow [\text{Right Arm}]$$

$$(2) aVL \equiv [\text{Wilson}] \rightarrow [\text{Left Arm}]$$

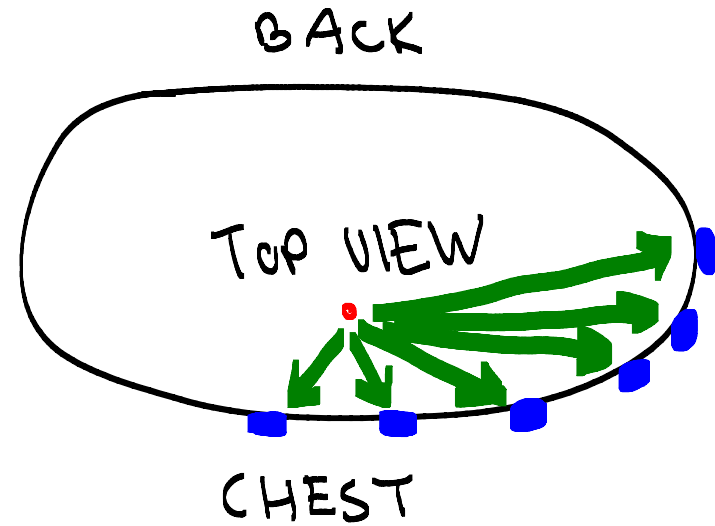
$$(3) aVF \equiv [\text{Wilson}] \rightarrow [\text{Left Leg}]$$



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- Precordial Leads

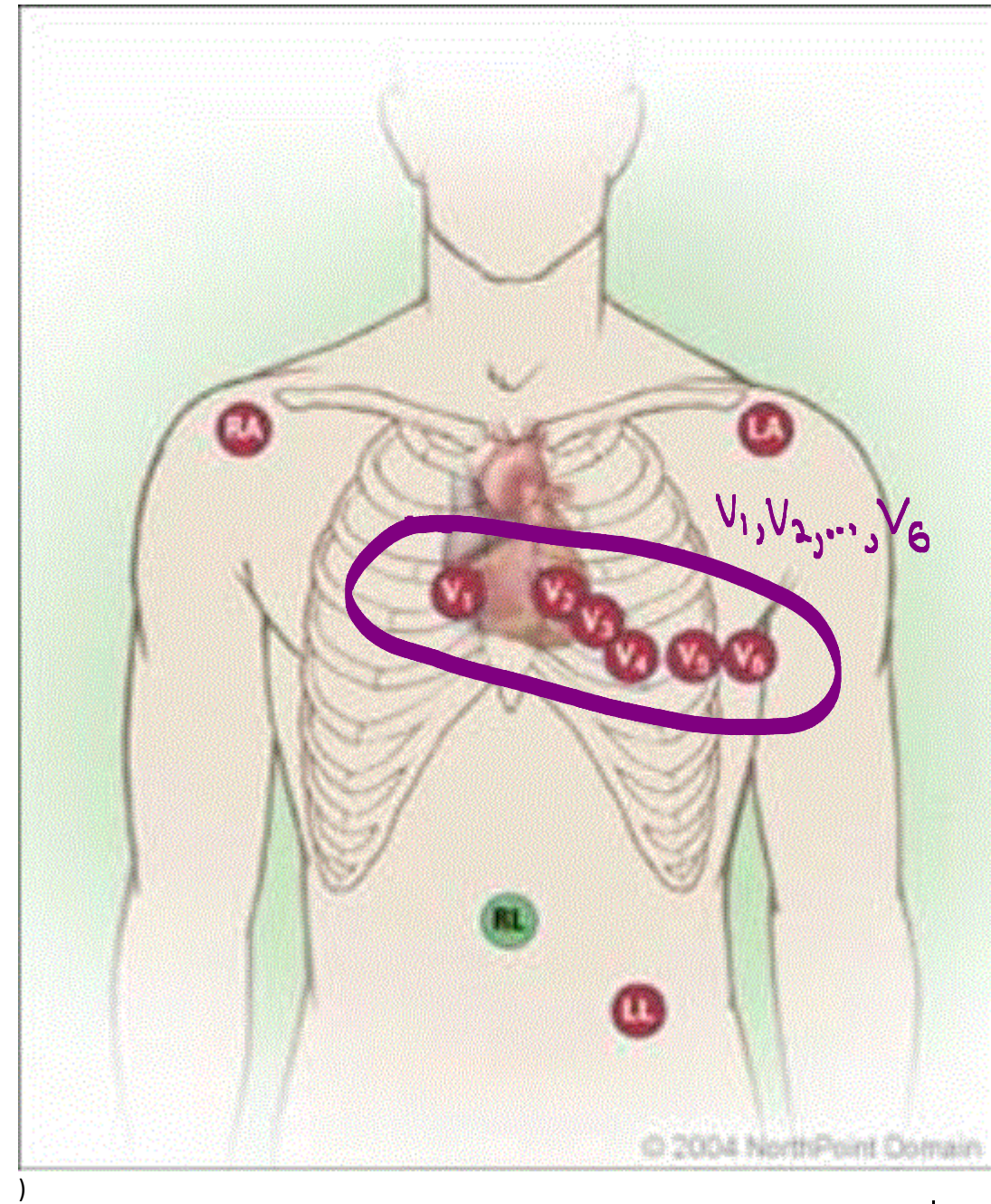
→ Six more electrodes placed on the chest wall.



Provide info about cardiac vector along transverse plane!

