

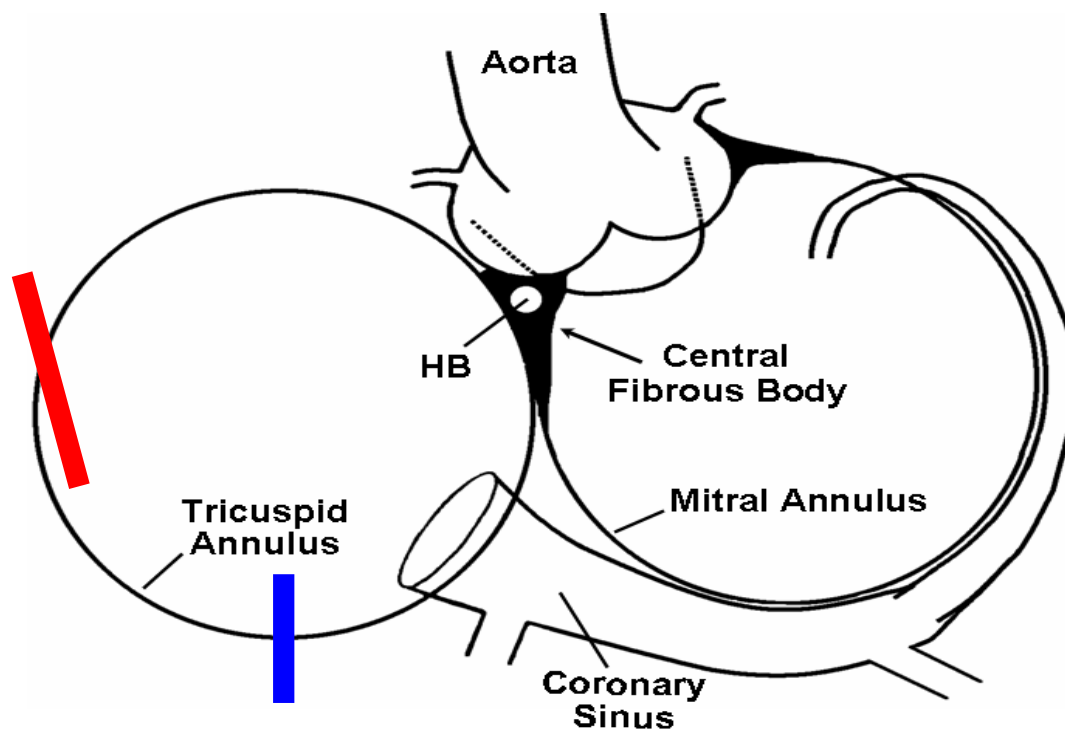
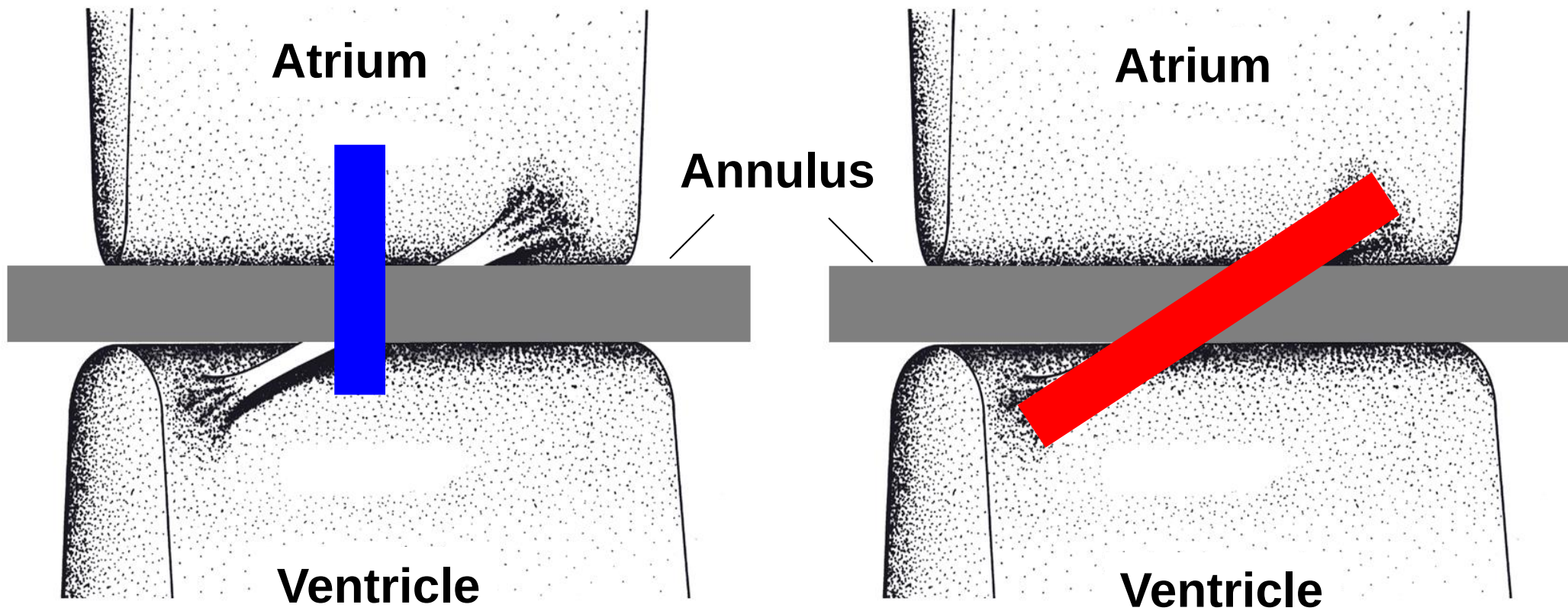


