

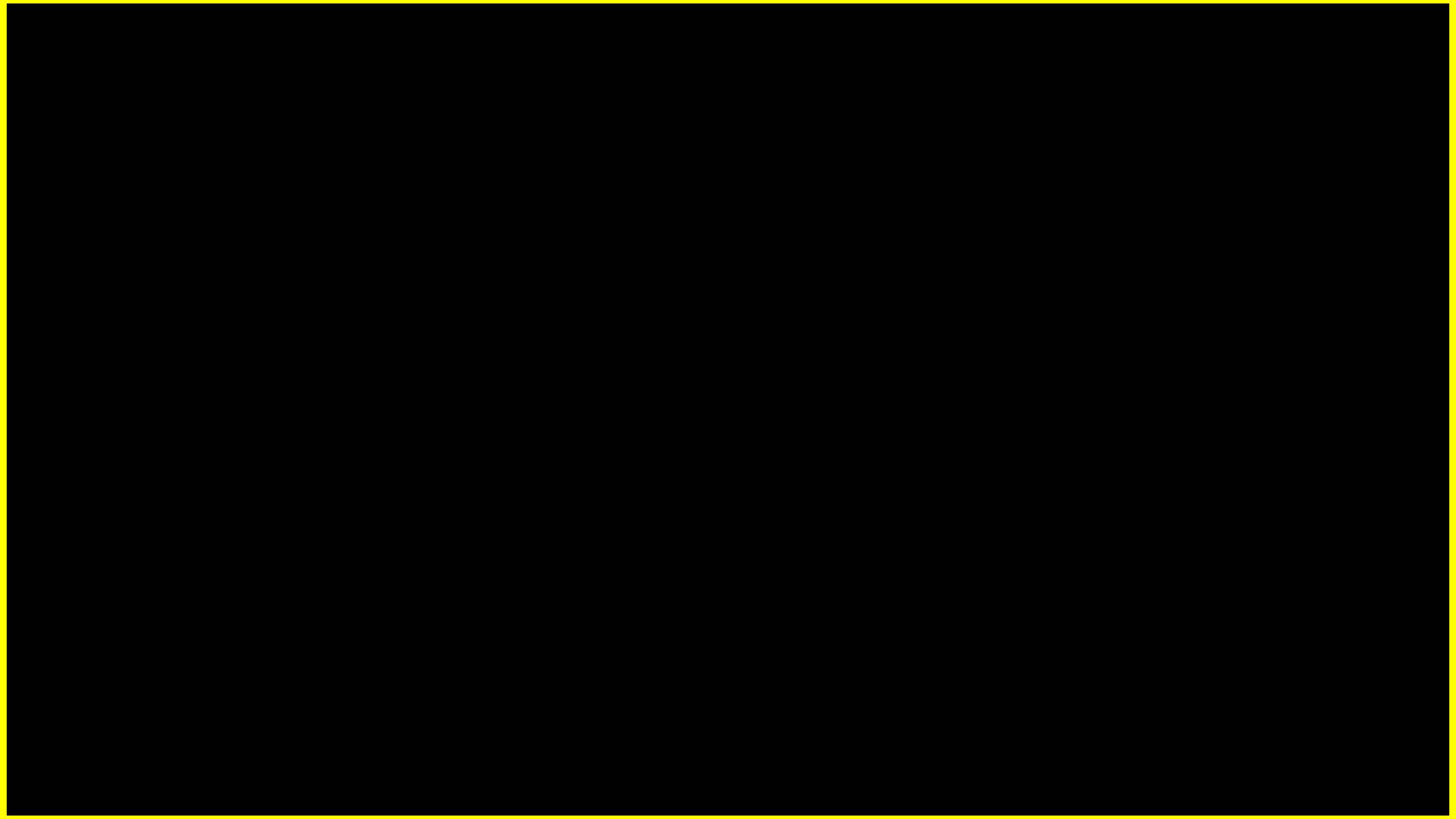
11th ANNUAL CONFERENCE OF INDIAN
HEART
RHYTHM SOCIETY

Initial experience of HD Grid catheter in all chambers
including aortic sinuses and pericardial space



Dr. Kotti MD., DM
Consultant Electrophysiologist
Arrhythmia Heart Failure Academy
The Madras Medical Mission





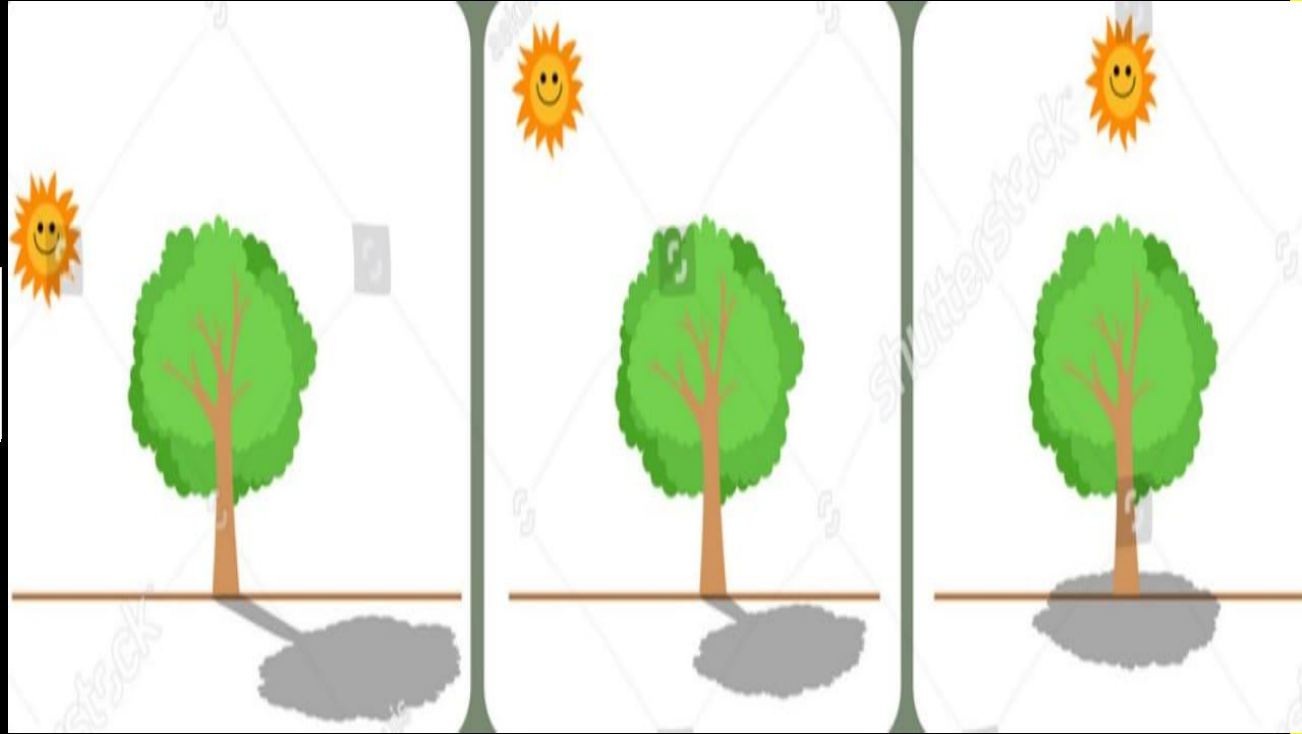
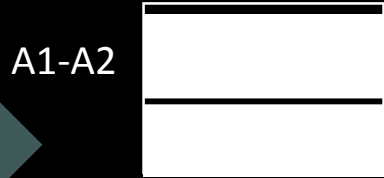
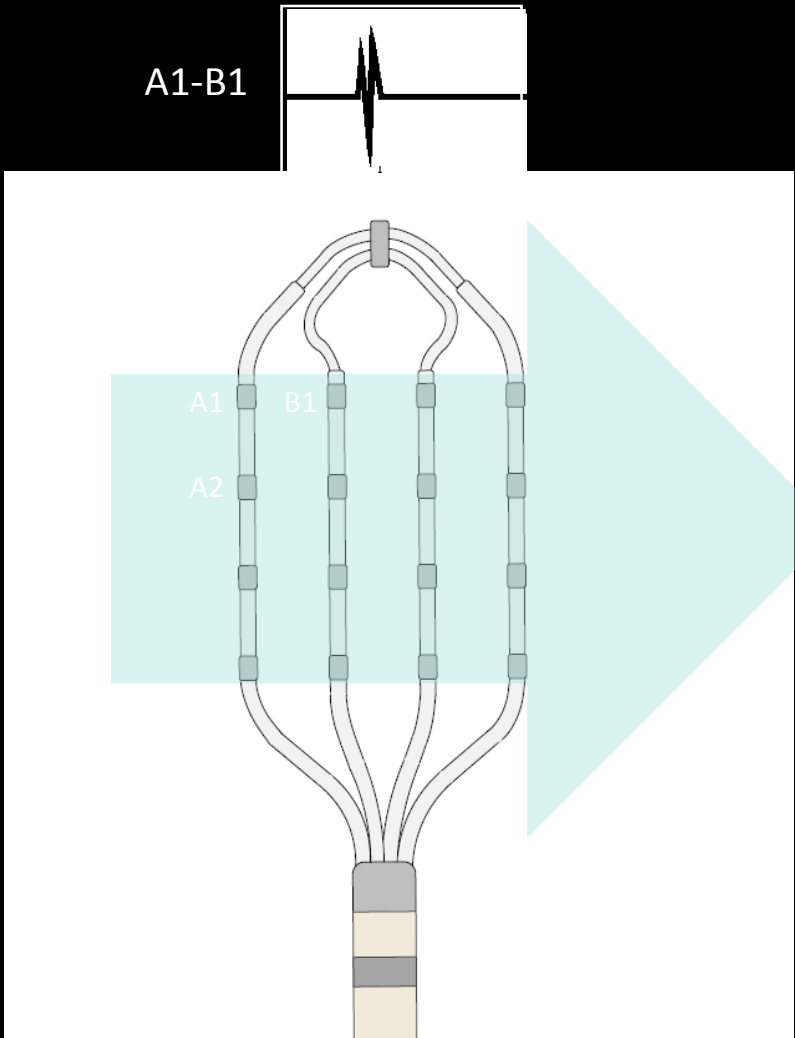
Advisor™ HD Grid Mapping Catheter, Sensor Enabled™

3-3-3 mm spacing , bipolar recording along and across the splines making the orthogonal EGM

Used in conjunction with the EnSite Precision™ System

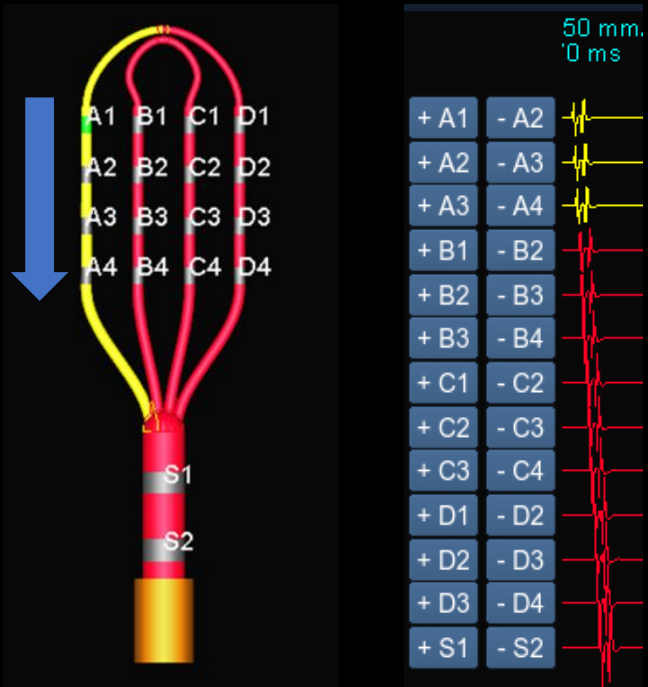


Advisor™ HD Grid



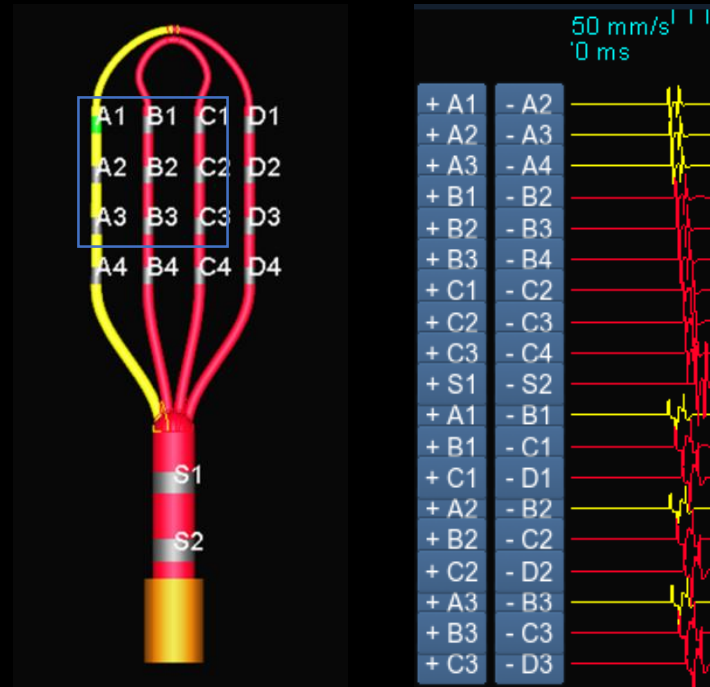
Catheter Waveform Setup

STANDARD CONFIGURATION



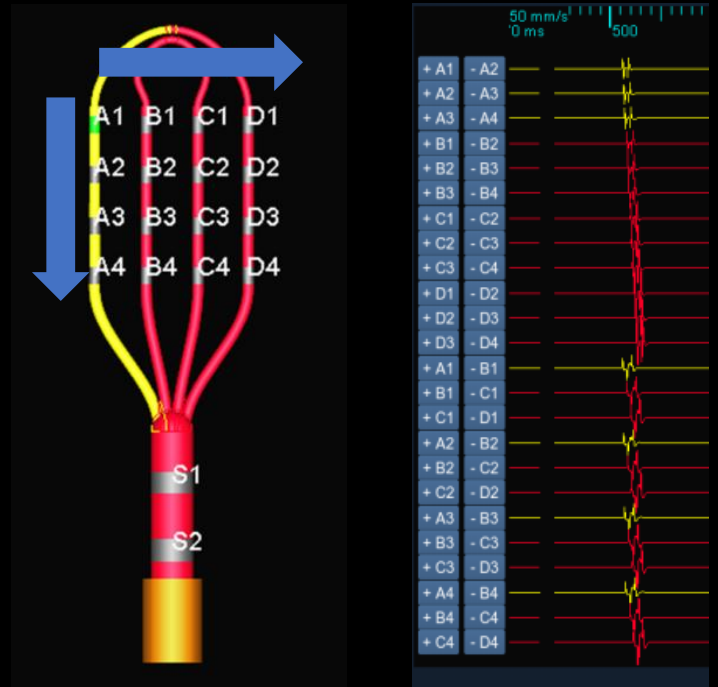
Along spline only →
12 ELECTROGRAMS

HD WAVE SOLUTION



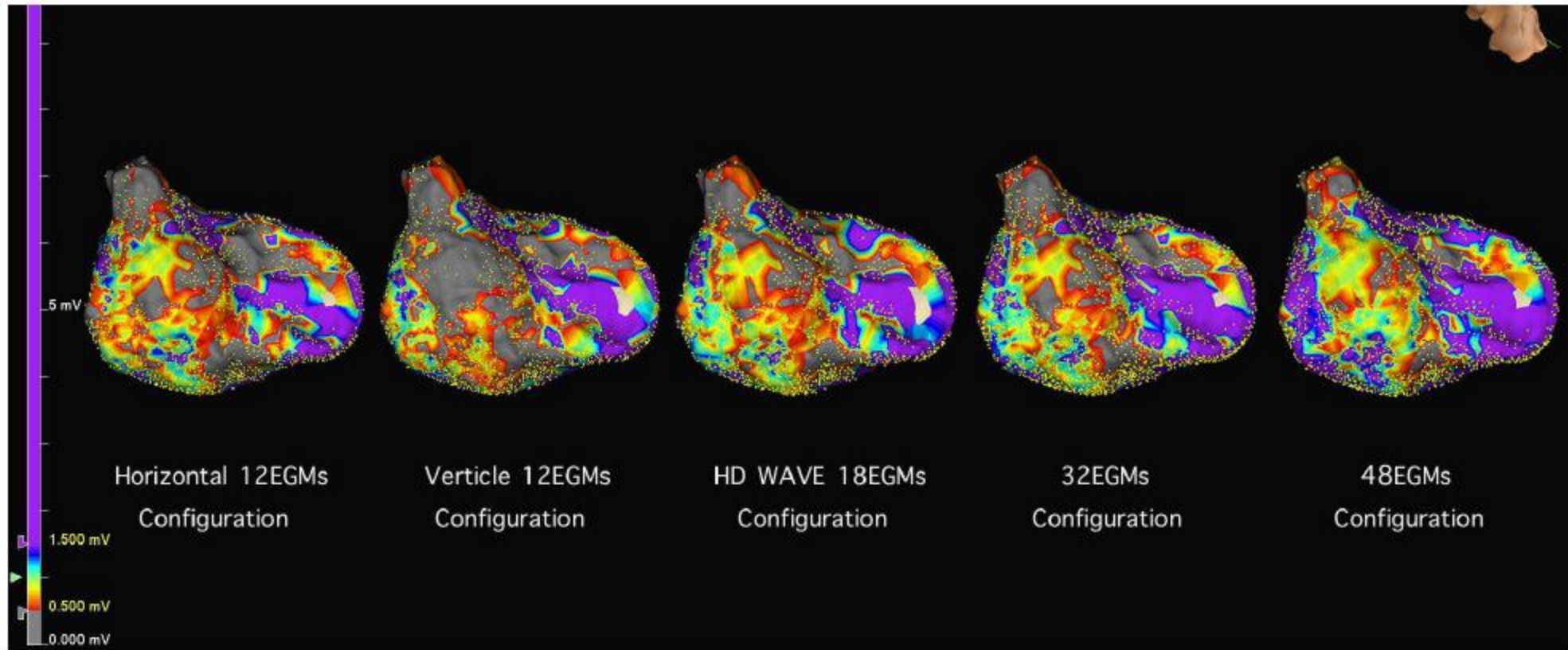
Only orthogonal bipoles for
Best Duplicate algorithm →
18 ELECTROGRAMS