Precordial Leads are measured by:

[Wilson Central Terminal] → [Precordial Electrode]

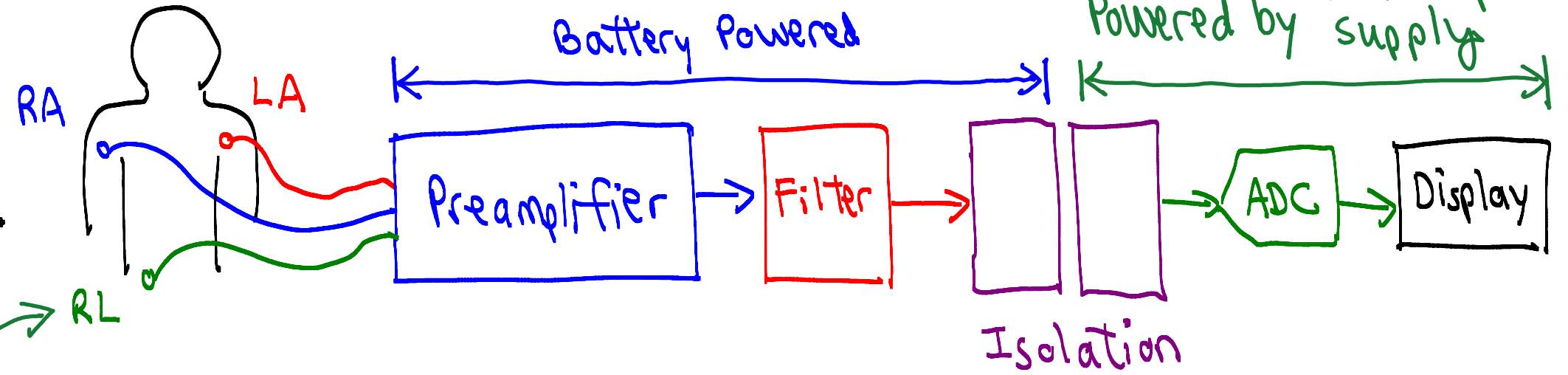


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2. ECG System

ECG Lab3 is the simplest case:
ONE lead! Need 3 electrodes.

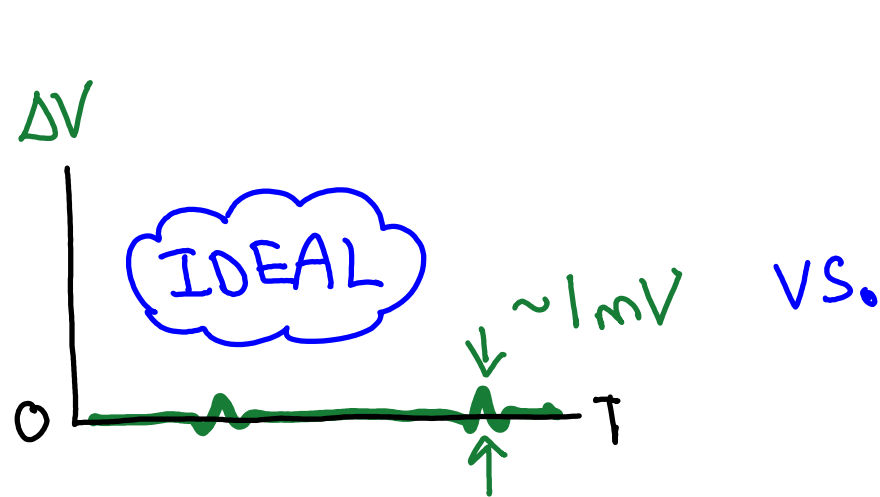
Defines electrical ground of patient → RL



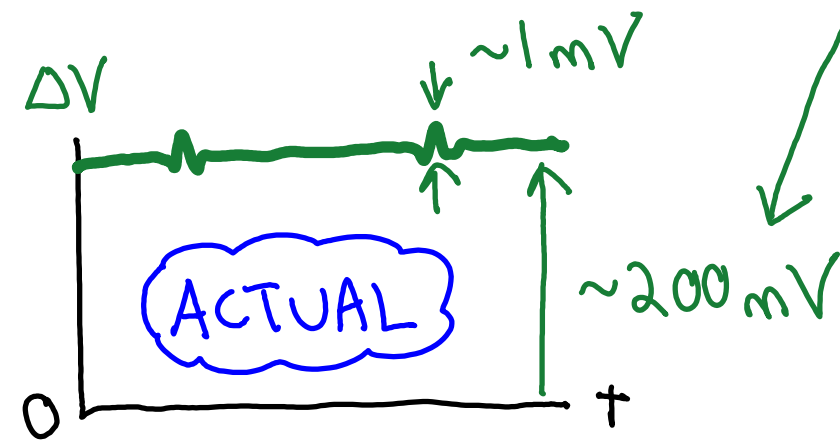
(6.4)

A. Preamplifier

- Instrumentation amplifier amplifies $\Delta V = V_{RA} - V_{LA}$



vs.



In reality, skin-electrode interface can produce up to $\sim 200\text{mV}$ offset!

∴ A_d cannot be too high!
Typically $A_d \sim 30$.

• Input protection

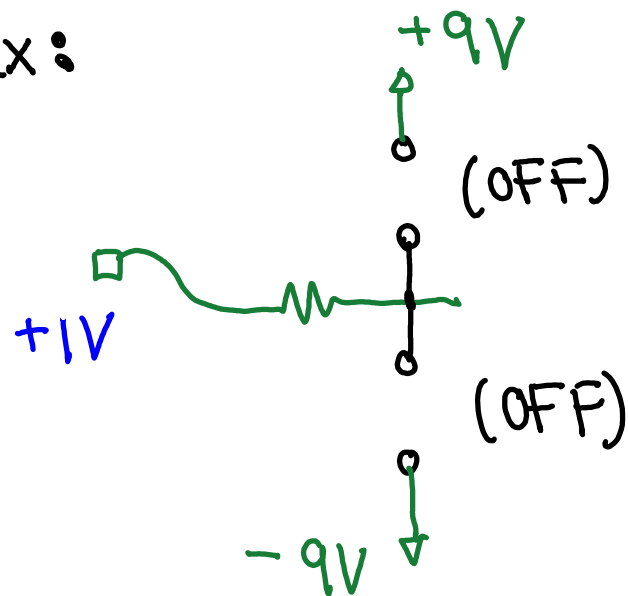
ECG amplifier inputs usually have protection diodes.

