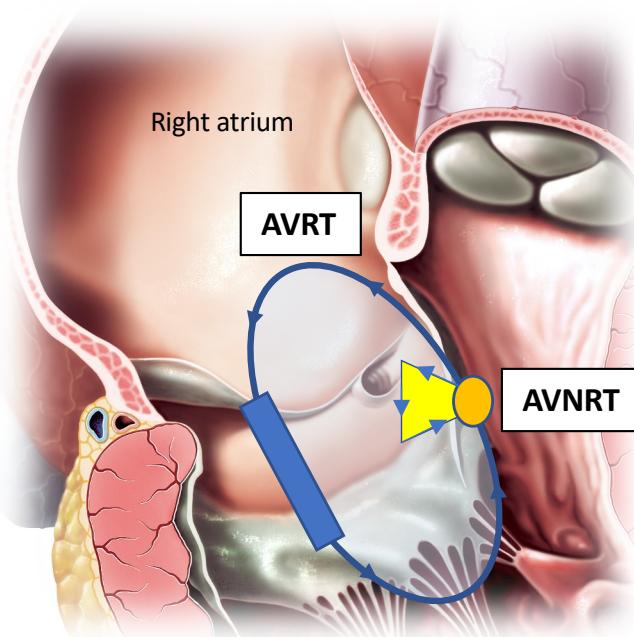
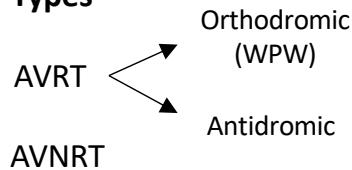


# SVT Ablation Cheat Sheet

## Setup Checklist

- +/- 2<sup>nd</sup> 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"> <li>• Light sedation during initial mapping, which can be deepened during ablation portion.</li> <li>• General anesthesia risks suppressing the arrhythmia, which precludes mapping and any ablation.</li> </ul>
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"> <li>• EP typically only requires femoral venous access. Placement of femoral venous sheaths is the most stimulating portion of the procedure.</li> <li>• Judicious fluid administration – RF ablation requires constant infusion of saline through the ablation catheters to cool the myocardium.</li> </ul>

## 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