ALL BIPOLAR CONFIGURATION

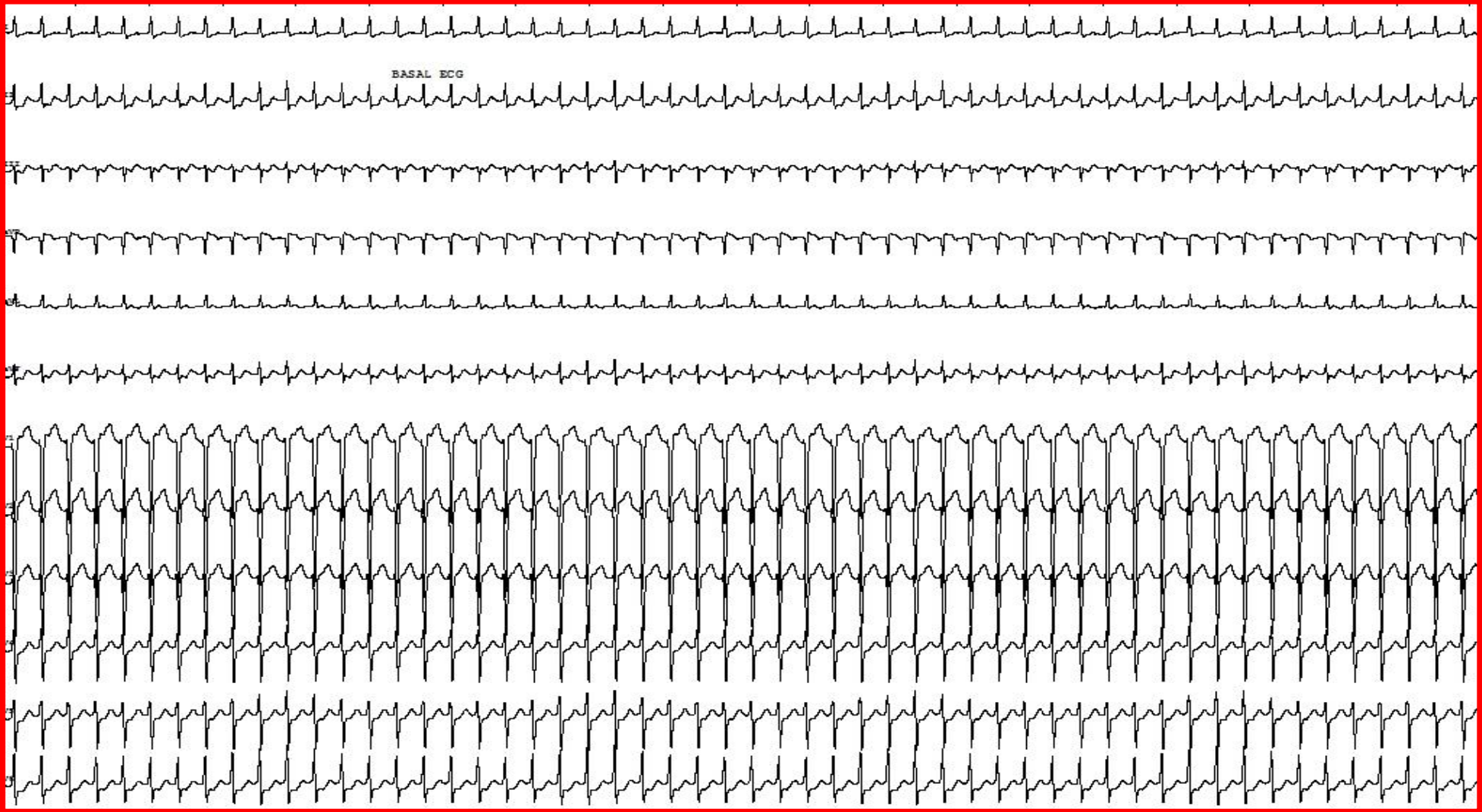


Along spline and
across spline →
24 ELECTROGRAMS

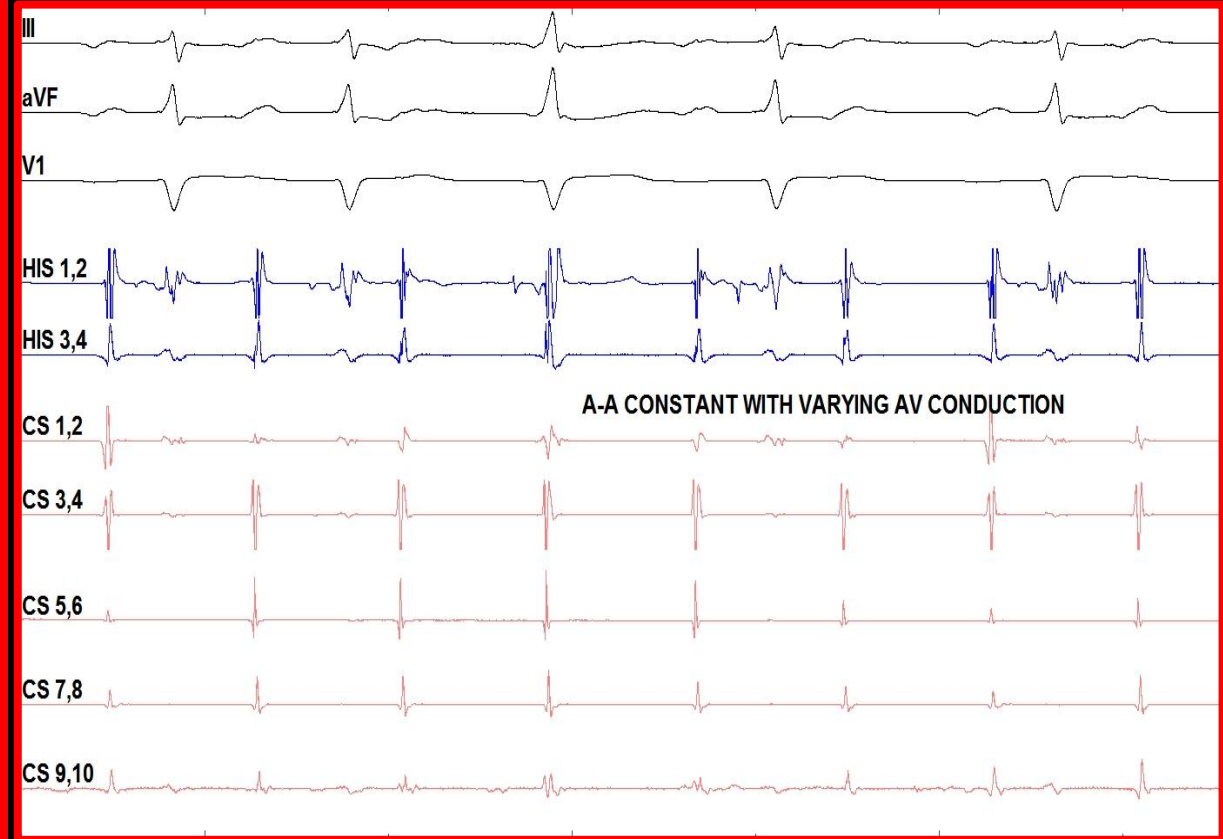
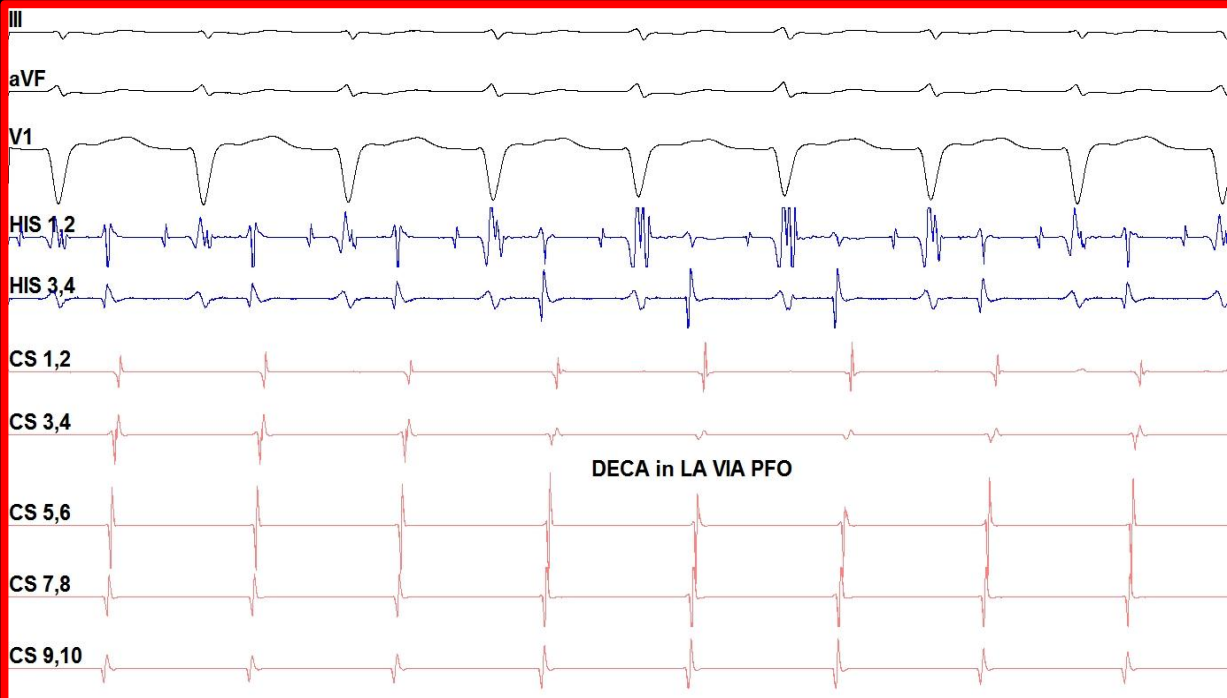
Example: different configurations



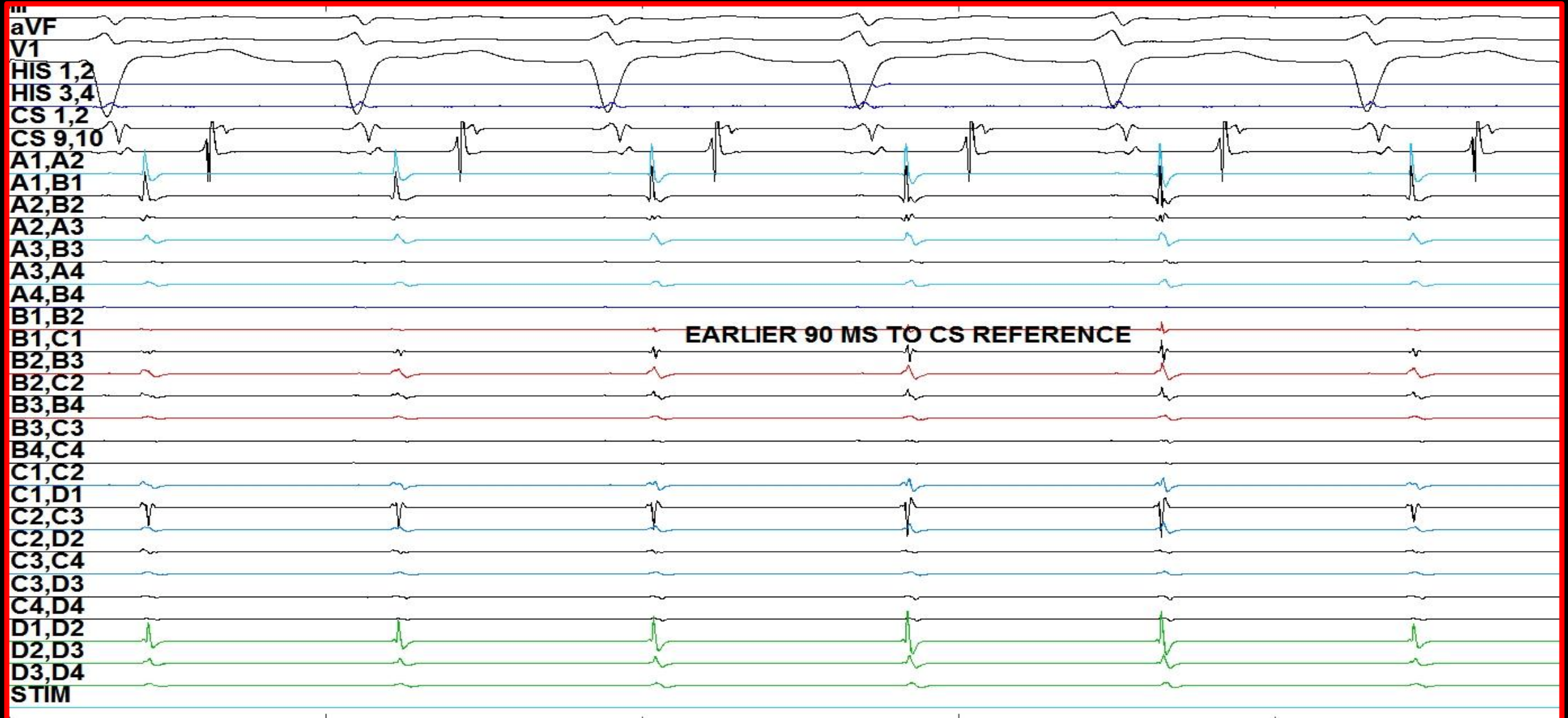
48Y, M, Severe LV dysfunction, NYHA IV



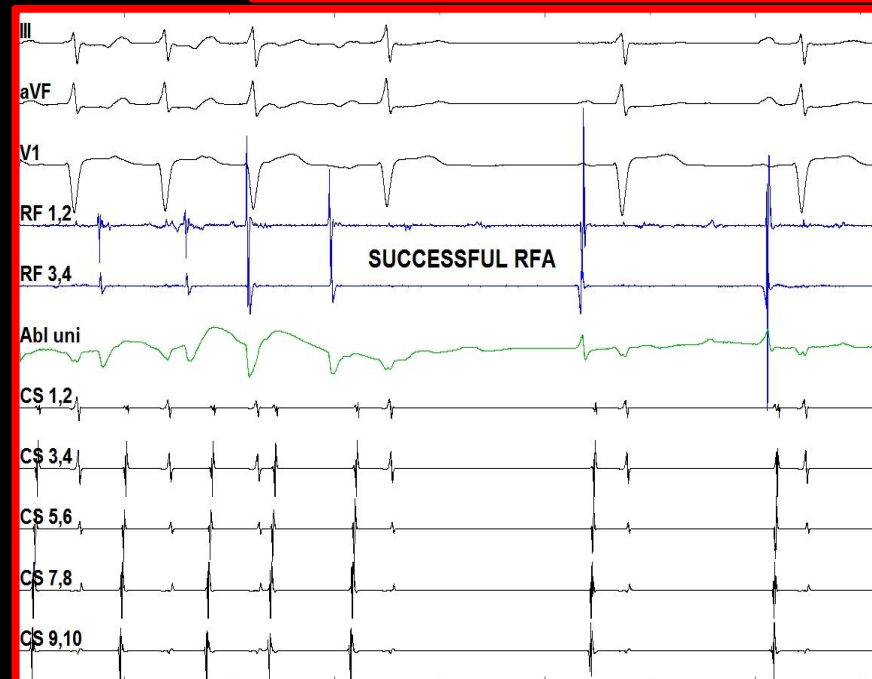
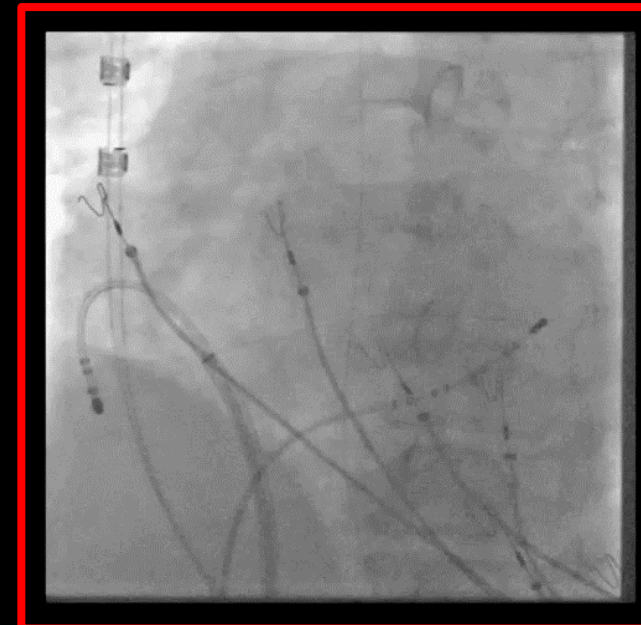
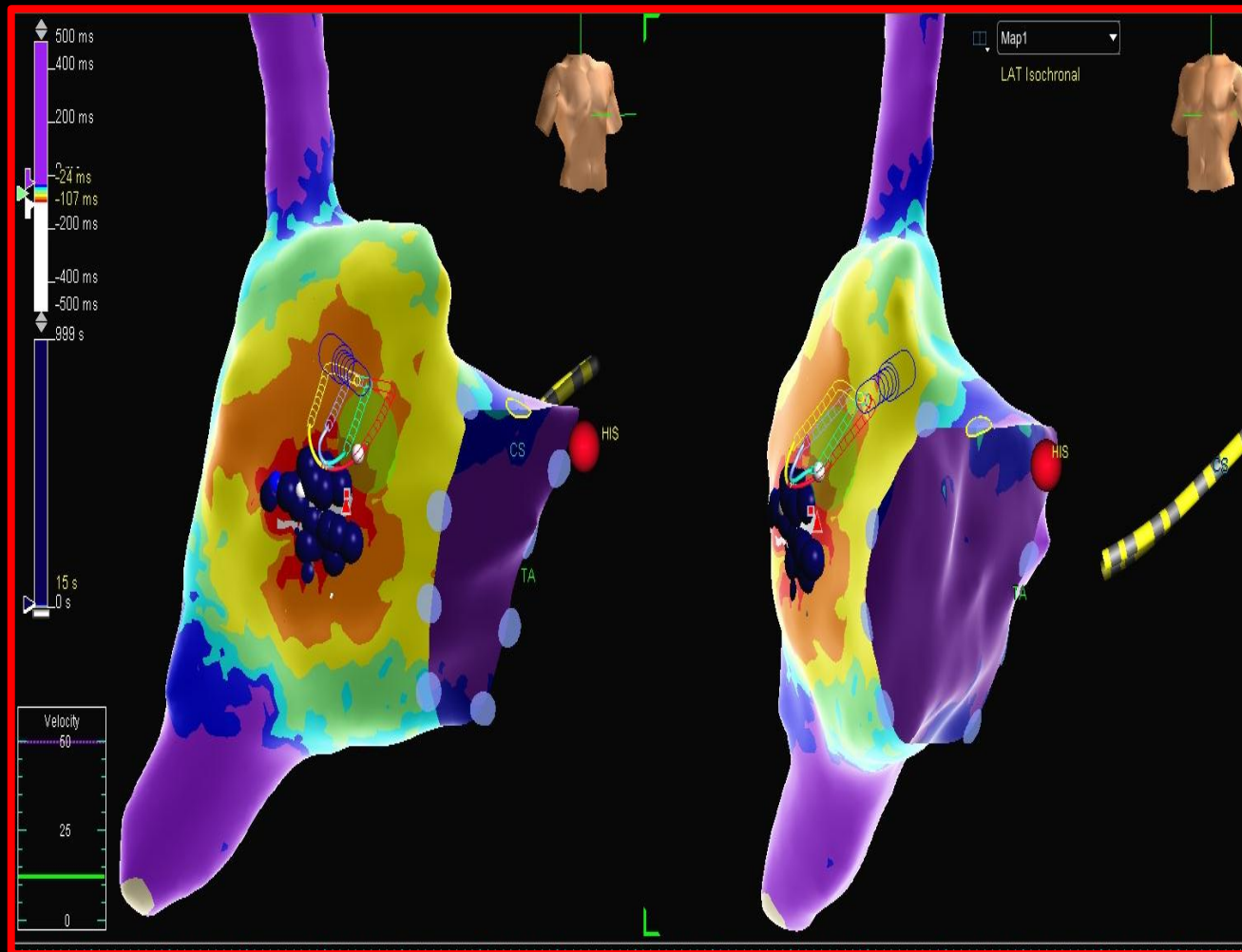
Atrial tachycardia