→ Act as voltage clamps to prevent high voltages

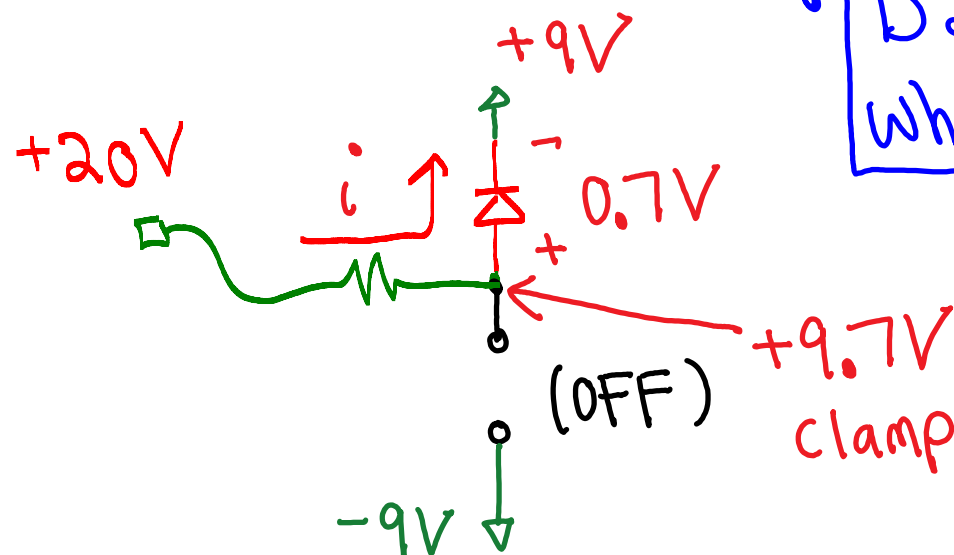
(static electricity,
line voltage leakage, etc)

Both
Diodes are OFF
when $|V_i| < 9V$

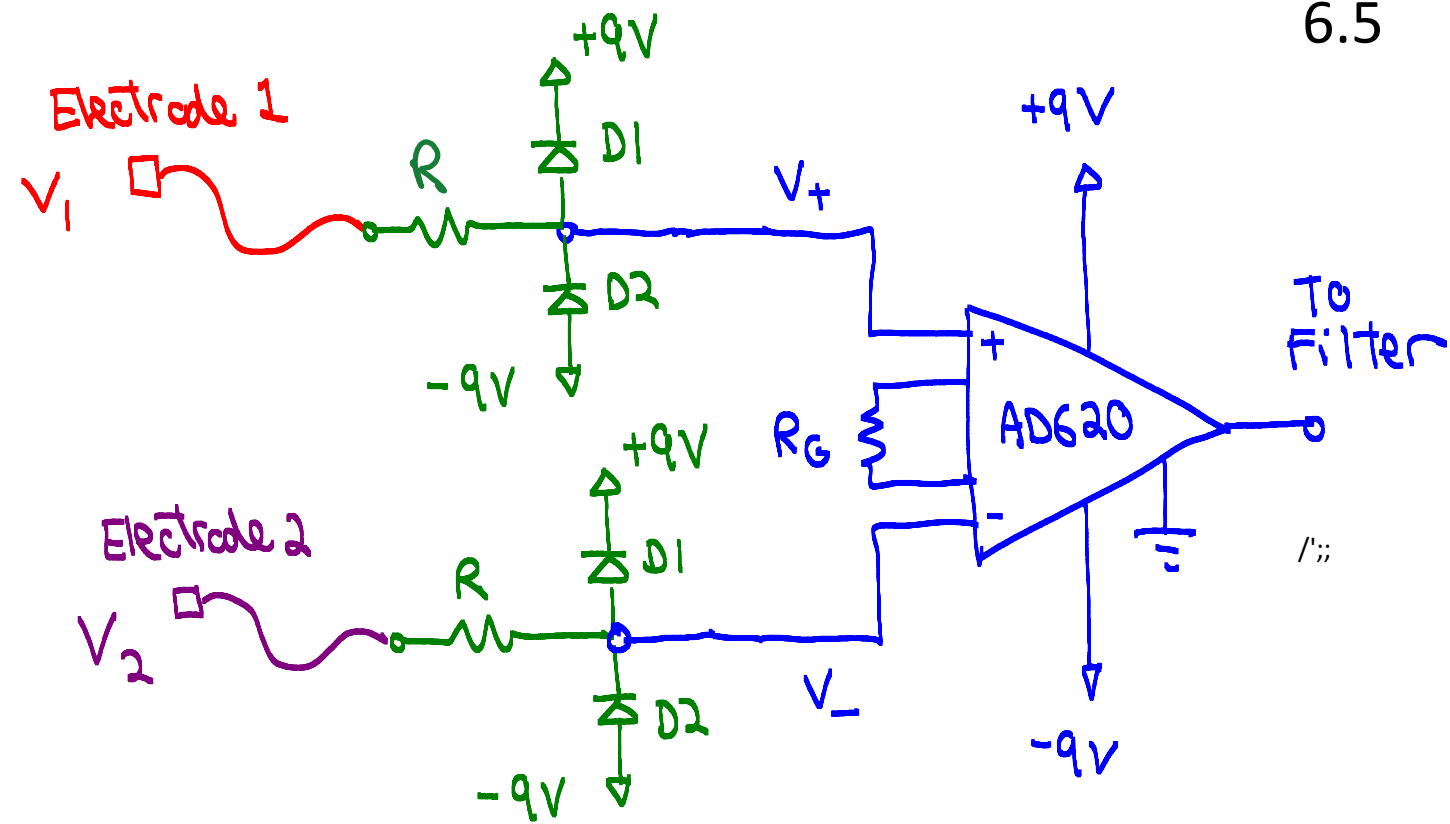
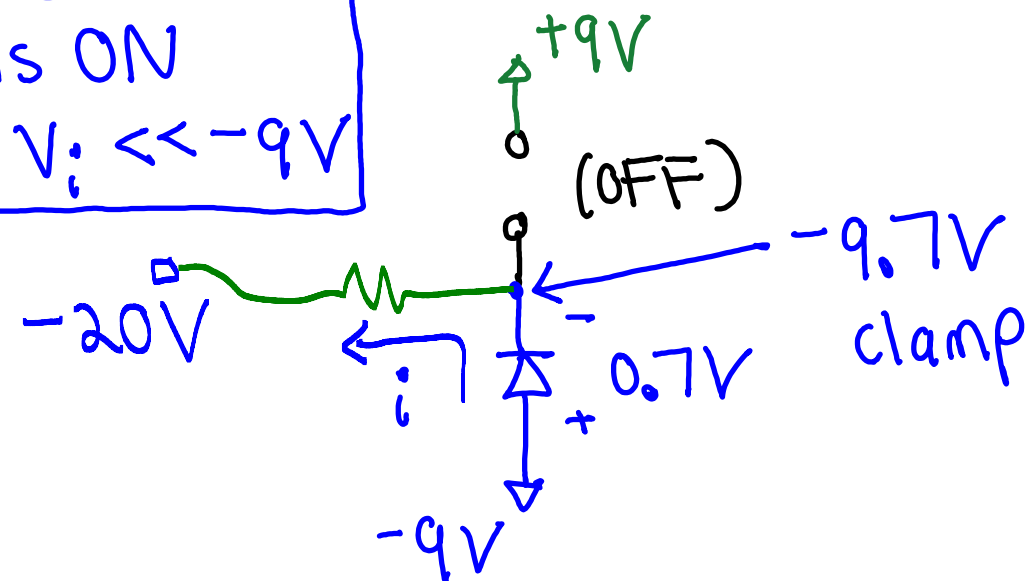
Ex:



• D1 is ON
when $V_i \gg +9V$



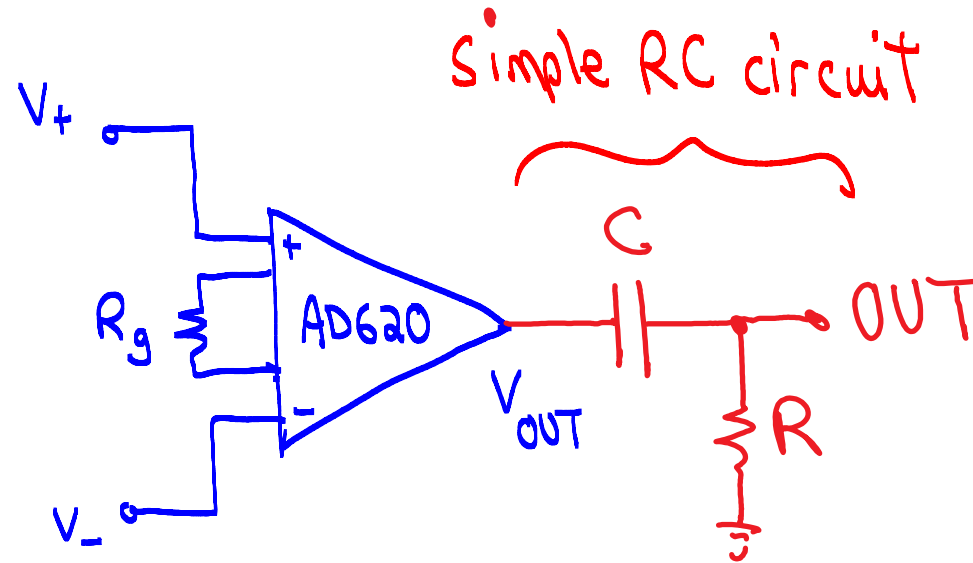
• D2 is ON
when $V_i \ll -9V$



B. Filter

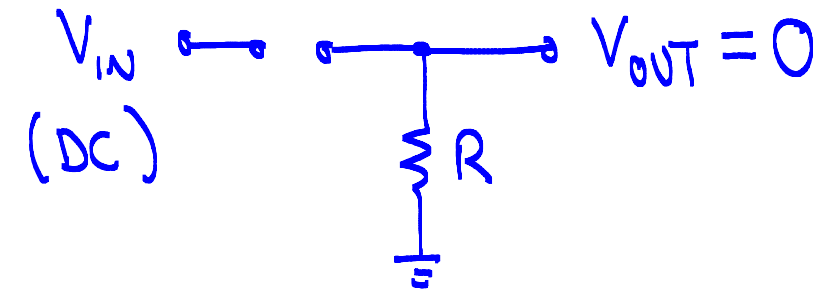
- Mismatch in skin-electrode contact potential creates an input DC offset voltage (up to ~200 mV)

→ amplified by inst amp

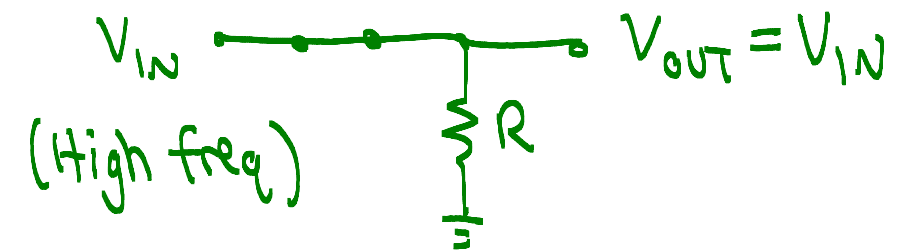


For capacitor, $Z = \frac{1}{j\omega C}$ (6.6)

