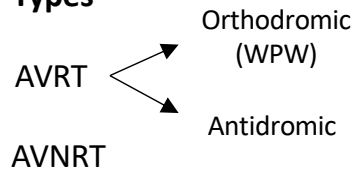


SVT Ablation Cheat Sheet

Setup Checklist

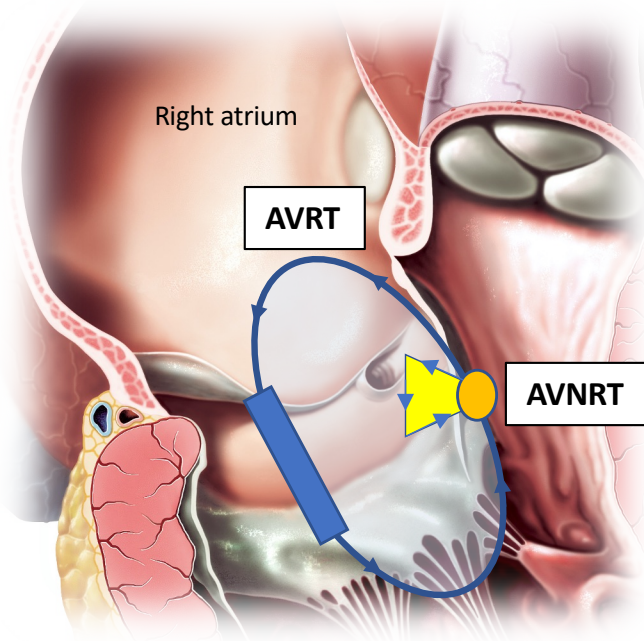
- ☐ +/- 2nd IV setup
- ☐ Sedation gtt
- ☐ Backup phenylephrine or levophed gtt
- ☐ Protective lead

SVT Types



Case Progression

| | |
|--------------------------------|---|
| Anesthesia Type | Typically sedation <ul style="list-style-type: none"> • Light sedation during initial mapping, which can be deepened during ablation portion. • General anesthesia risks suppressing the arrhythmia, which precludes mapping and any ablation. |
| Preop | <i>Set expectations for lighter sedation</i> <input type="checkbox"/> Type and screen |
| Access & Monitors | +/- PIV x2 <i>*arterial line only for cardiac/respiratory morbidity</i> |
| Sedation | Propofol gtt vs dexmedetomidine gtt |
| Intraprocedural Considerations | <ul style="list-style-type: none"> • EP typically only requires femoral venous access. Placement of femoral venous sheaths is the most stimulating portion of the procedure. • Judicious fluid administration – RF ablation requires constant infusion of saline through the ablation catheters to cool the myocardium. |



Hypotension Differential Diagnosis

- Excess anesthesia relative to low stimulation
- Sudden rhythm change
- EP-mediated pacing
- Decompensated heart failure
- Blood loss from groin access sites
- Pericardial effusion +/- tamponade

! Pericardial Effusion Management !

- EP team preps for pericardiocentesis
- Avoid positive pressure ventilation
- Volume administration
- Ready ionotropes
- Discuss protamine