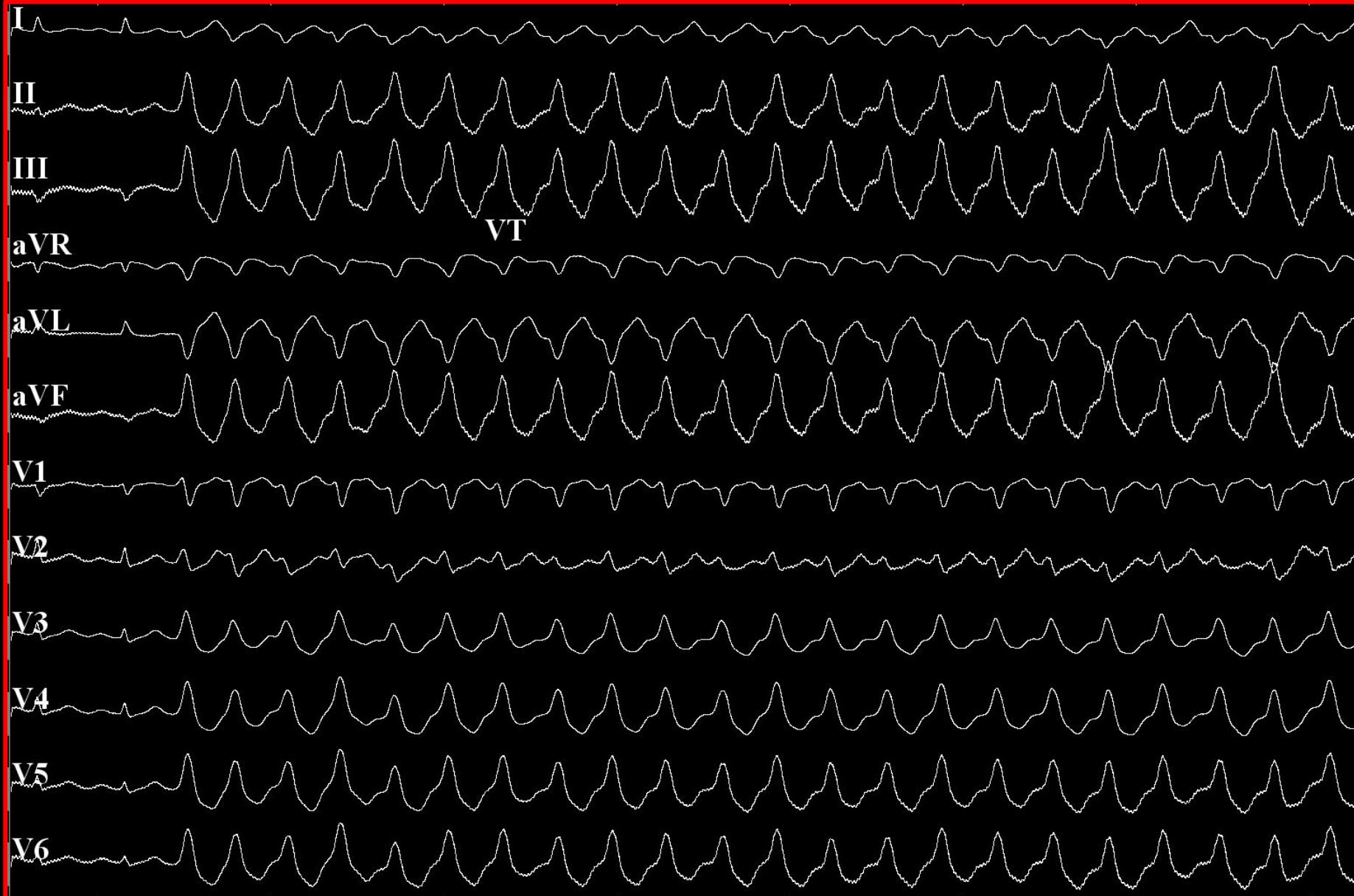
Earliest activation at anterolateral RA



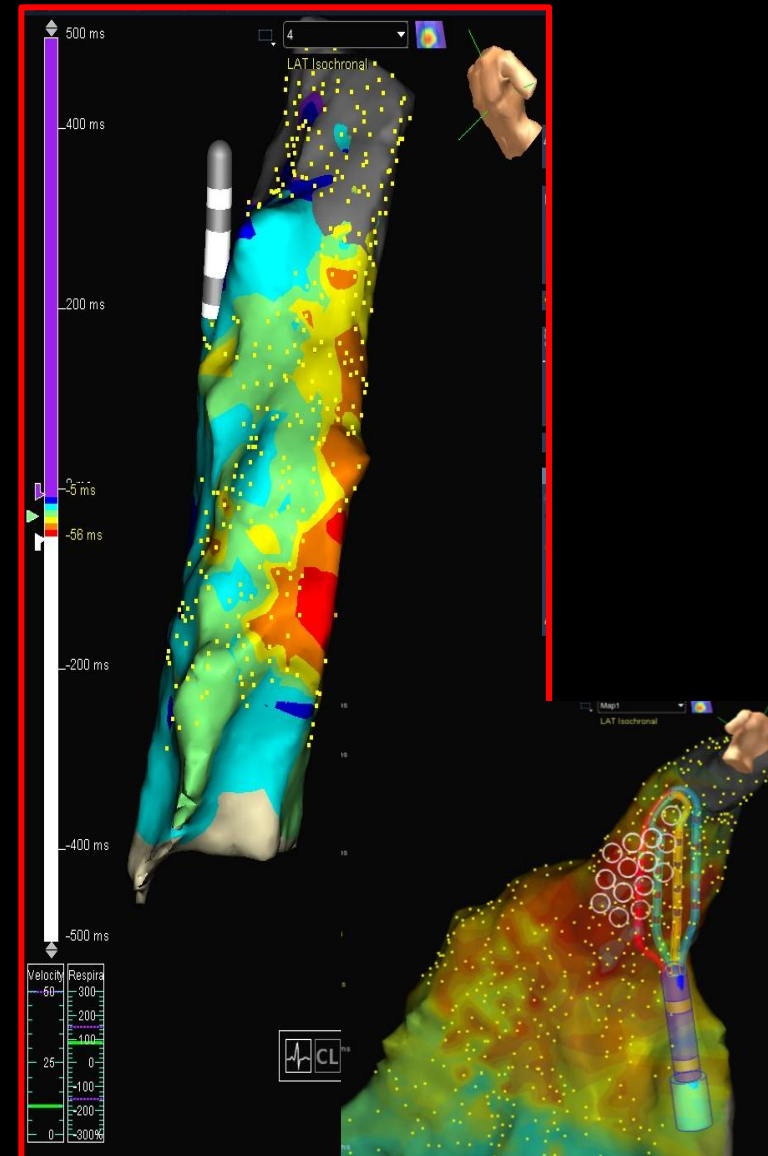
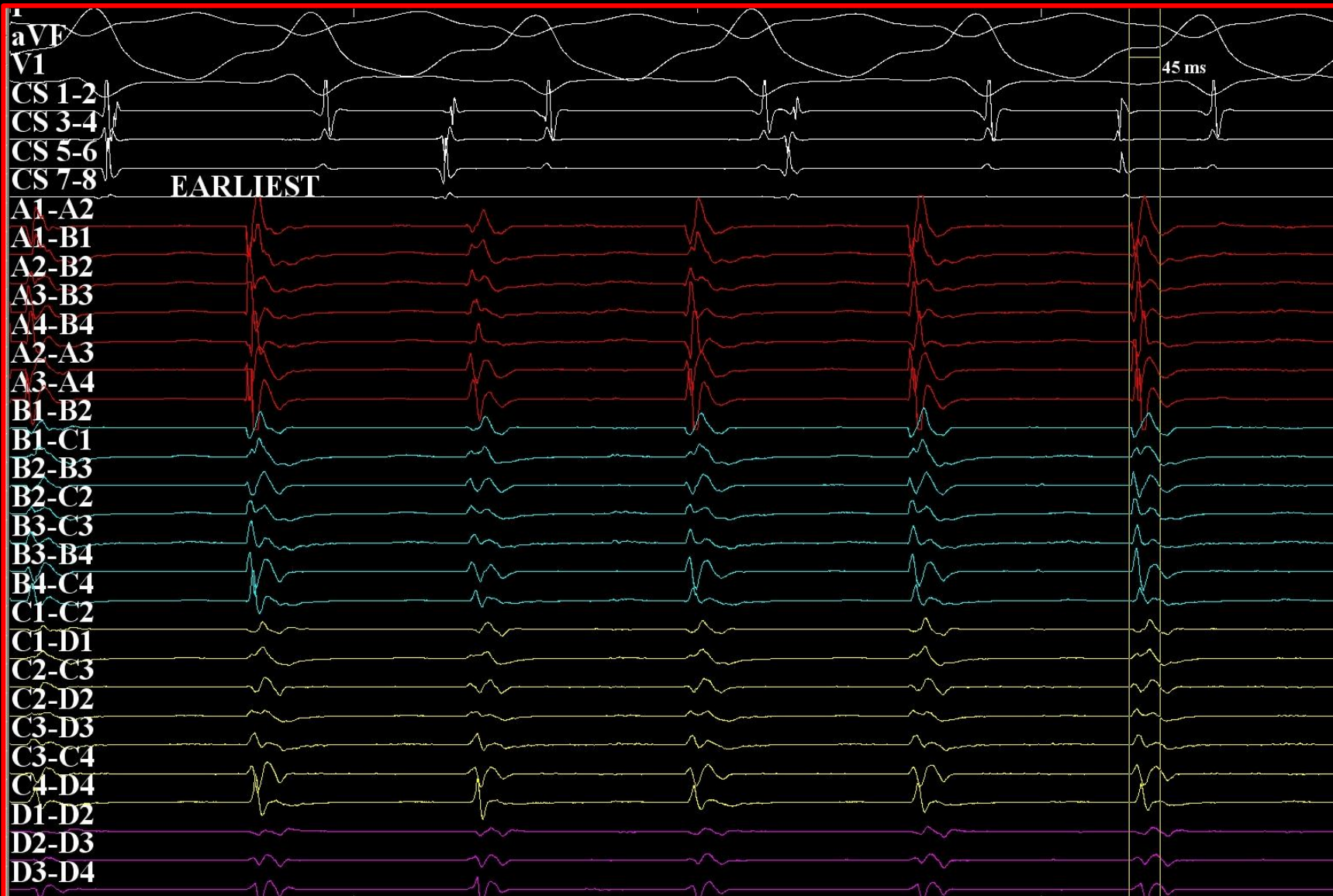
Activation map and ablation site



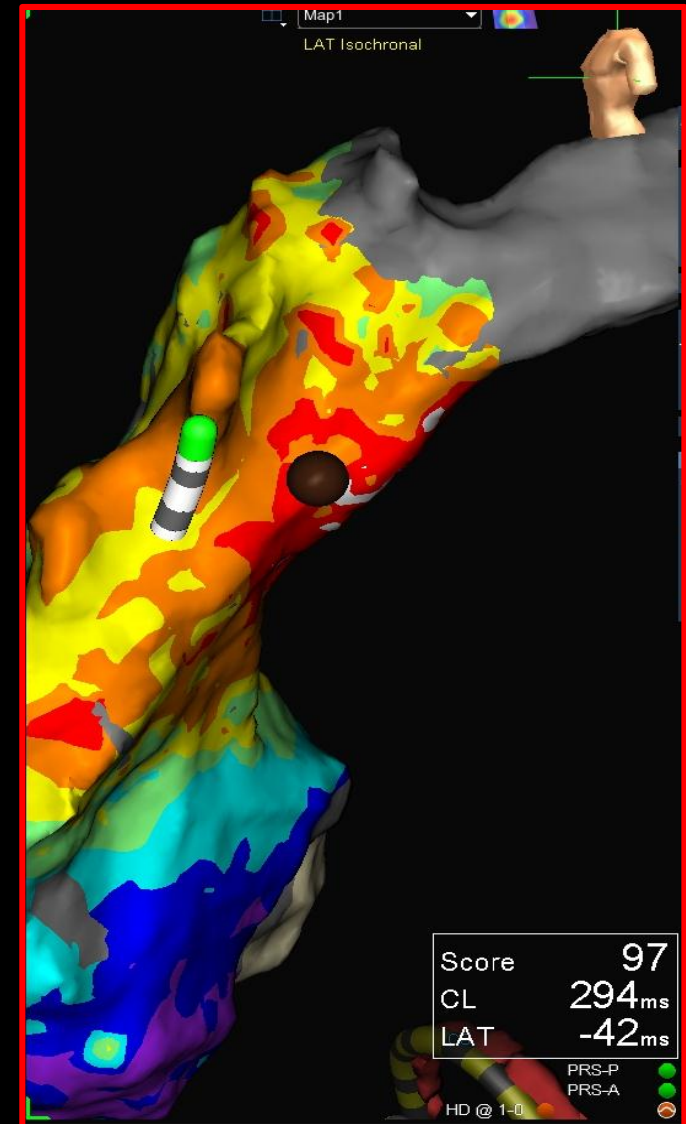
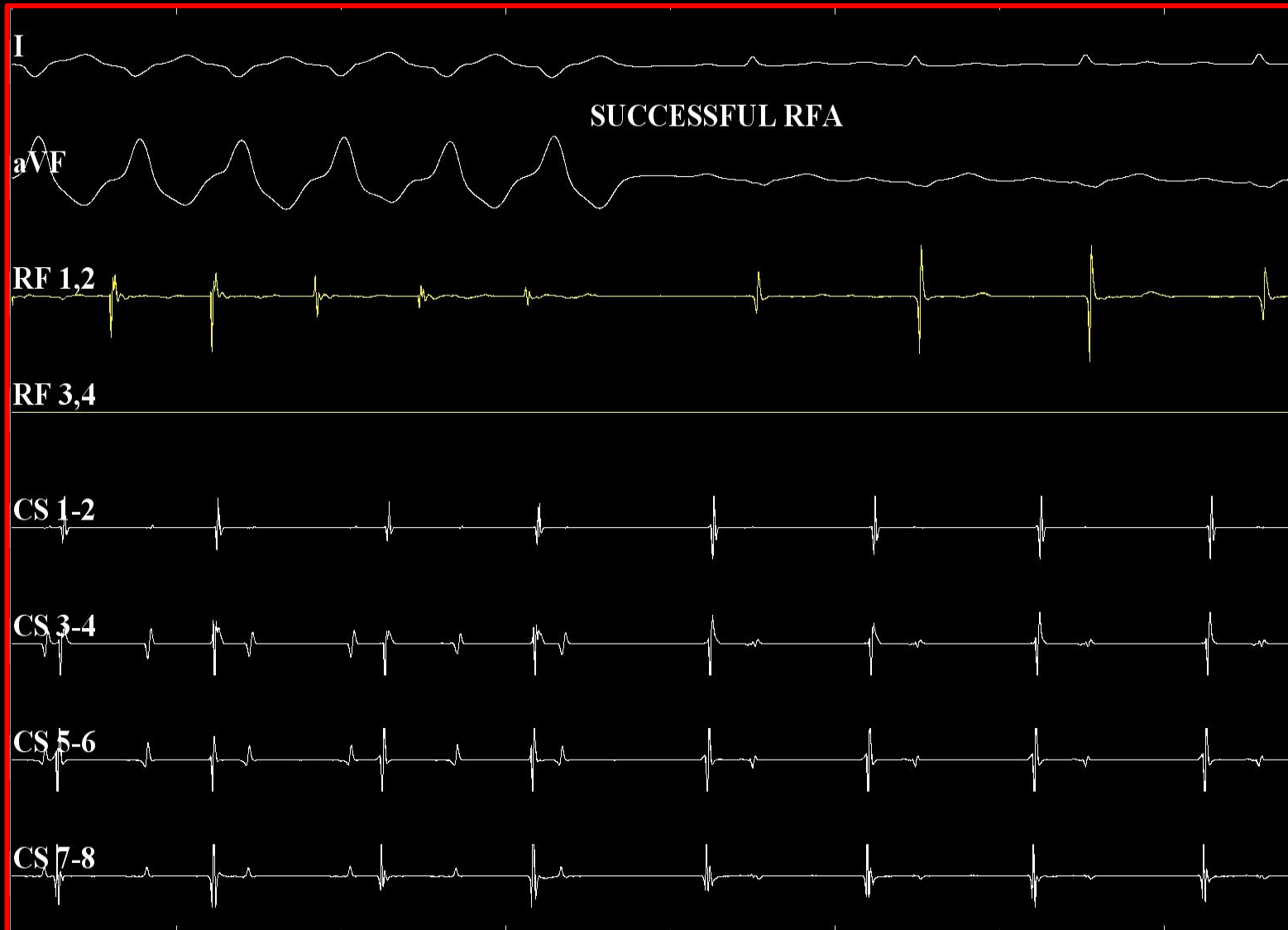
40Y, F, Recurrent palpitation, Normal LV function