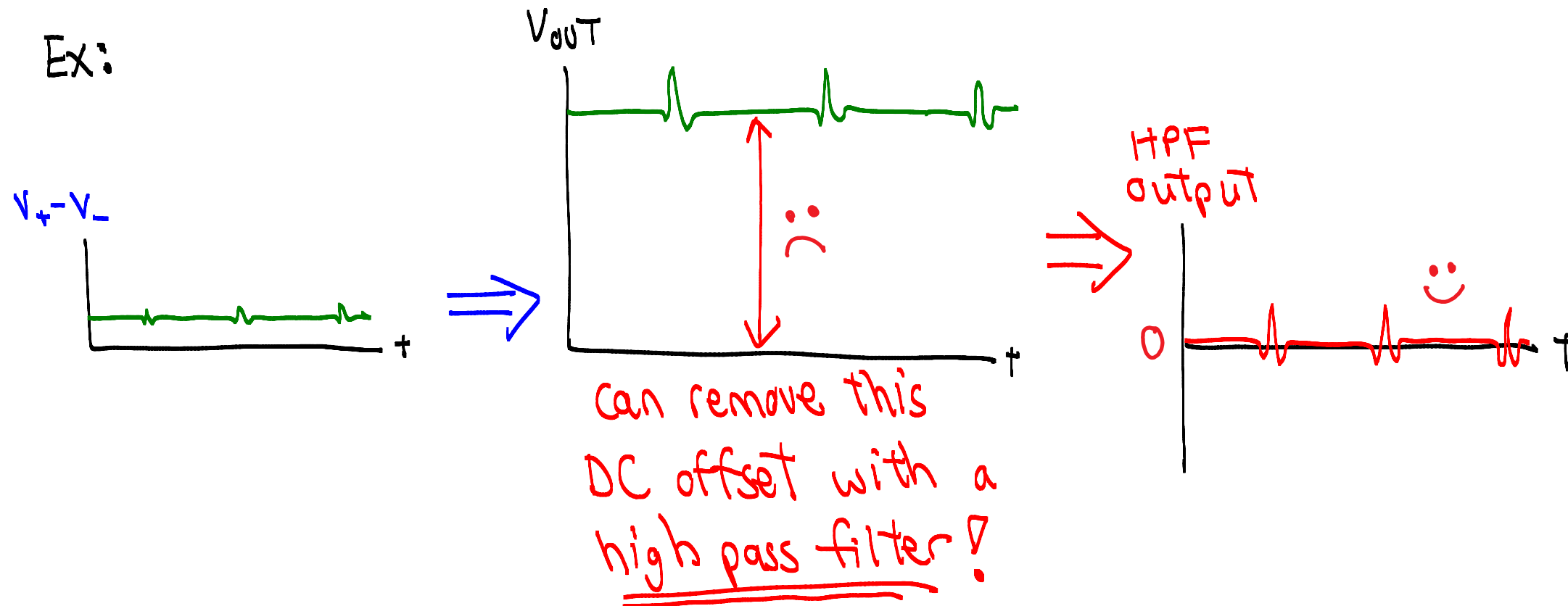
- At DC ($f=0$), Capacitor is an OPEN



- At high freq, Capacitor is a SHORT



Ex:

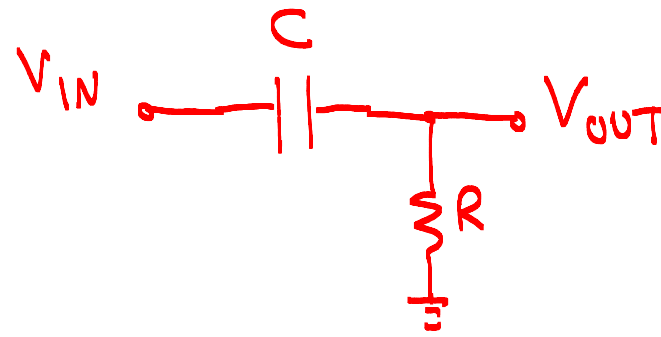


• HPF Frequency Response

Straightforward to show that:

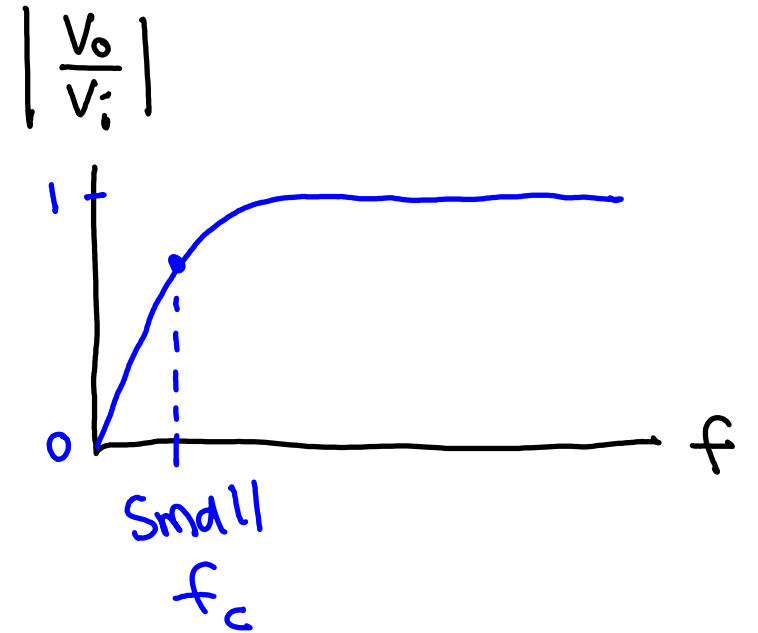
$$\frac{V_{OUT}}{V_{IN}} = \frac{j f / f_c}{1 + j f / f_c}$$

$$f_c = \frac{1}{2\pi RC}$$



NOTE:

Large
RC

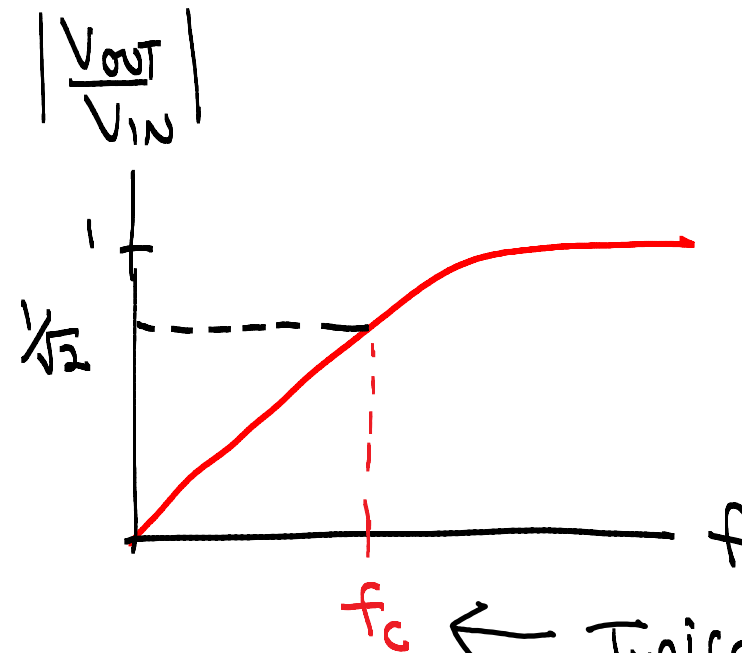


Can easily show that

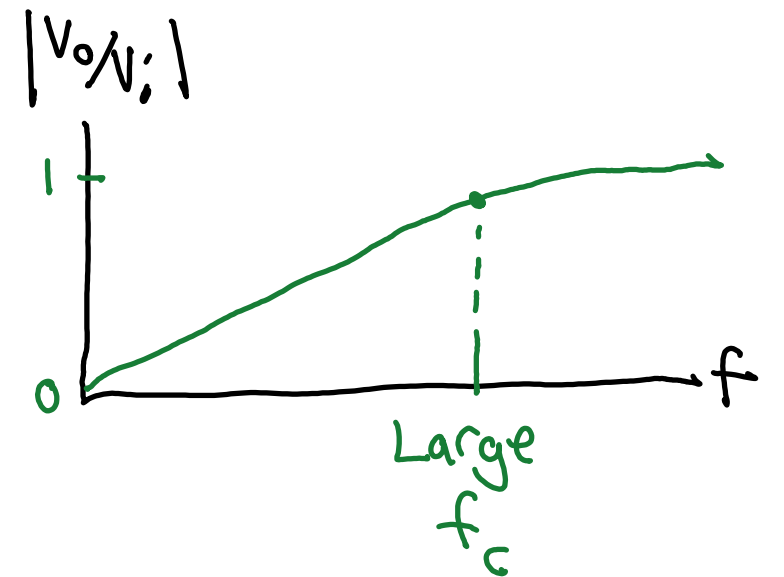
$$\left| \frac{V_{OUT}}{V_{IN}} \right| = \frac{f / f_c}{\sqrt{1 + (f / f_c)^2}}$$

PreLab 3
Problem

$$f_c = \frac{1}{2\pi RC}$$



Small
RC



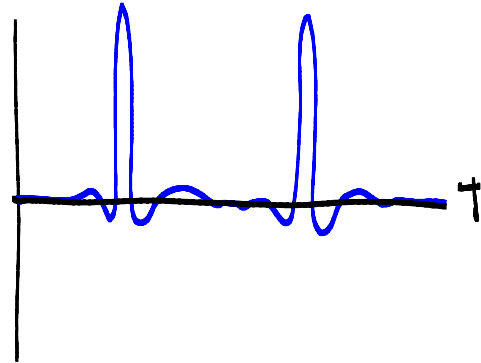
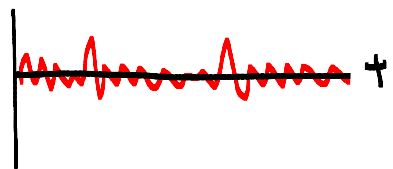
← Typically ~1 Hz for ECG

- After the HPF, the ECG signal is pretty small ($\sim 5\text{ mV}$) and very noisy.

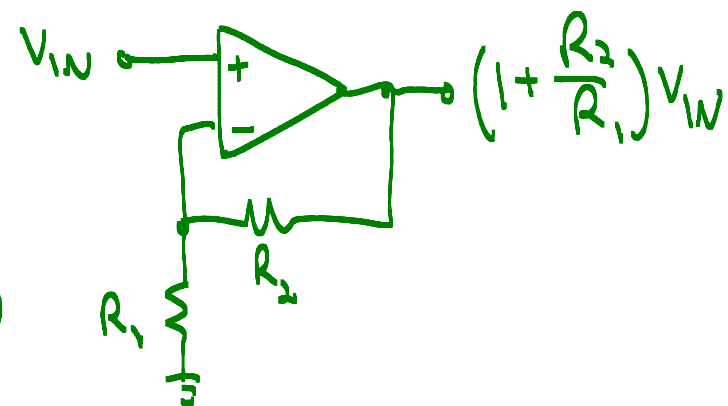
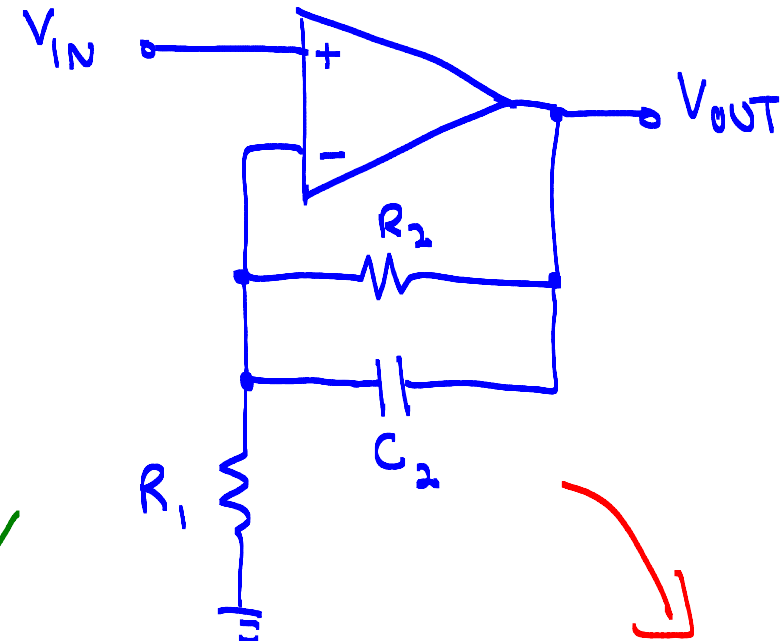
- Need more gain
- Need a low pass filter