Figure 5.1A

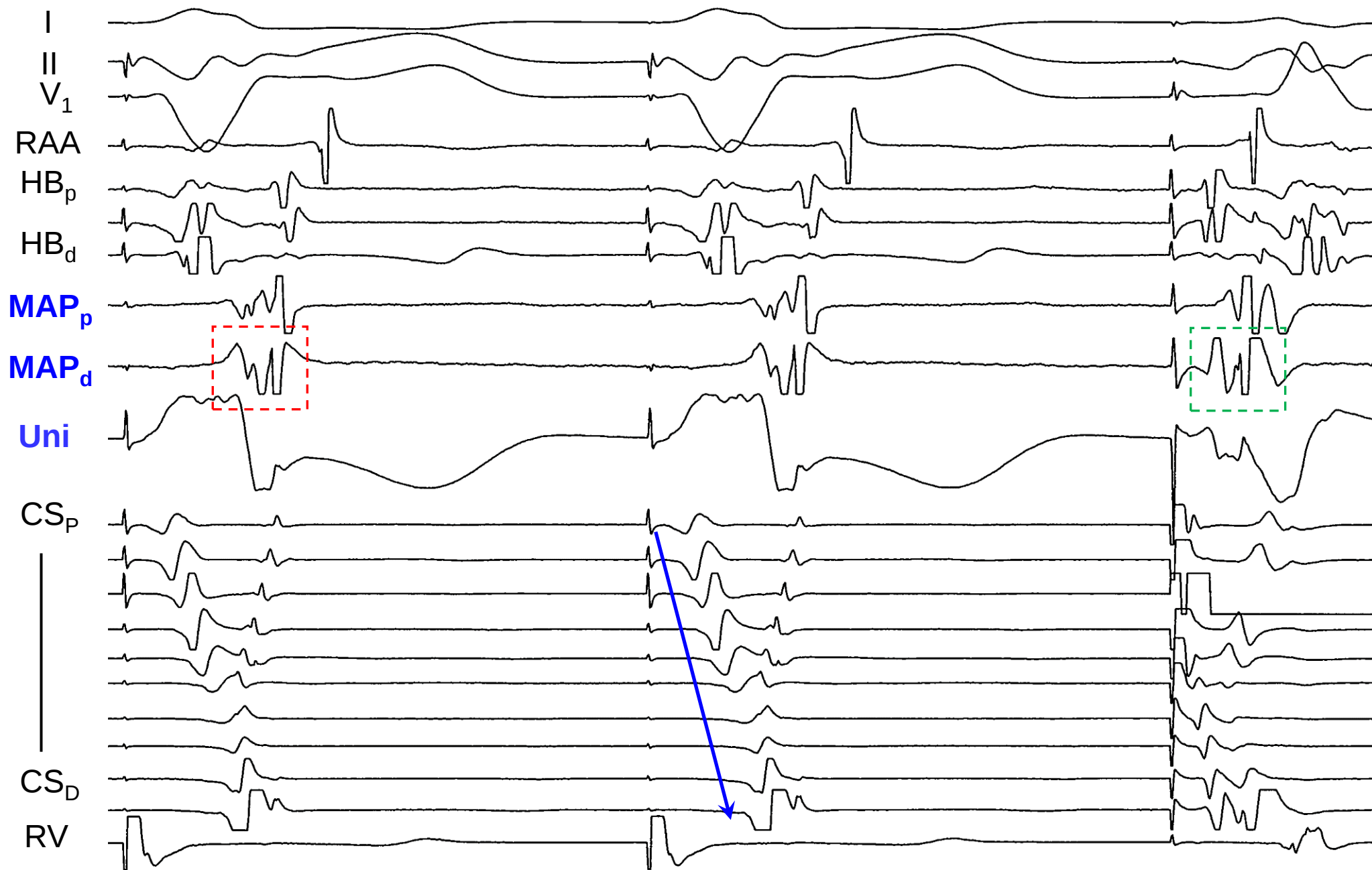