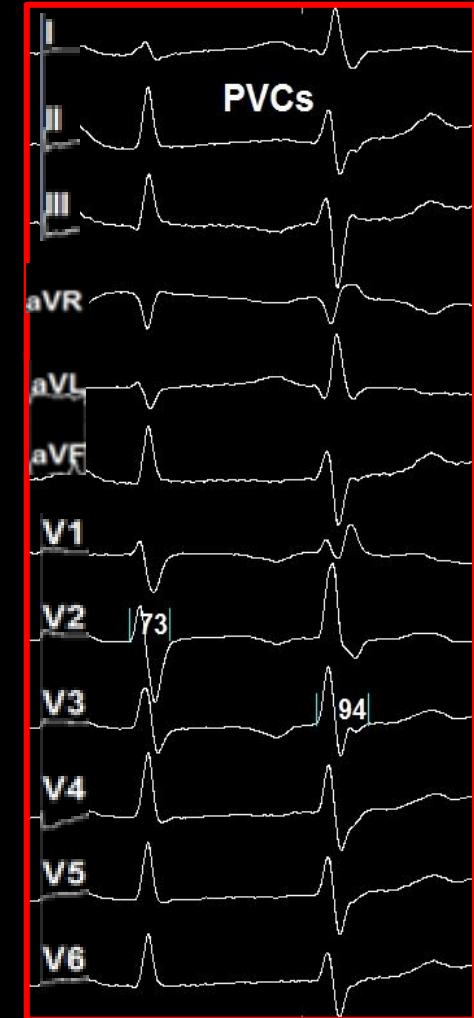
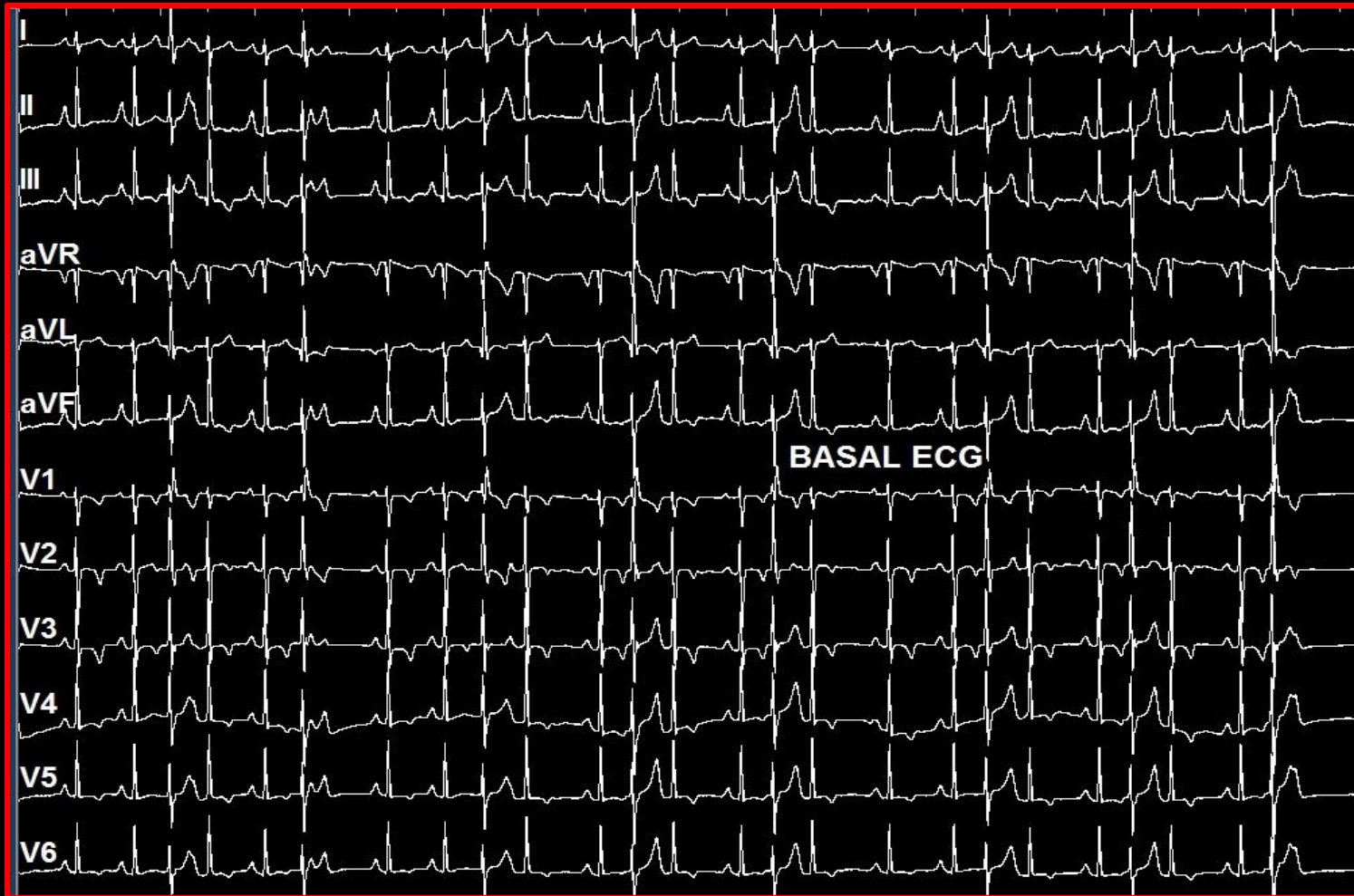
HD Grid 45ms earlier



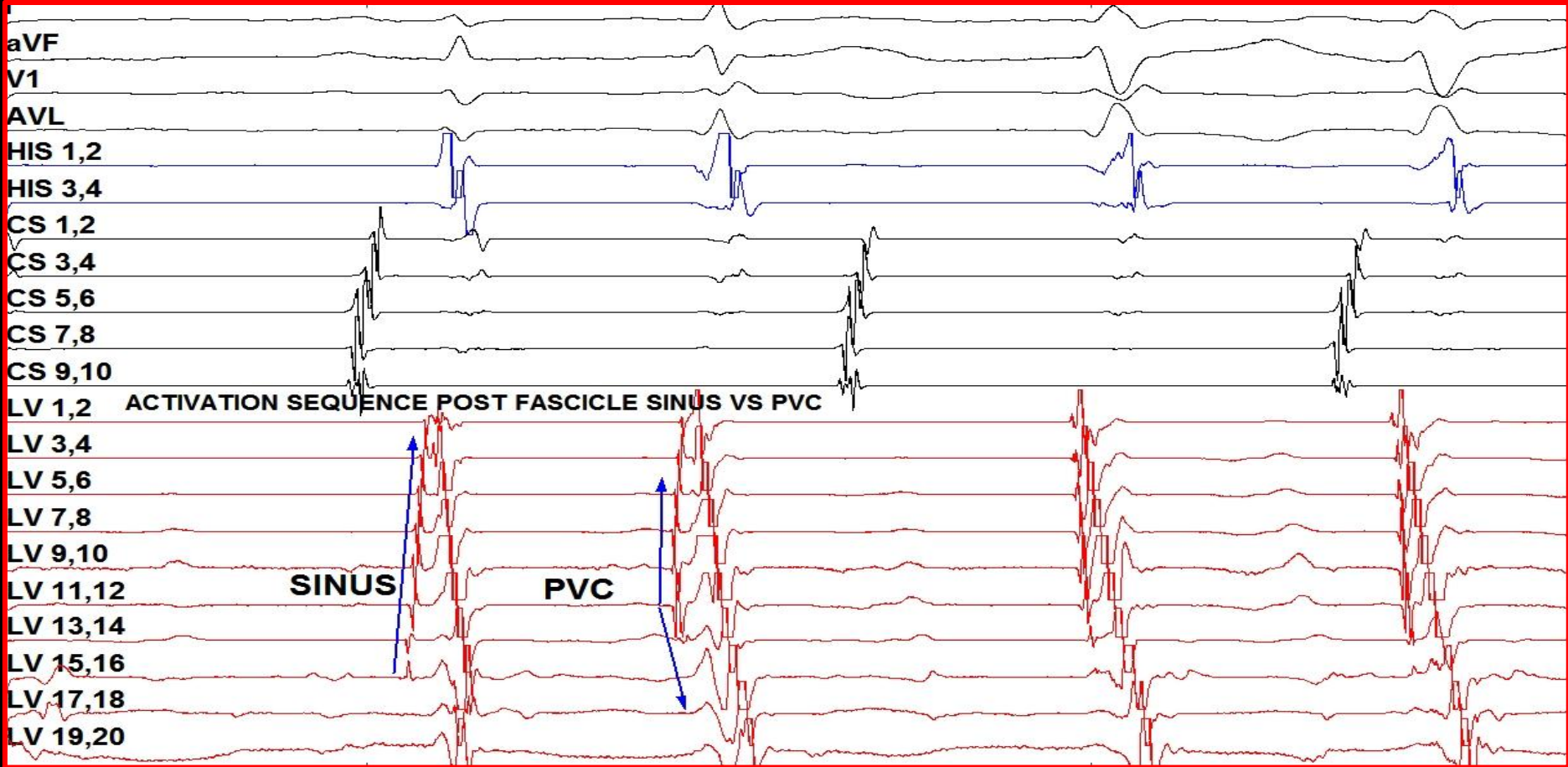
3D- EAM successful ablation site



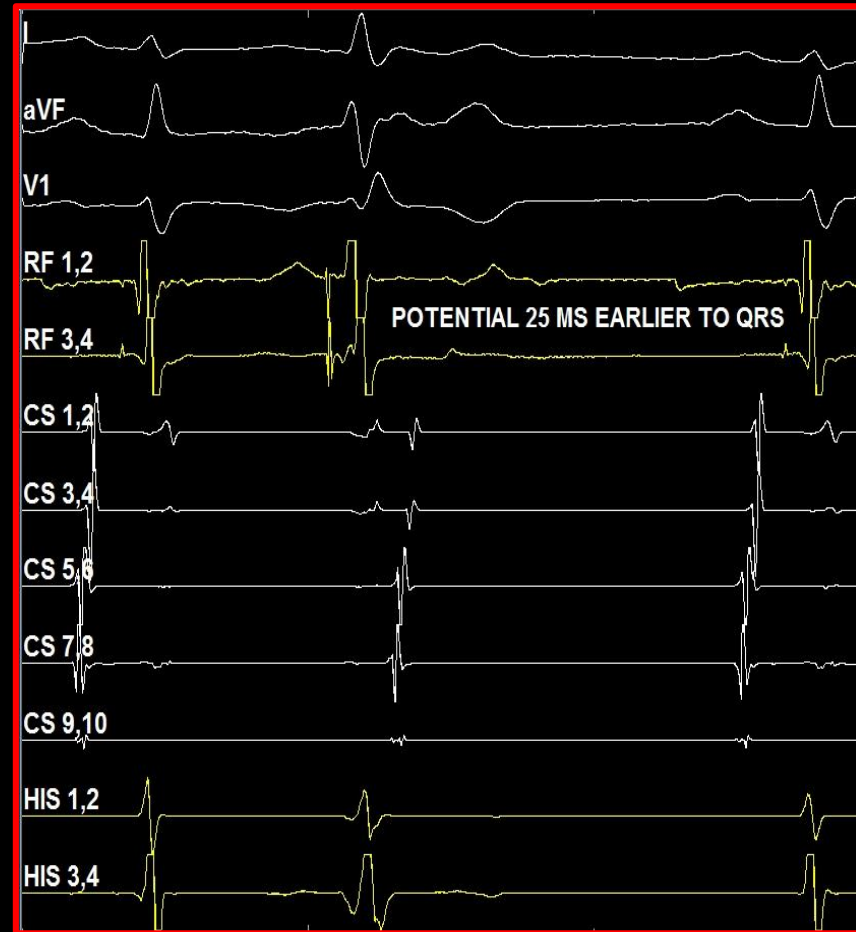
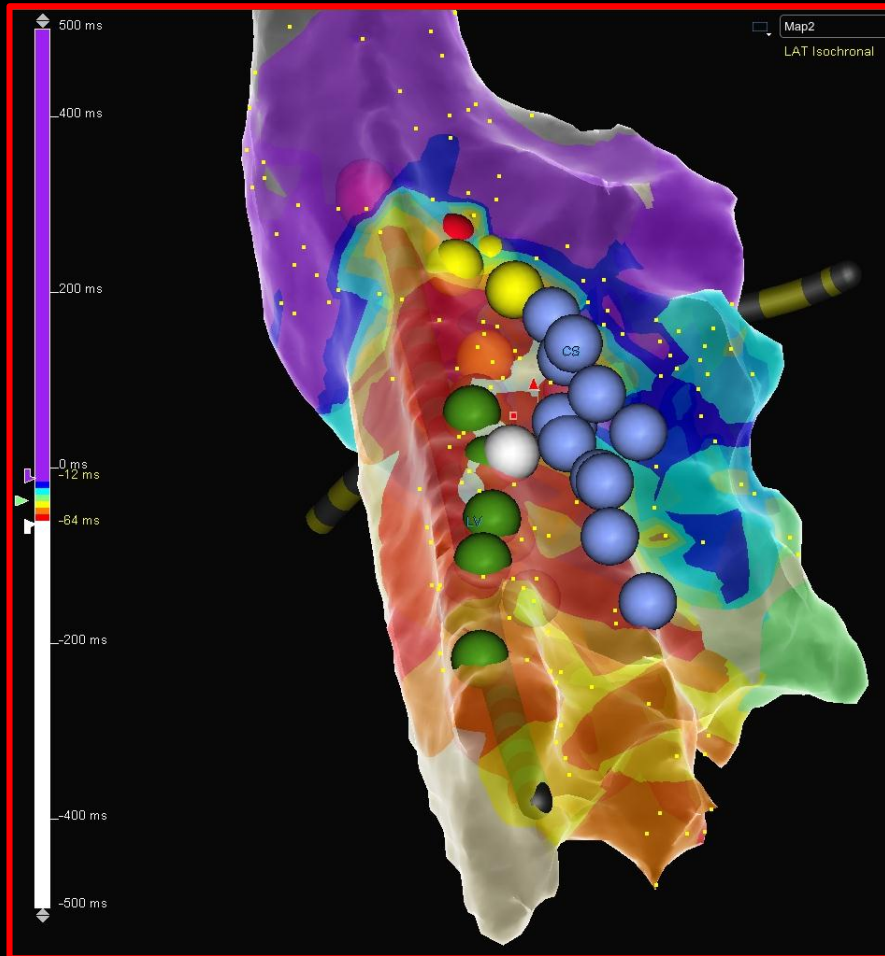
18Y, F, Normal LV function, C/O Palpitation