After gain + LPF

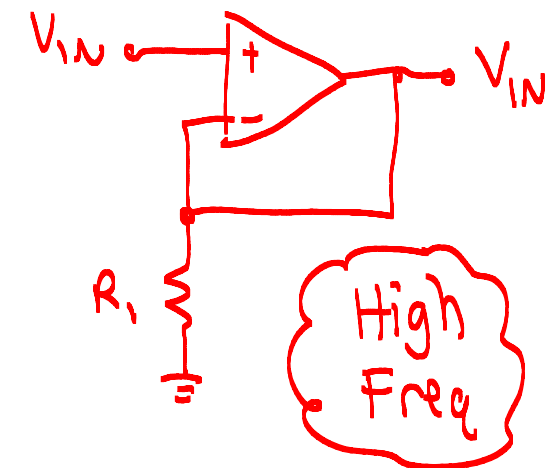
After HPF



Can combine a non-inverting amplifier with a low pass filter



Low Freq



High Freq

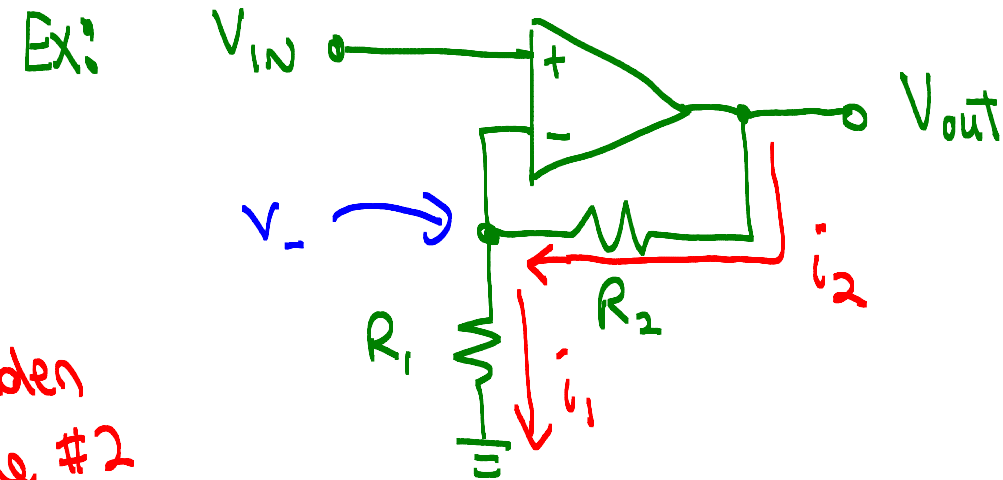
How to derive V_{out}/V_{in} ?

Recall the op Amp Golden Rules:

① The two input terminals are at the same voltage.

② the two input terminals draw no current.

NOTE: These golden rules assume an ideal op amp used with negative feedback!



Golden Rule #2

→ KCL at node V_- : $i_2 = i_1$

$$\frac{V_{out} - V_-}{R_2} = \frac{V_- - 0}{R_1}$$

$$V_{out} = \left(1 + \frac{R_2}{R_1}\right) V_-$$

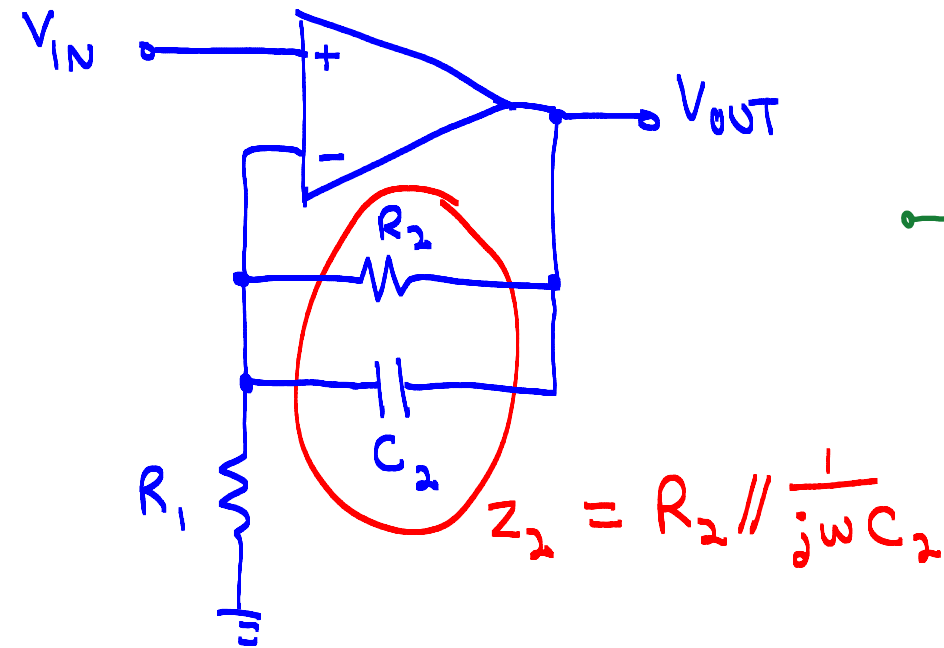
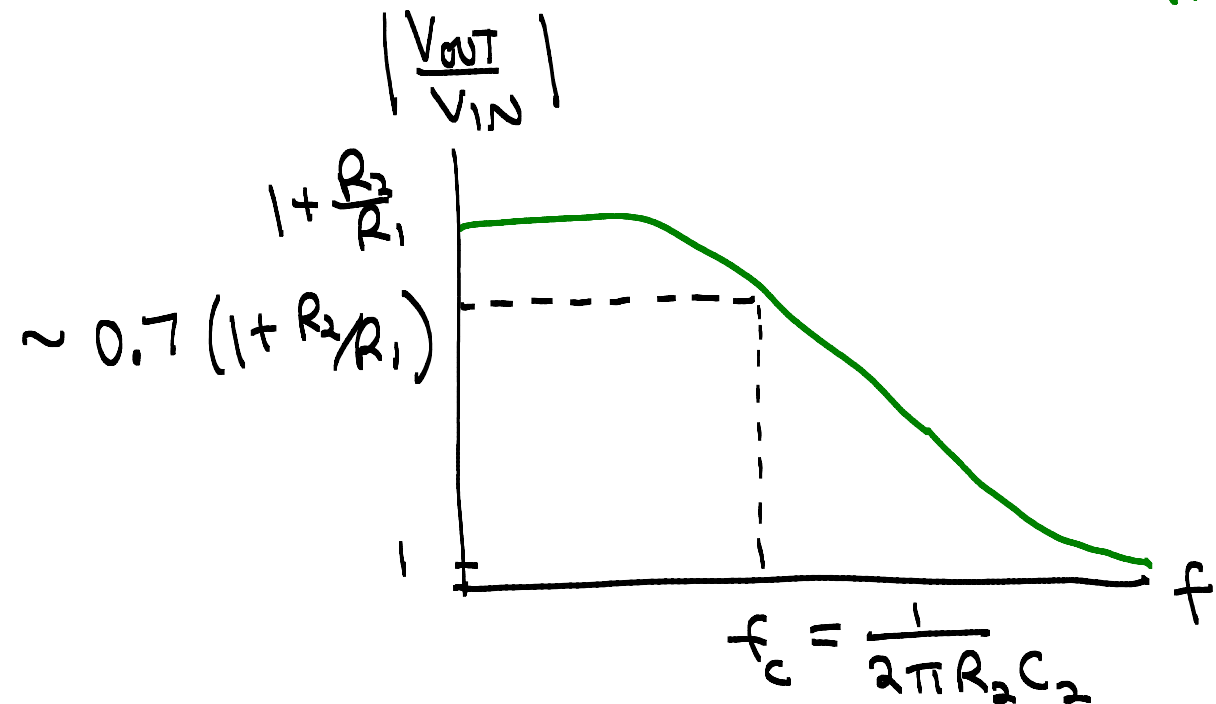
Golden Rule #1
↓
 V_{in}

$$\Rightarrow \boxed{\frac{V_{out}}{V_{in}} = 1 + \frac{R_2}{R_1}} \quad \because$$

