ELECTROPHYSIOLOGY DIAGNOSTIC AND THERAPEUTIC PROCEDURE REPORT

Patient: MILLS-FLOOD,TOYA LYNN SSN: 361483916 DOB: 1/28/1955 AGE: 67

Procedure Date: 9/7/2022 Associated Assessment: EP (09/07/2022)

Procedure Status: Elective outpatient procedure

Attending: YESHWANT,SRINATH

Assisting: SHAH,ANISH S

PROCEDURE INDICATIONS

Symptoms:

Palpitations

Indications:

Supraventricular Tachycardia (SVT)

PROCEDURES PERFORMED

Diagnostic Procedures:

Complex EP study (93620)

Induction of arrhythmia (93618)

Drug infusion (N/A)

Induction of arrhythmia after drug infusion (93623)

Post-ablation EP Study (93624)

Therapeutic Procedures:

Supraventricular tachycardia ablation (93653)

Additional SVT Arrhythmia ablation (93655)

Adjunctive Procedures:

3D electroanatomic mapping (93613)

TIME-OUT

A time-out was performed addressing all safety requirements relevant to the

procedure.

Type of procedure, site, and patient ID were verified with the patient.

The attending has assessed or re-assessed the patient and there are no

changes to the pre-procedure assessment.

PROCEDURE DETAILS

PROCEDURE:

1. Central access through common femoral veins

2. Electrophysiology study

3. Arrhythmia induction

4. Electroanatomical mapping

5. AVNRT ablation

6. Collagen plug closure of venotomy

INDICATION:

Symptomatic palpitations in a 67 year ESRD on PD, HTN, HLD.

OPERATORS:

Srinath Yeshwnat

Dana Johnson

Anish Shah

DETAILS:

Informed consent obtained and time out was performed prior to procedure

start. Sterile technique was used and hte patient prepared in usual fashion.

The femoral site was anesthetized with 1% lidocaine liberally. Using

ultrasound guidance, the common femoral vein was identified and accessed

with a cook needle x 3, and exchanged over wire for 2x7F sheaths and 1x8F

sheath without difficulty.

The EP catheters were then brought to the heart. A decapolar catheter was

inserted and guided to the coronary sinus with fluoroscopy and EGM guidance.

Subsequently, a quadrapolar catheter was placed in the RA by the His bundle,

and another quadrapolar catheter was placed in the RV inflow. An EP study

was performed.

The AH interval was 82 ms, The HV interval was 50 ms. This was during sinus

at a rate of 870 ms. During catheter manipulation, an SVT with a cyclelength

of 360ms was induced. A His-refractory PVC was placed with no no advancement

of the A. Entrainment showed advancedment of the A only after the His was

advanced showed the same atrial actviation sequence with a VAHV response

proving slow/fast AVNRT.

We proceed with slow-pathway modification. We replaced the His catheter for

an STSF 3.5mm irrigated ablation catheter. A Carto shell was made of the

right atrium and CS ostium and a His cloud was marked on the 3D mapping

system. Using 25W, we performed a series of ablation at the floor of the

coronary sinus and anterior lip. During this, we noted junctional escape

several times. The 8Fr short sheath was exchanged to an SL1 sheath for

improved stability. We continued to ablate at anterior portion of the

coronary sinus, with care to avoid the roof and compact AVN.

SVT was non-inducibile with isoproterenol 2mcg/min. Only single echo beats

were observed with RA burst pacing and S1/S2 maneuvers. The catheters were

removed under fluoroscopy. The venotomy sites were closed via collagen plug

(Vascade) x 3 successfully. A dressing was placed on the site. There were no

complications.

CONCLUSION:

Successful ablation of slow-fast AVNRT with slow pathway modification.

RECOMMENDATIONS:

- Follow-up in EP clinic in 2-4 weeks for post procedural follow-up

- 2 hour bedrest for femoral venous access

- Okay to restart home medications, including AC and BB

PERIPROCEDURAL COMPLICATIONS

No Major Adverse Events or Complications

EQUIPMENT/DEVICES

No unexpected problems with equipment or devices.

The attending was present throughout the procedure.

RECOMMENDATIONS

PROCEDURE CODING

Coding Procedure

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93620 Complex EP Study

93618 Induction of Arrhythmia

N/A Drug Infusion

93623 Induction of Arrhythmia after Drug Infusion

93624 Post-Ablation EP Study

93653 SVT Ablation

93655 Additional SVT Arrhythmia Ablation

93613 3D Electroanatomic Mapping