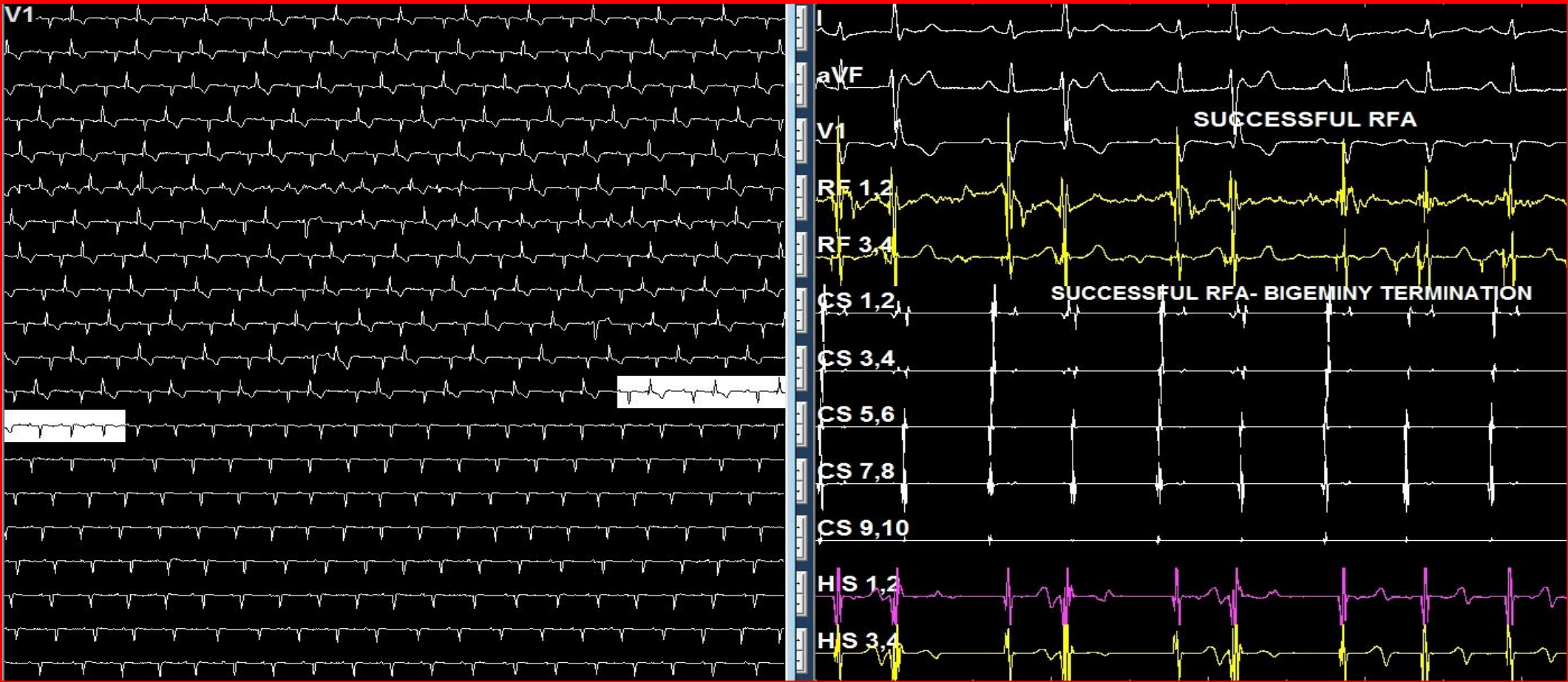
Activation sequence – Sinus vs PVC



Activation map and ablation site

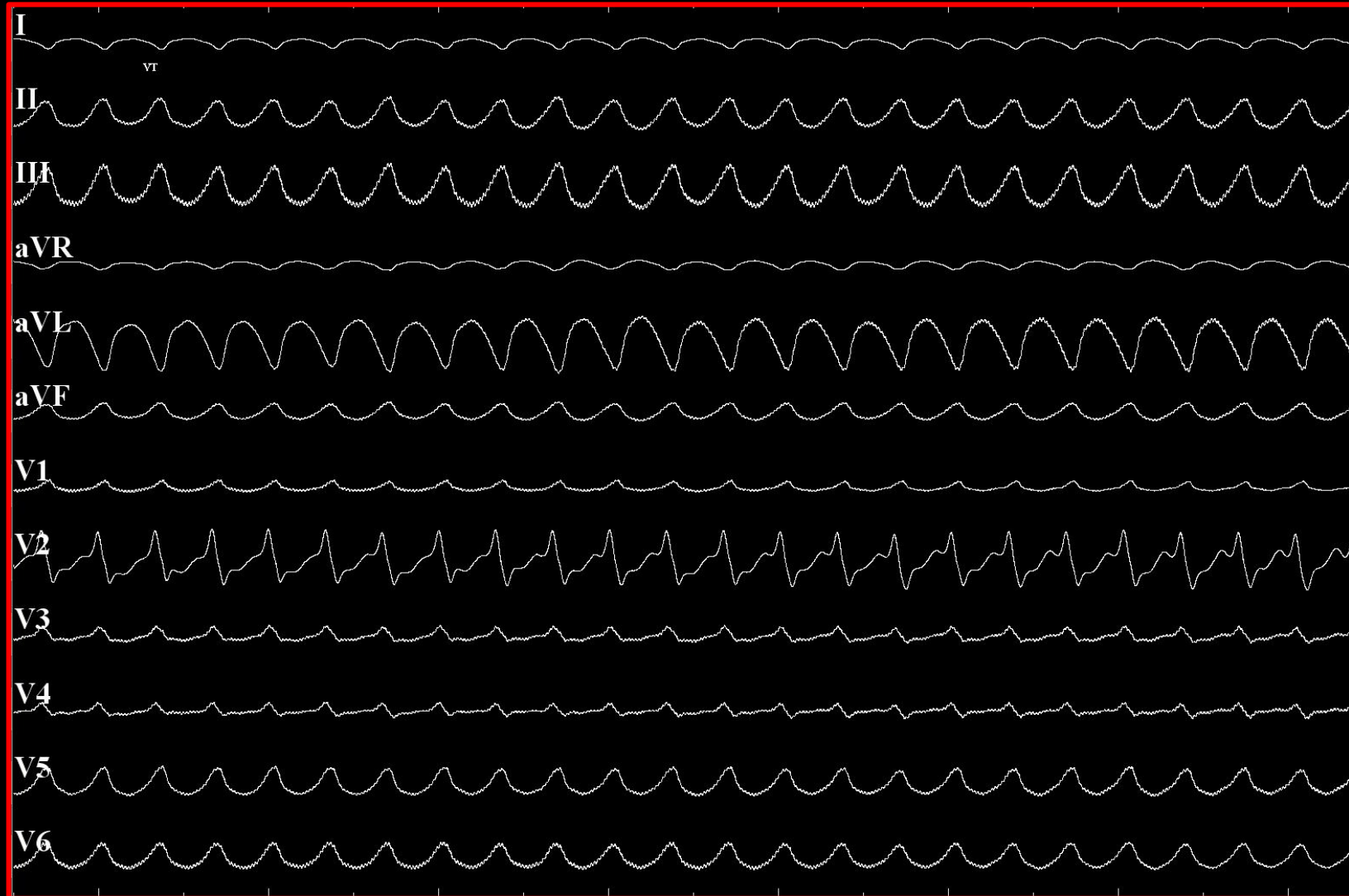


Successful ablation

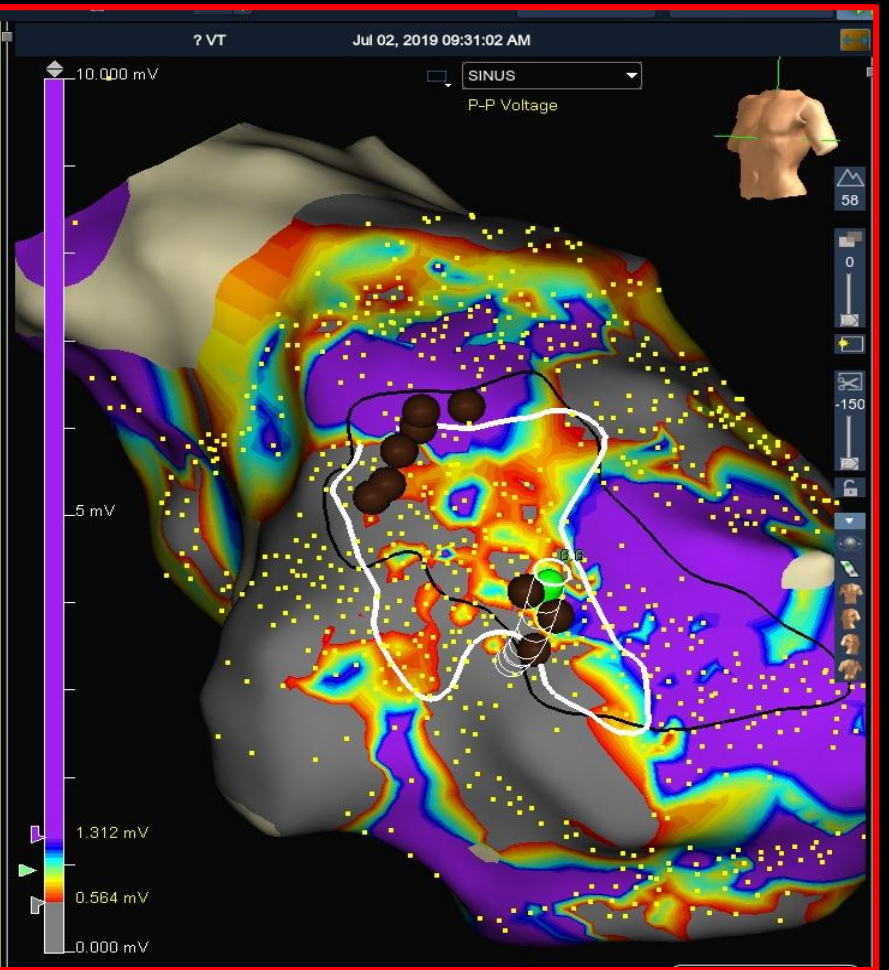
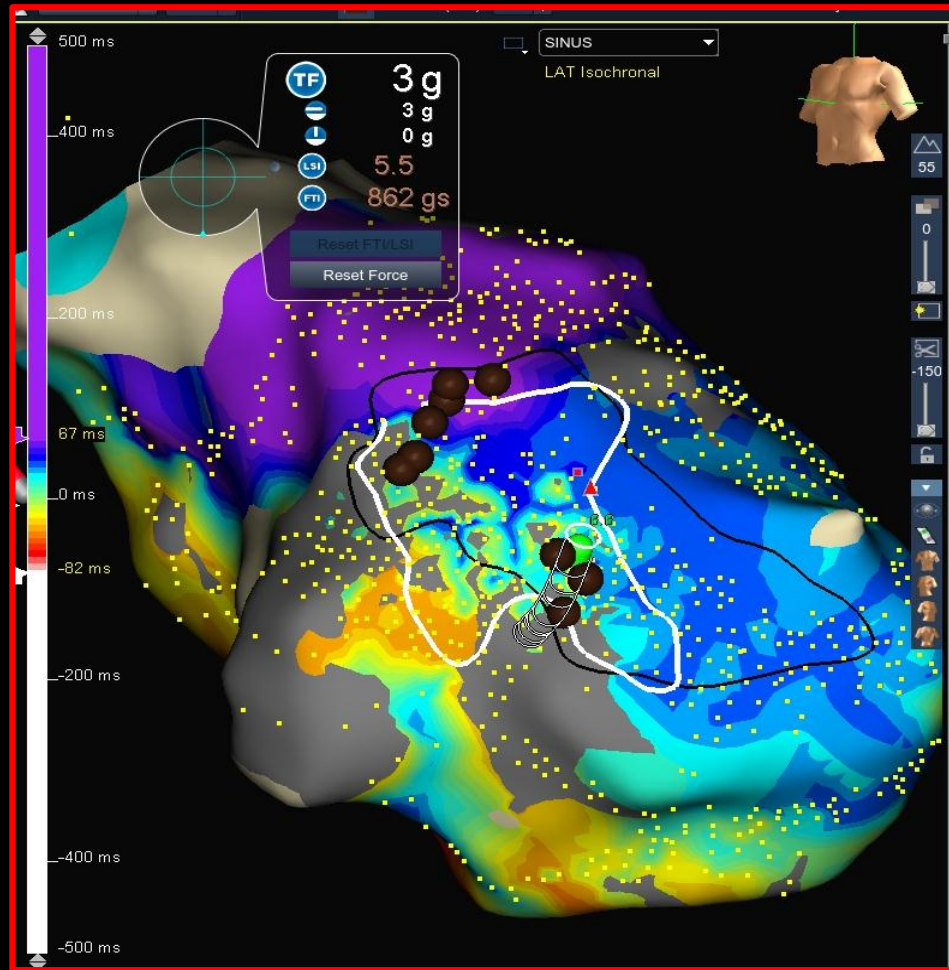
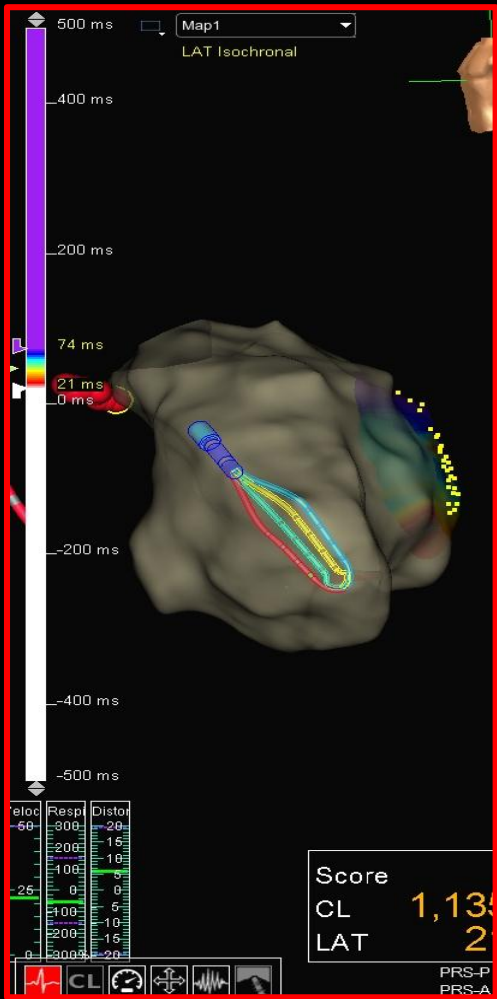


Case 5

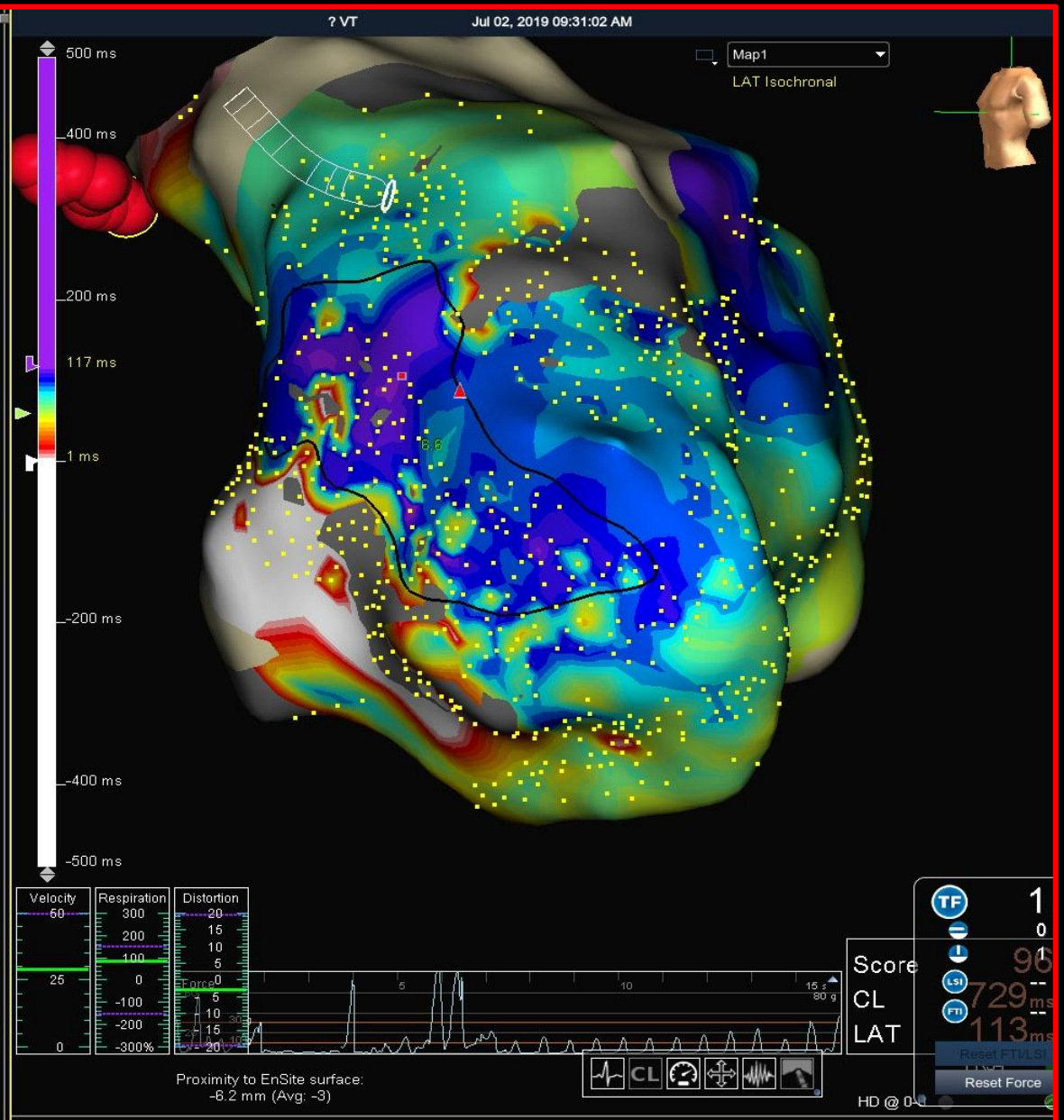
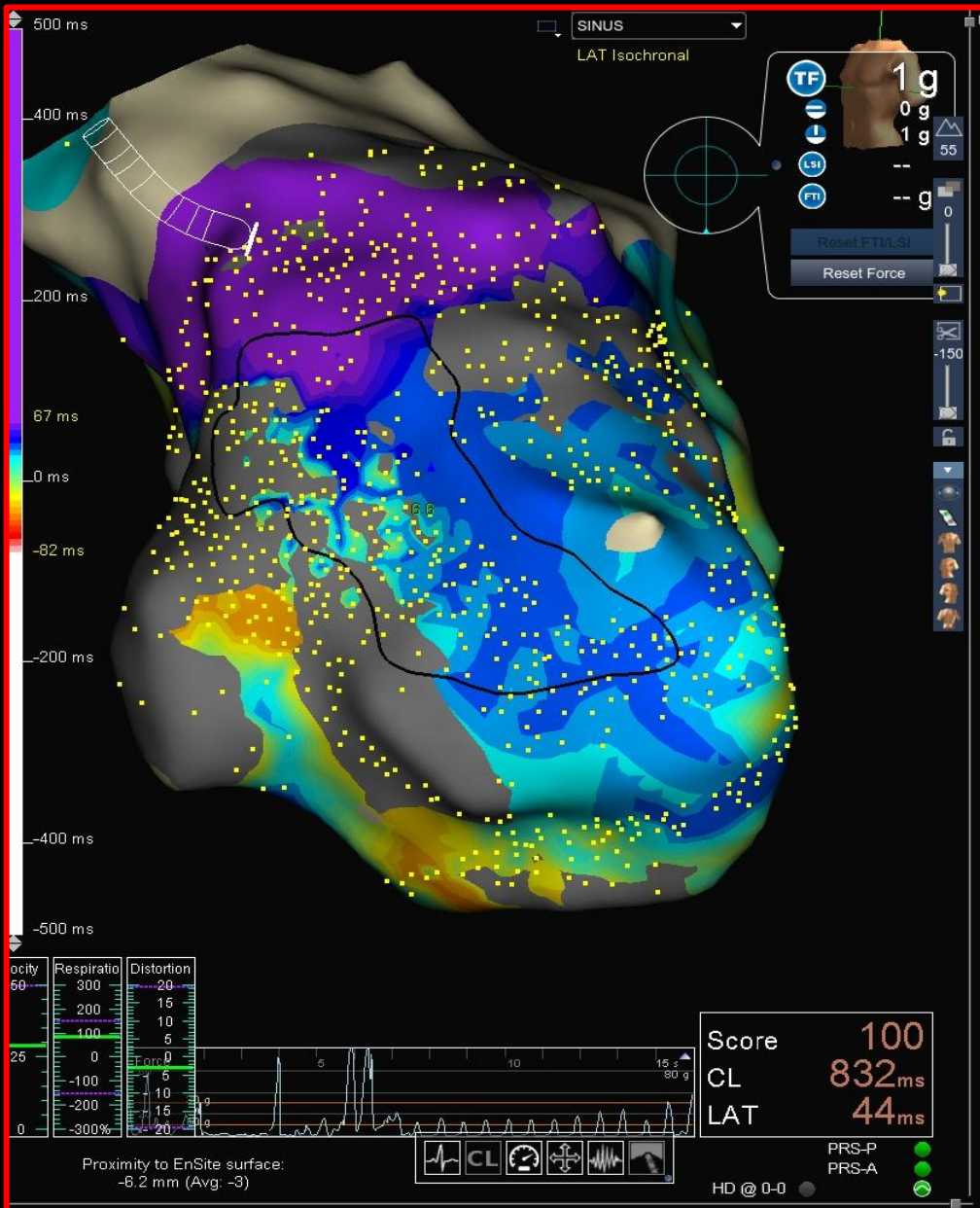
54Y, M with old AWMI and moderate LV dysfunction. Monomorphic VT.