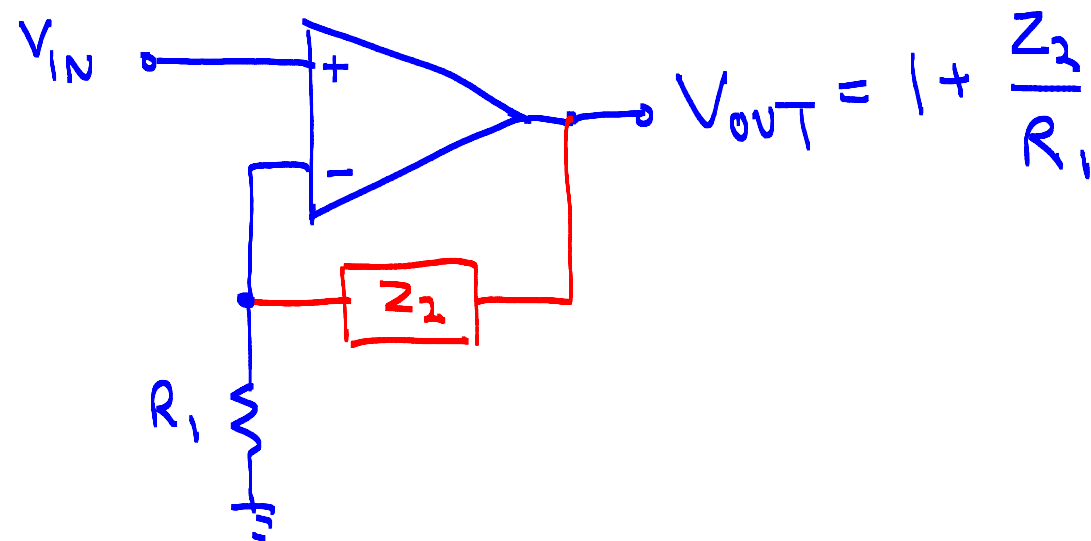
Adding a capacitor in parallel with R_2 causes the gain to decrease at high freq!

$$\Rightarrow \frac{V_{OUT}}{V_{IN}} = 1 + \left[\frac{R_2}{R_1} \cdot \frac{1}{1 + jf/f_c} \right]$$

$\uparrow \quad \frac{1}{2\pi R_2 C_2}$



$$\begin{aligned} & \text{Circuit diagram showing } Z_A \text{ and } Z_B \text{ in parallel, followed by an equals sign and a single block } Z. \\ & \frac{Z_A \cdot Z_B}{Z_A + Z_B} \end{aligned}$$

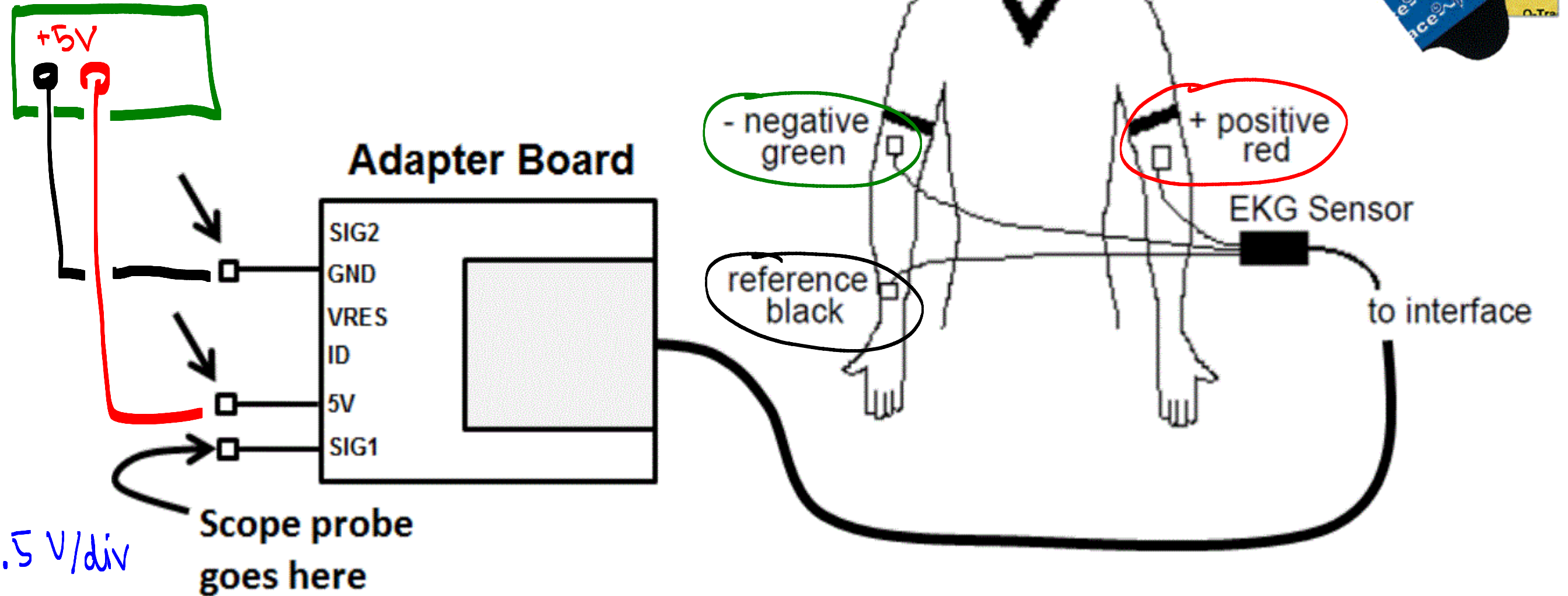


(6.10)

3. MiniLab

(6.11)

GOAL: Use a commercial ECG sensor to detect P&RST waveform!



Scope:
Vertical = 0.5 V/div
Horizontal = 200 ms/div