Voltage and activation map during sinus rhythm

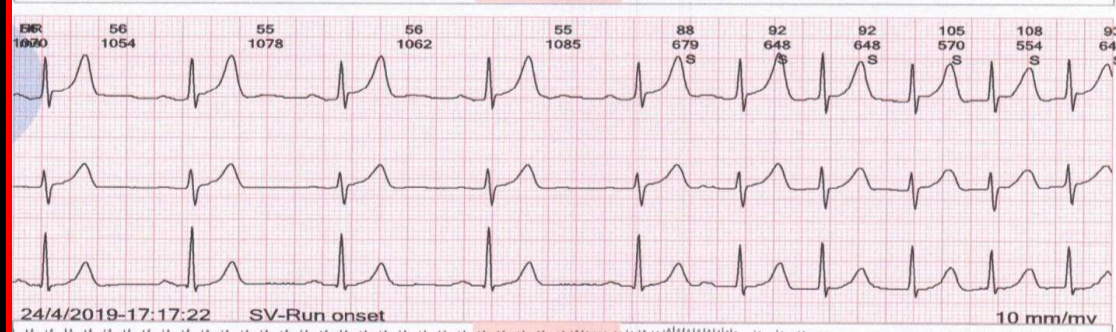
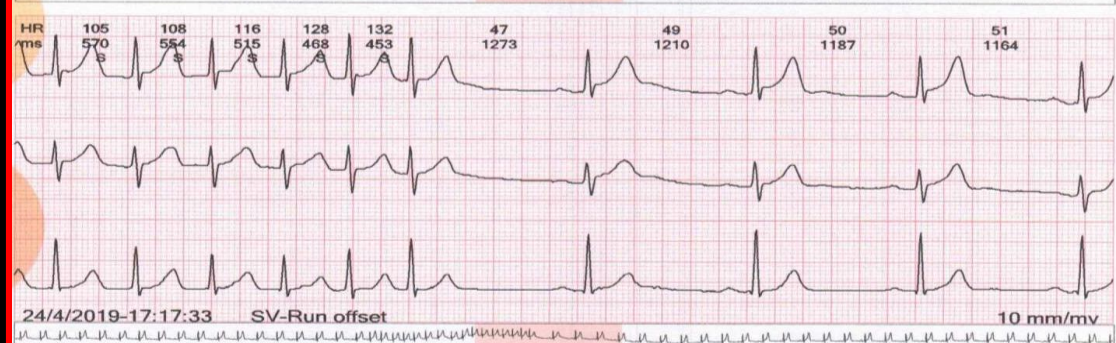
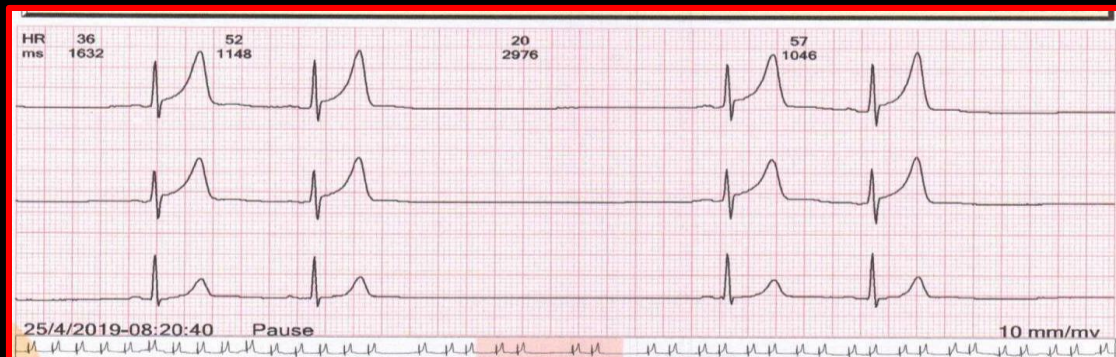
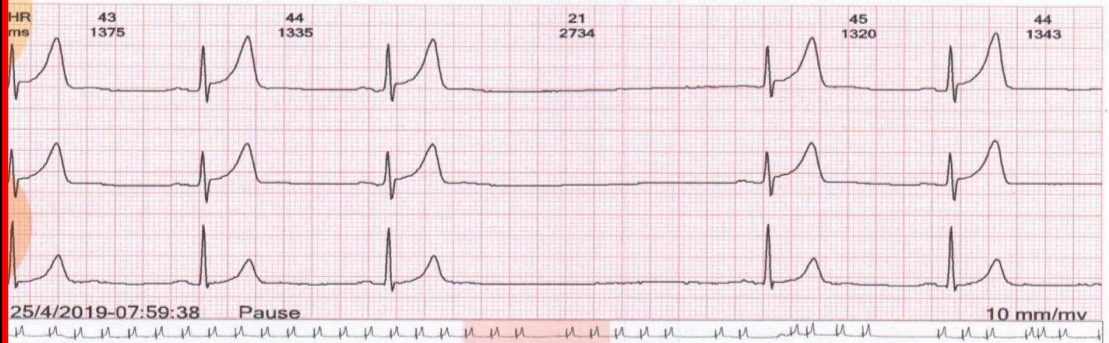
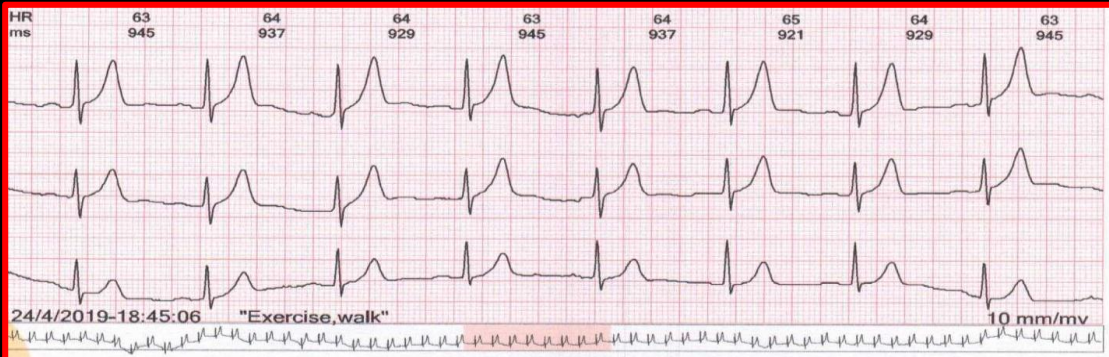


Activation map during sinus and RV pacing

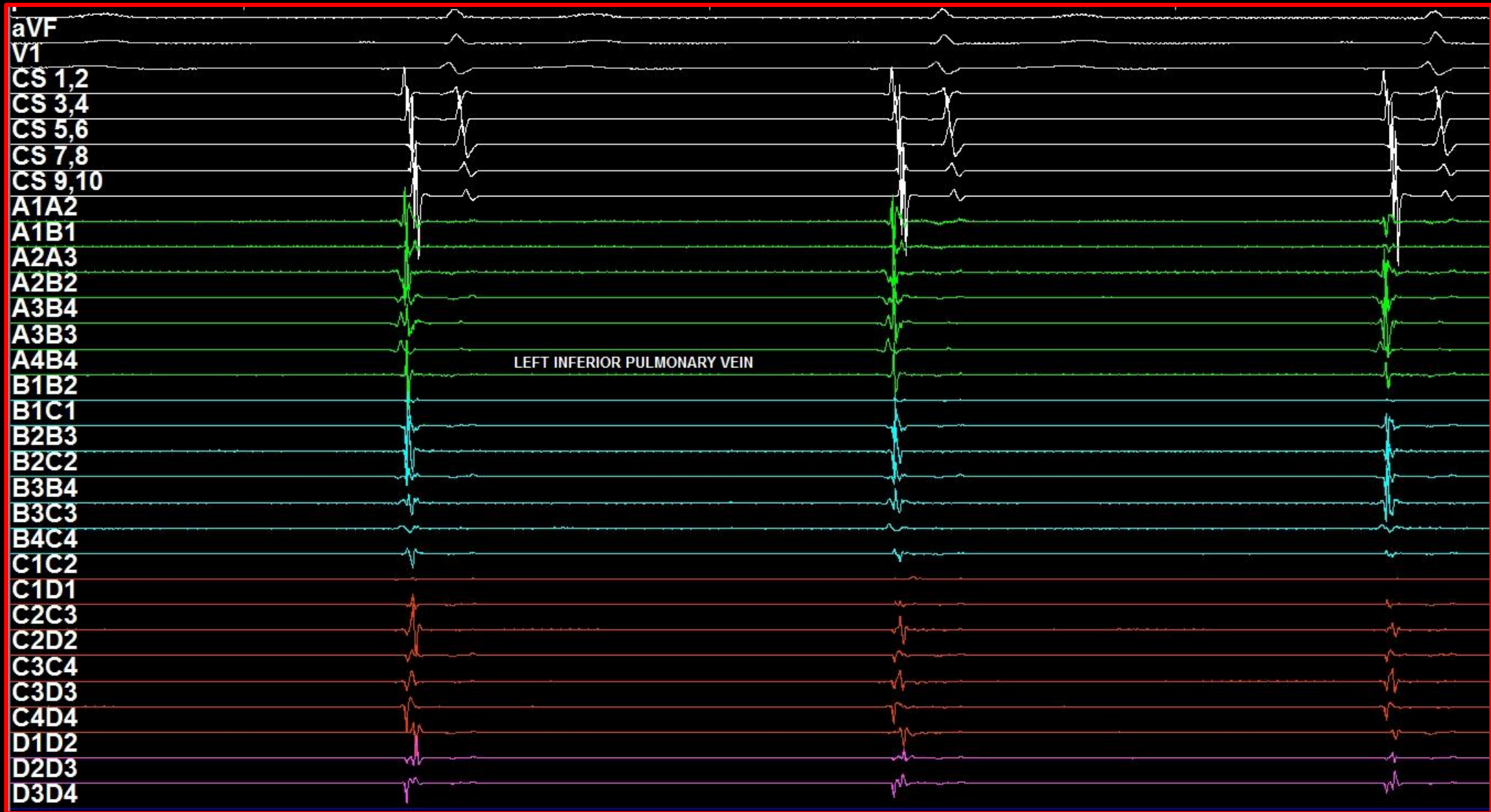


Case 4

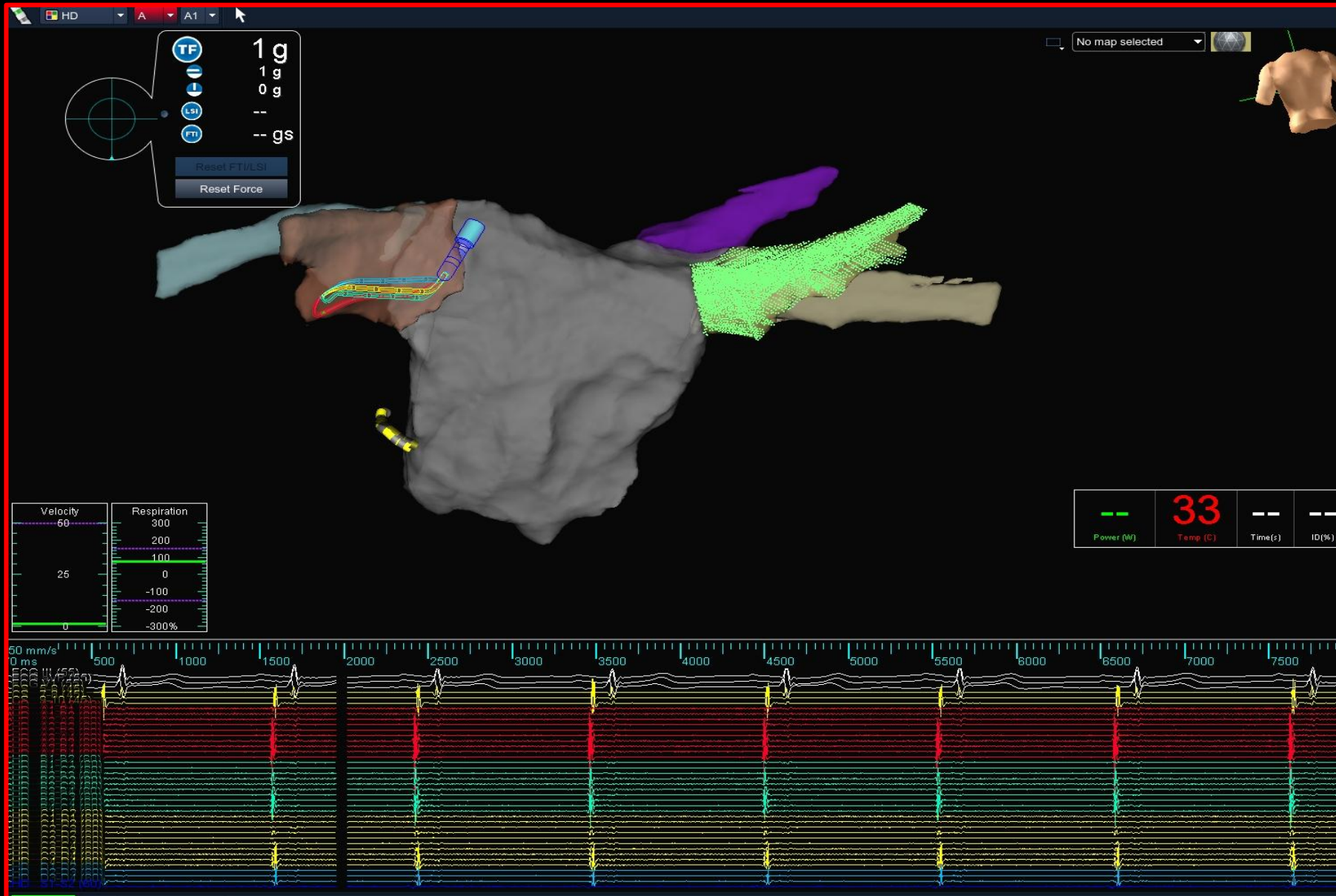
78Y, M with presyncope and palpitation



HD grid catheter in LIPV



LA and PV geometry using HD grid catheter



WACA

BU s

No map selected

10 s

5 s

3 s

0 s

TF 5g

5g

0g

L51 7.0

FT1 792 gs

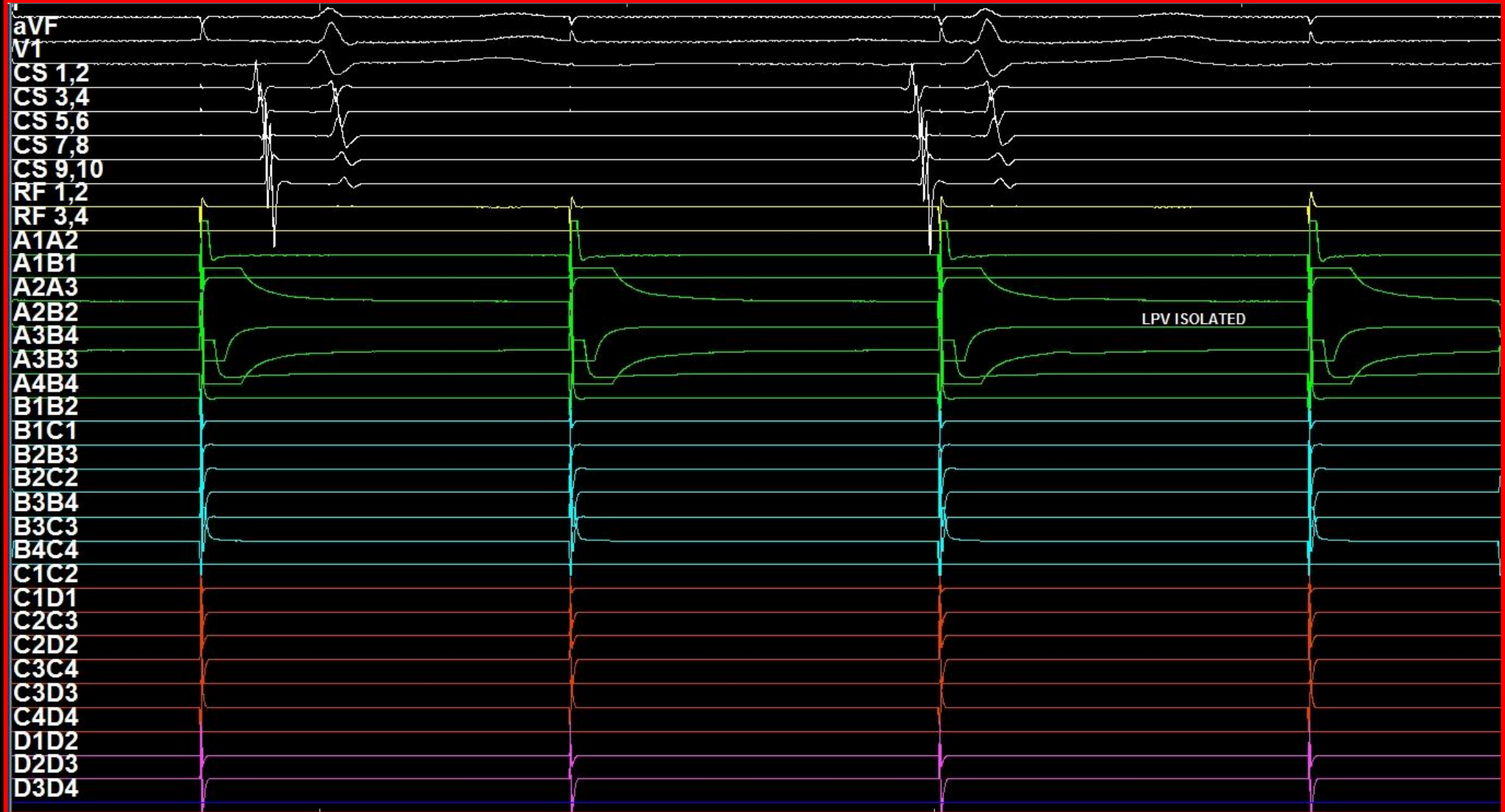
Reset FT/LSI

Reset Force

Check Contact Force baseline.

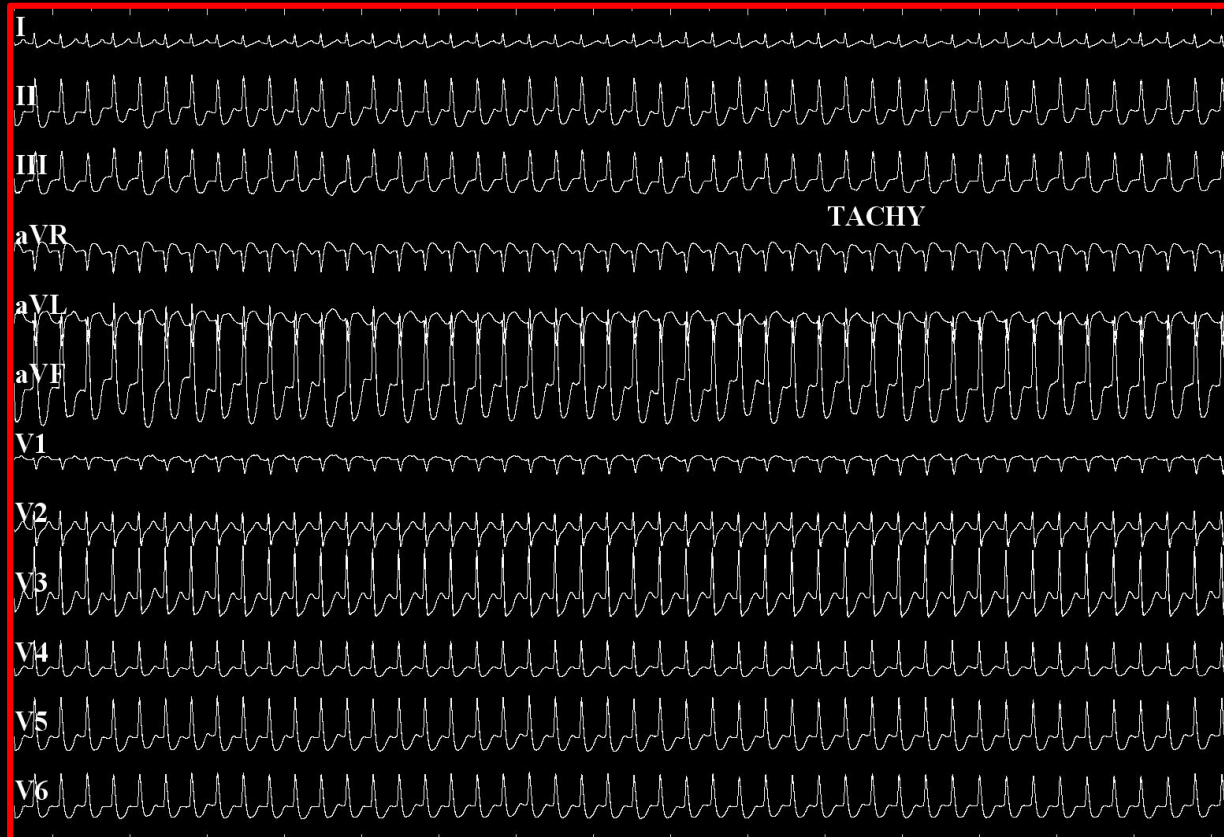
--	21	--	--	999
Power (W)	Temp (C)	RF Session Time (s)	ID(%)	Imp (ohm)

Exit block



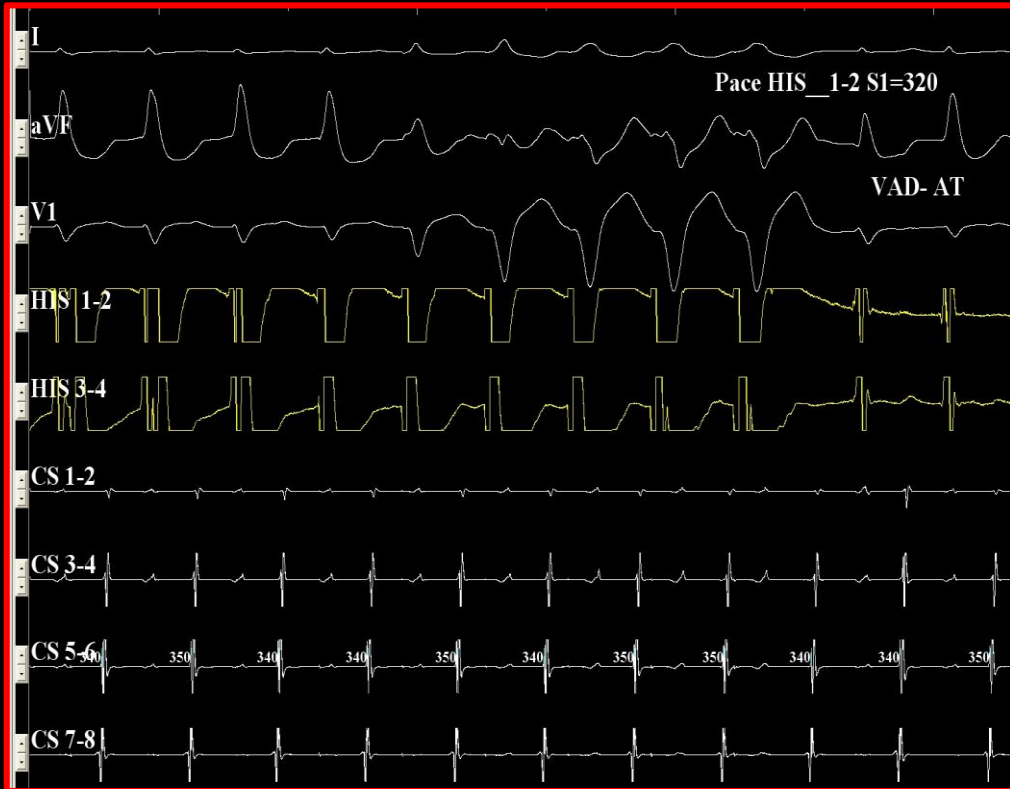
52 Y, F, No comorbidities, Recurrent palpitations,
Good LV function

Regular narrow QRS tachycardia @350 msec

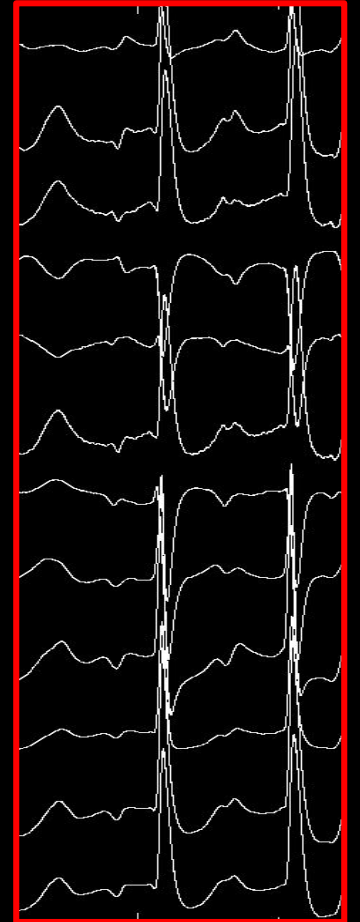
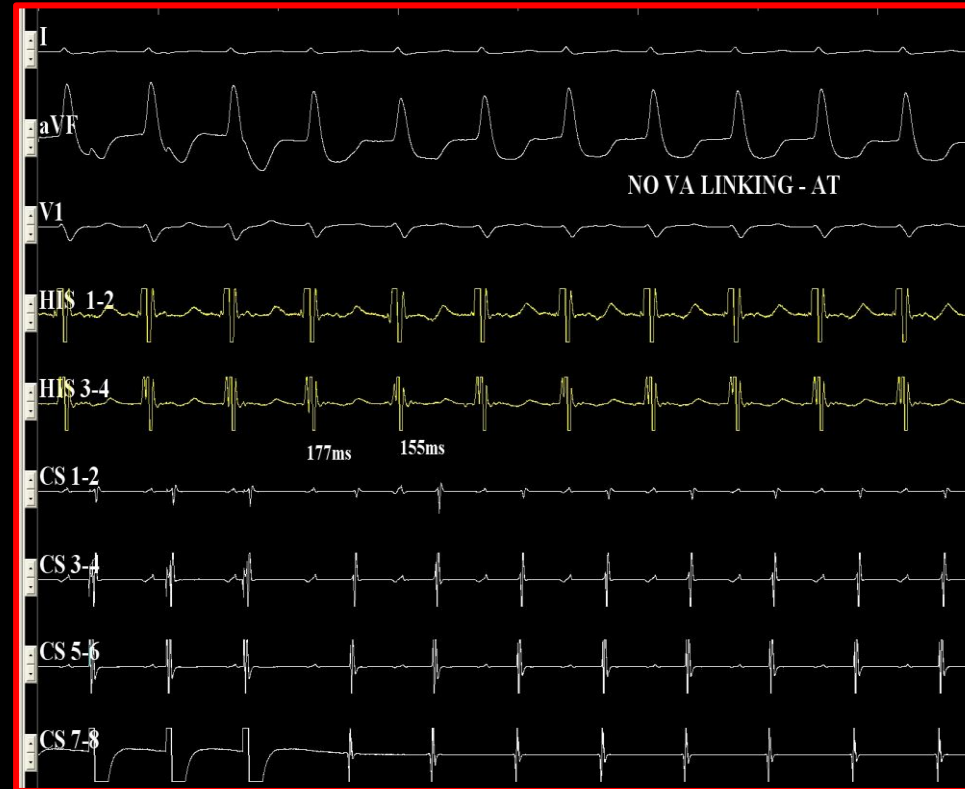


V1 -/+; I,aVL -
/+; III +/-; aVF-

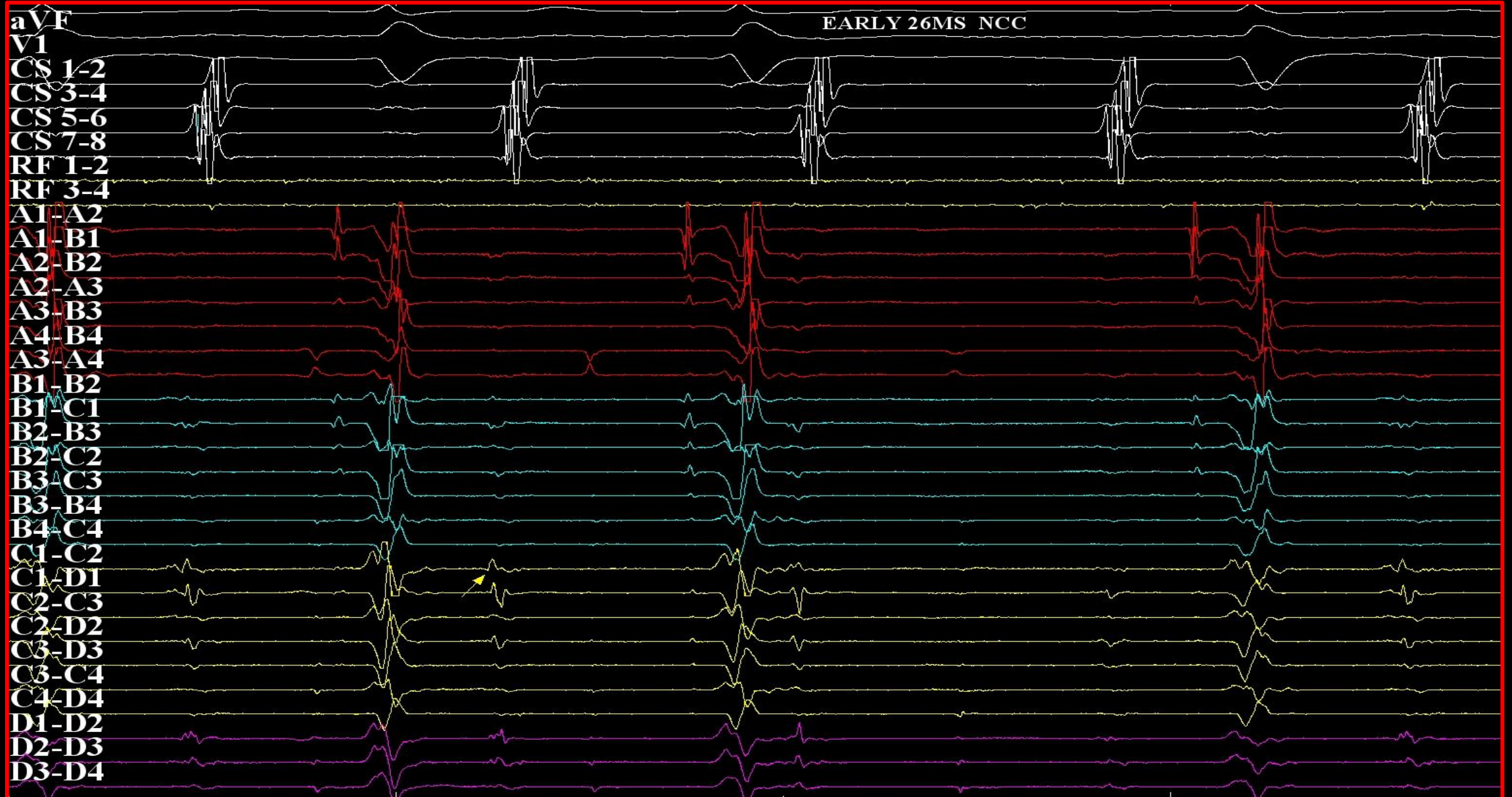
VA dissociation on VOP

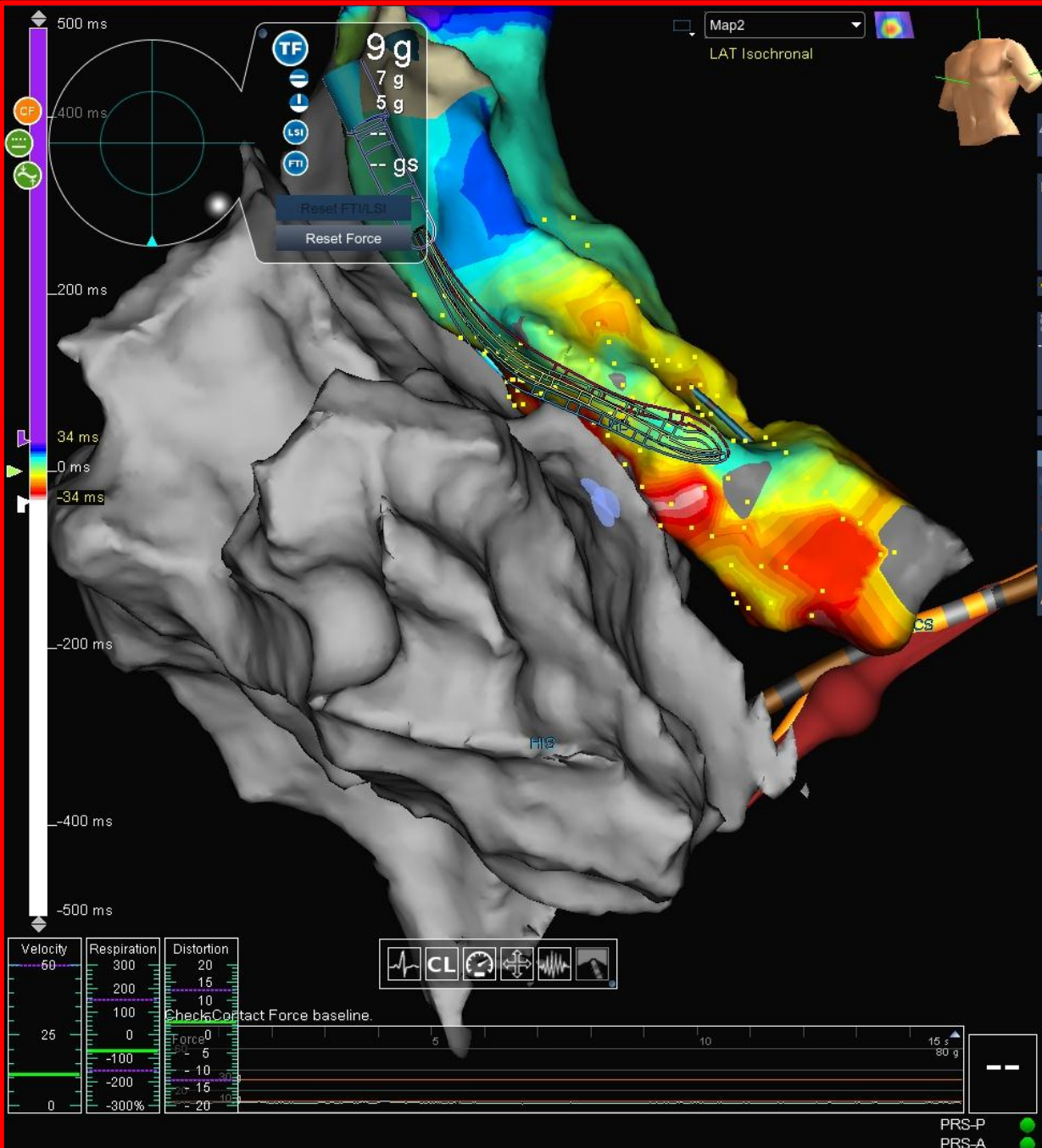


No VA linking

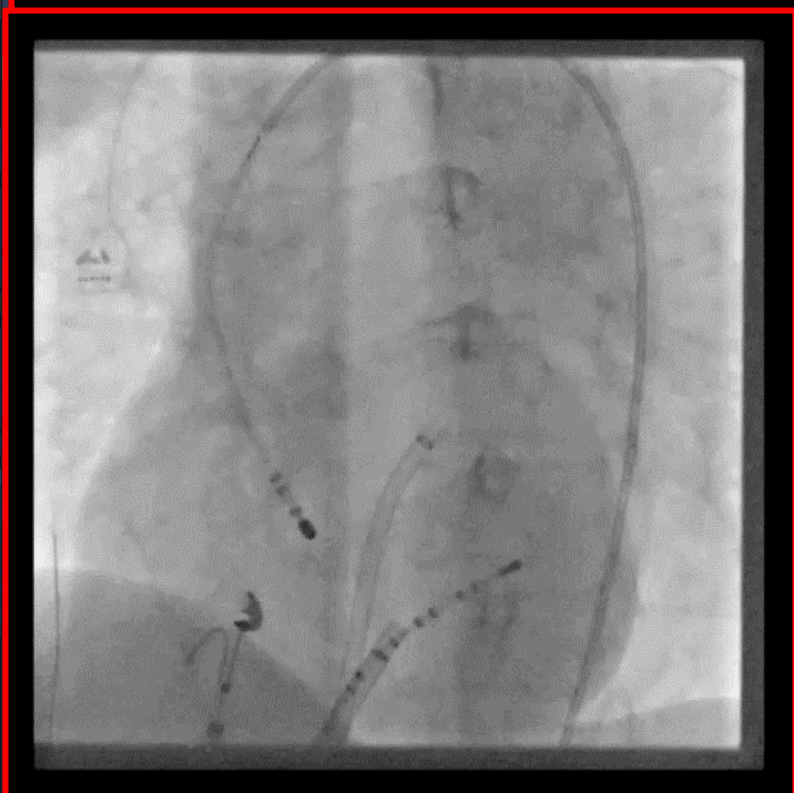
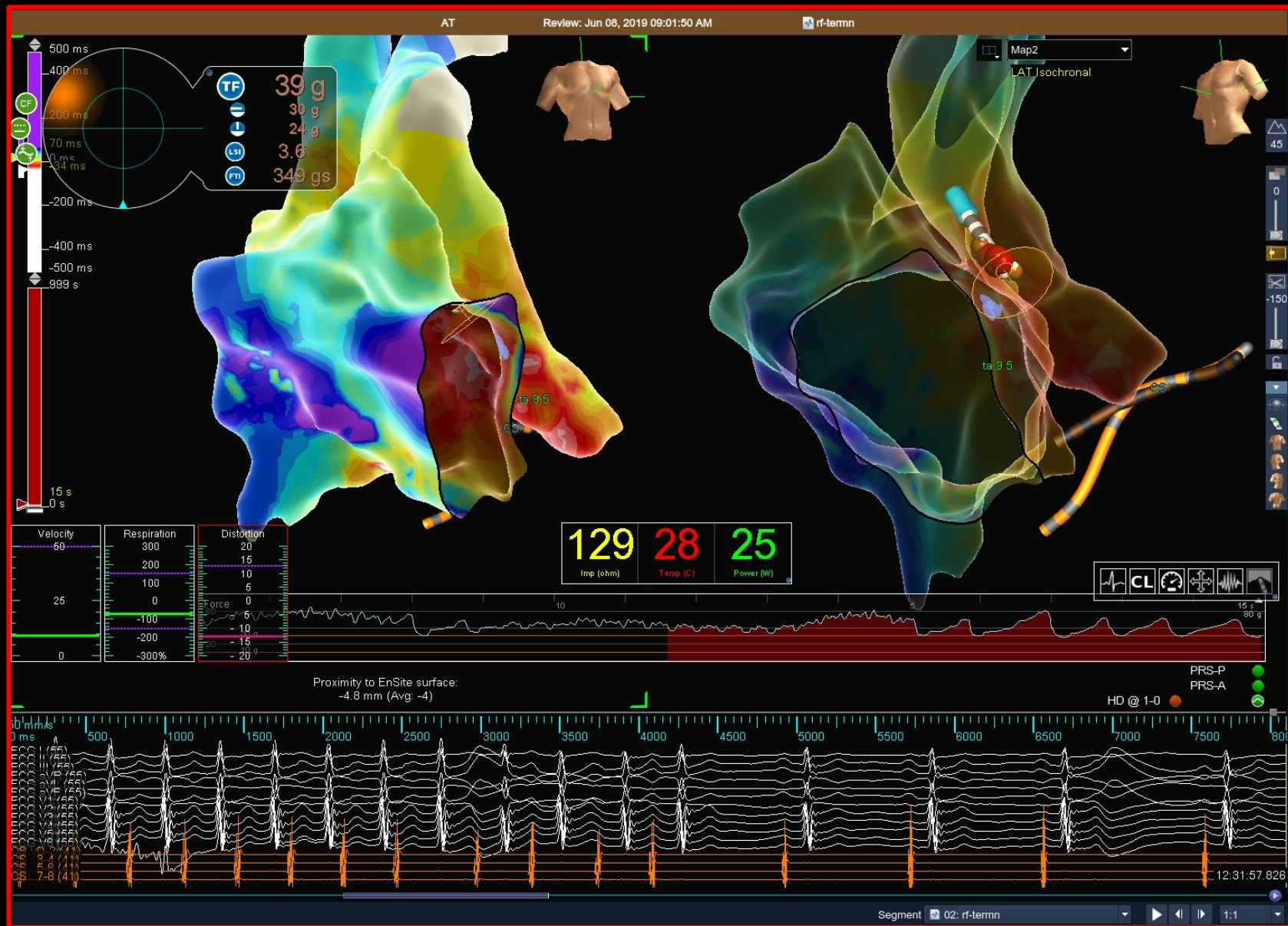


HD catheter in NCC

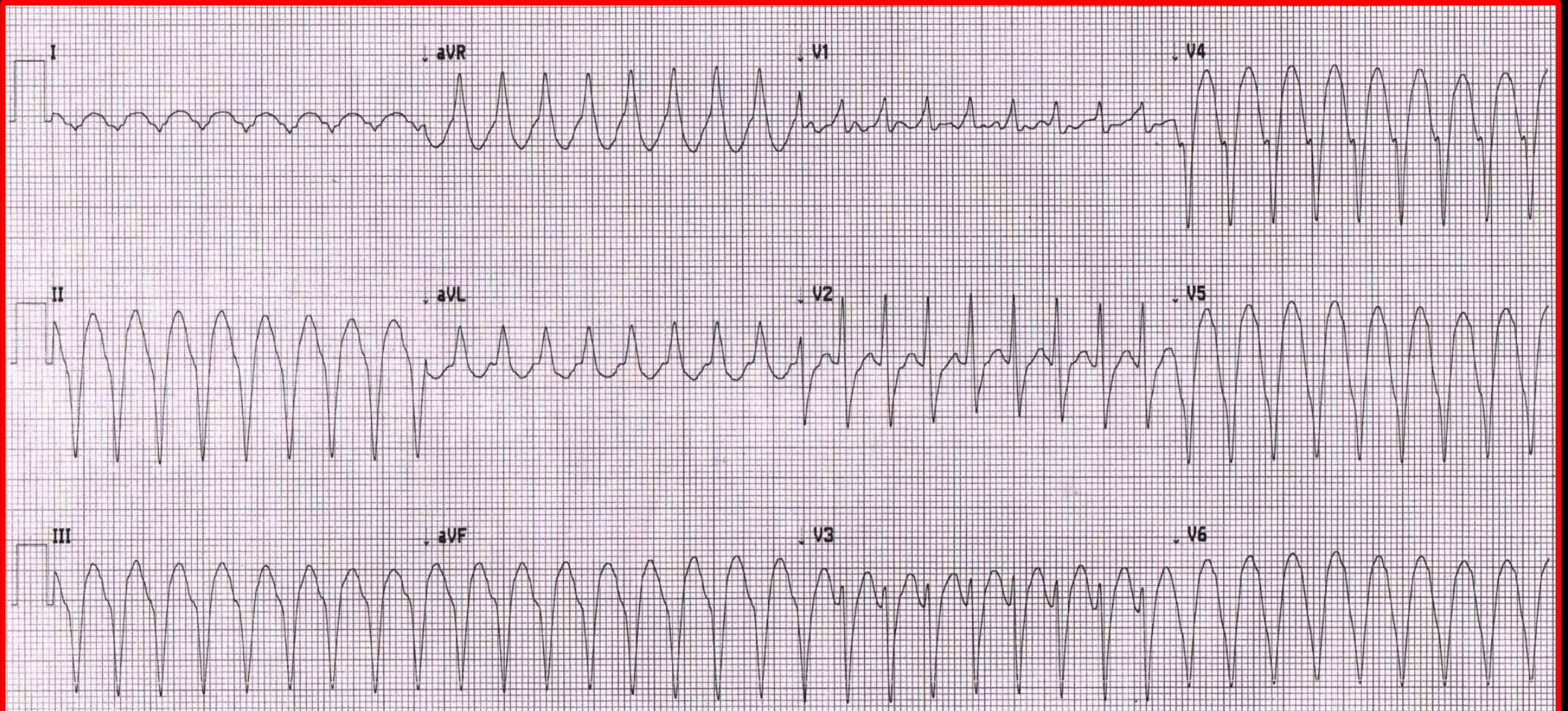




Ablation site-NCC



52Y, F, DCM, Severe LV dysfunction, Monomorphic VT, CMRI- Sub epicardial scar in apex and mid myocardial scar in IVS



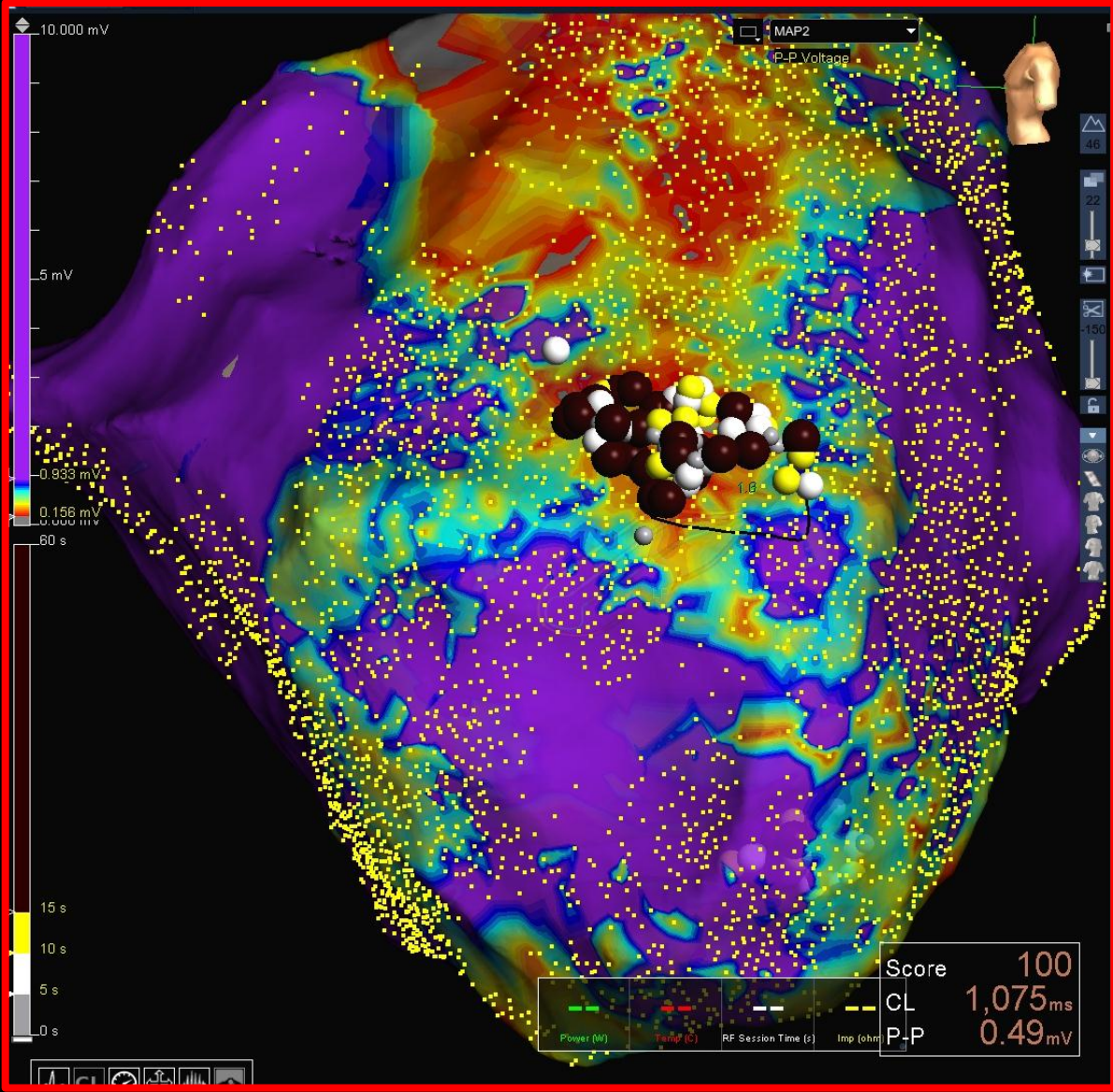
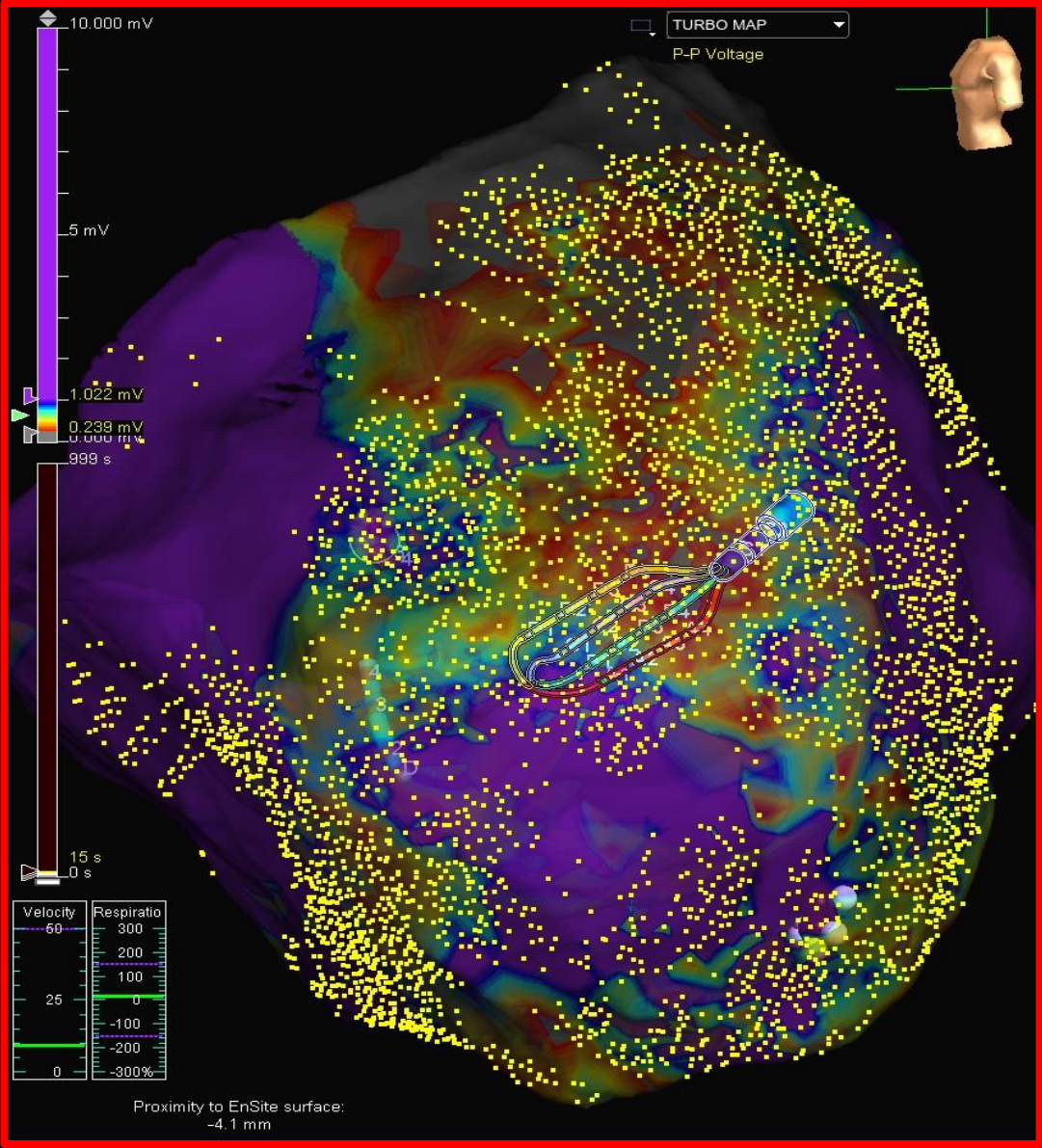
Pericardial Access



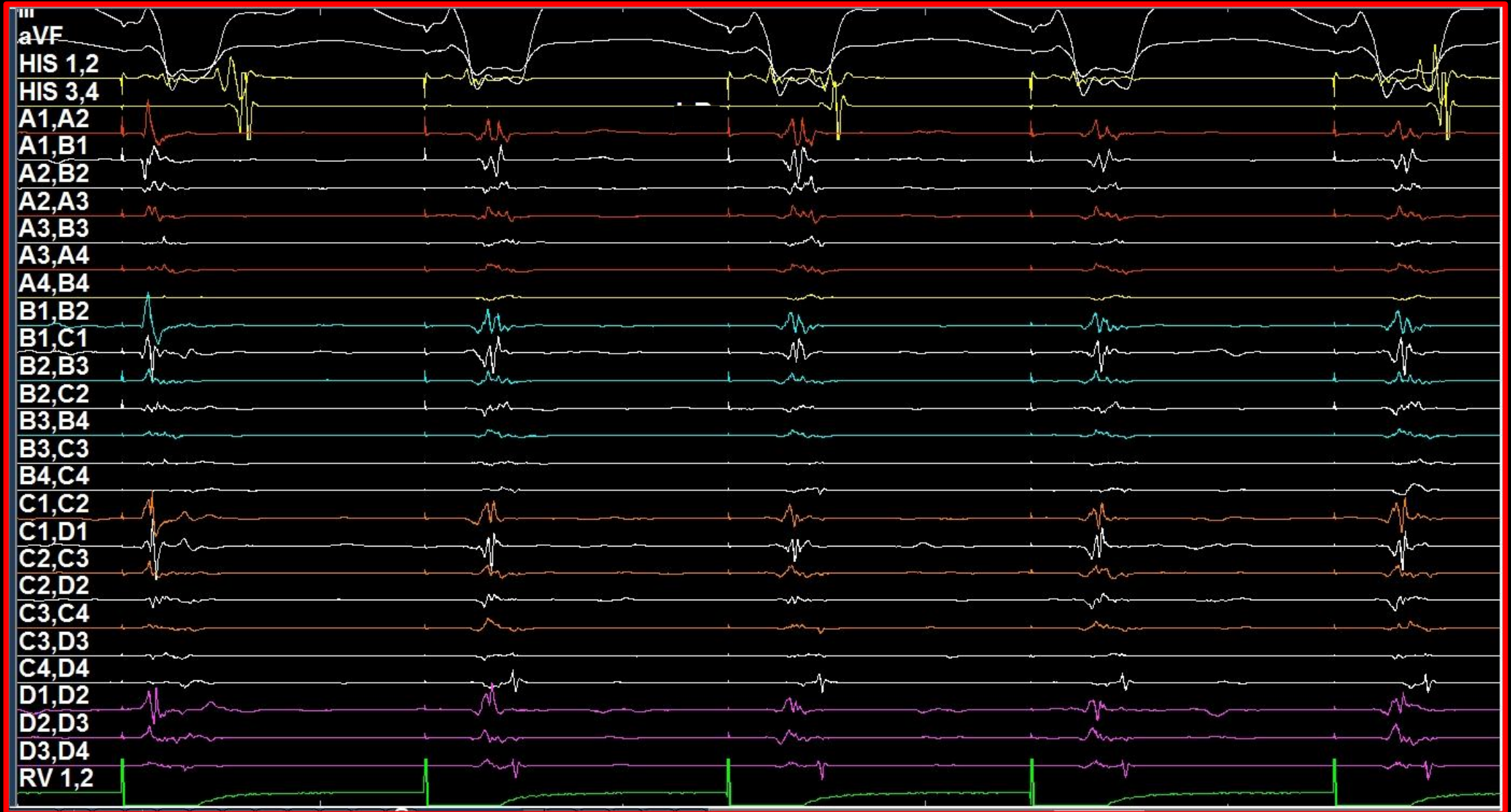
HD Grid in pericardial space



Voltage map



Fractionated potential during RV pacing



Take Home Message

HD Grid extremely useful

Safe, avoids perforation

Truly highly density mapping

Increases the success rate

THANK YOU

Dr. Kotti MD., DM

Consultant Electrophysiologist

Arrhythmia Heart Failure Academy

The Madras Medical Mission