Figure 5.1B

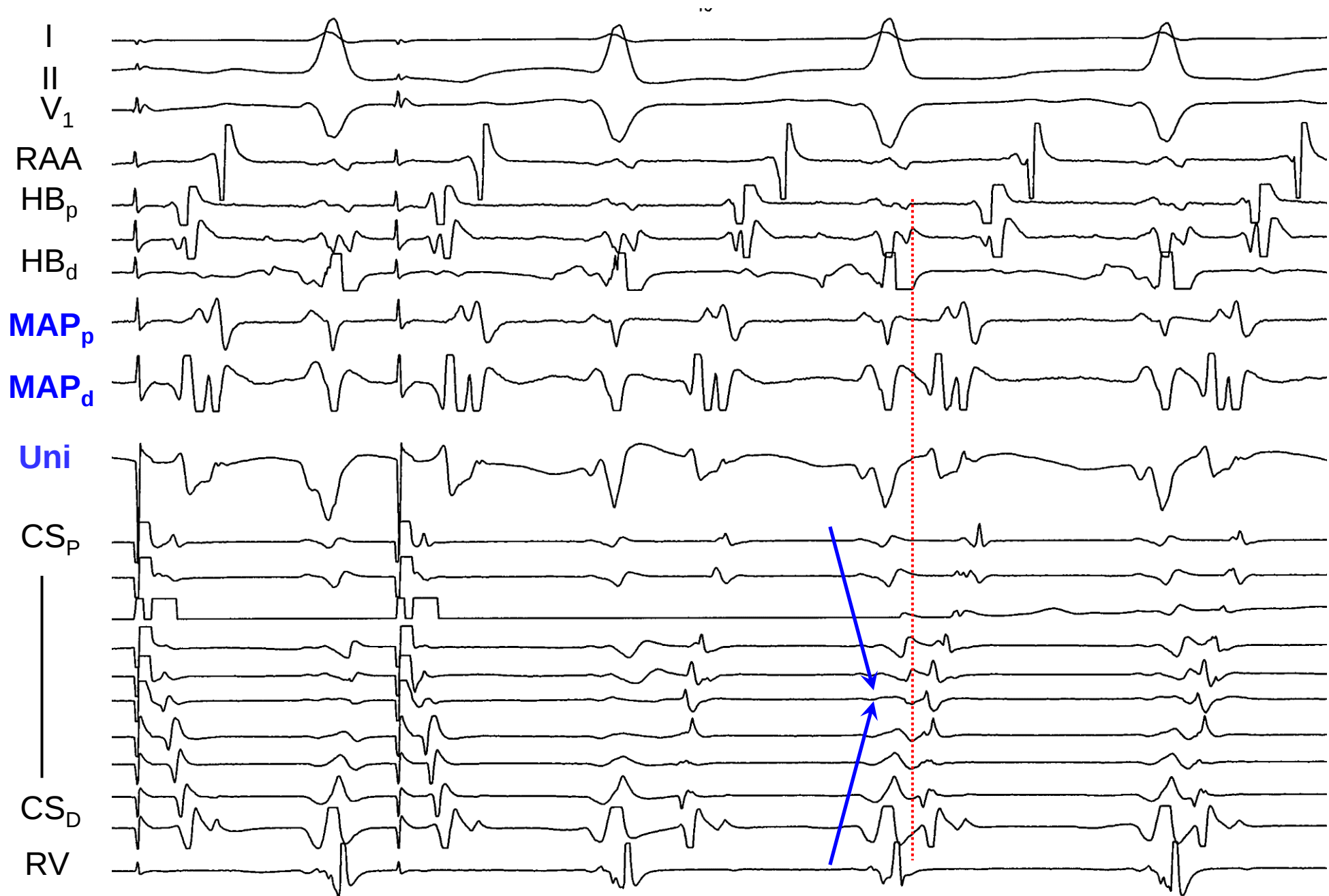


Figure 5.1C

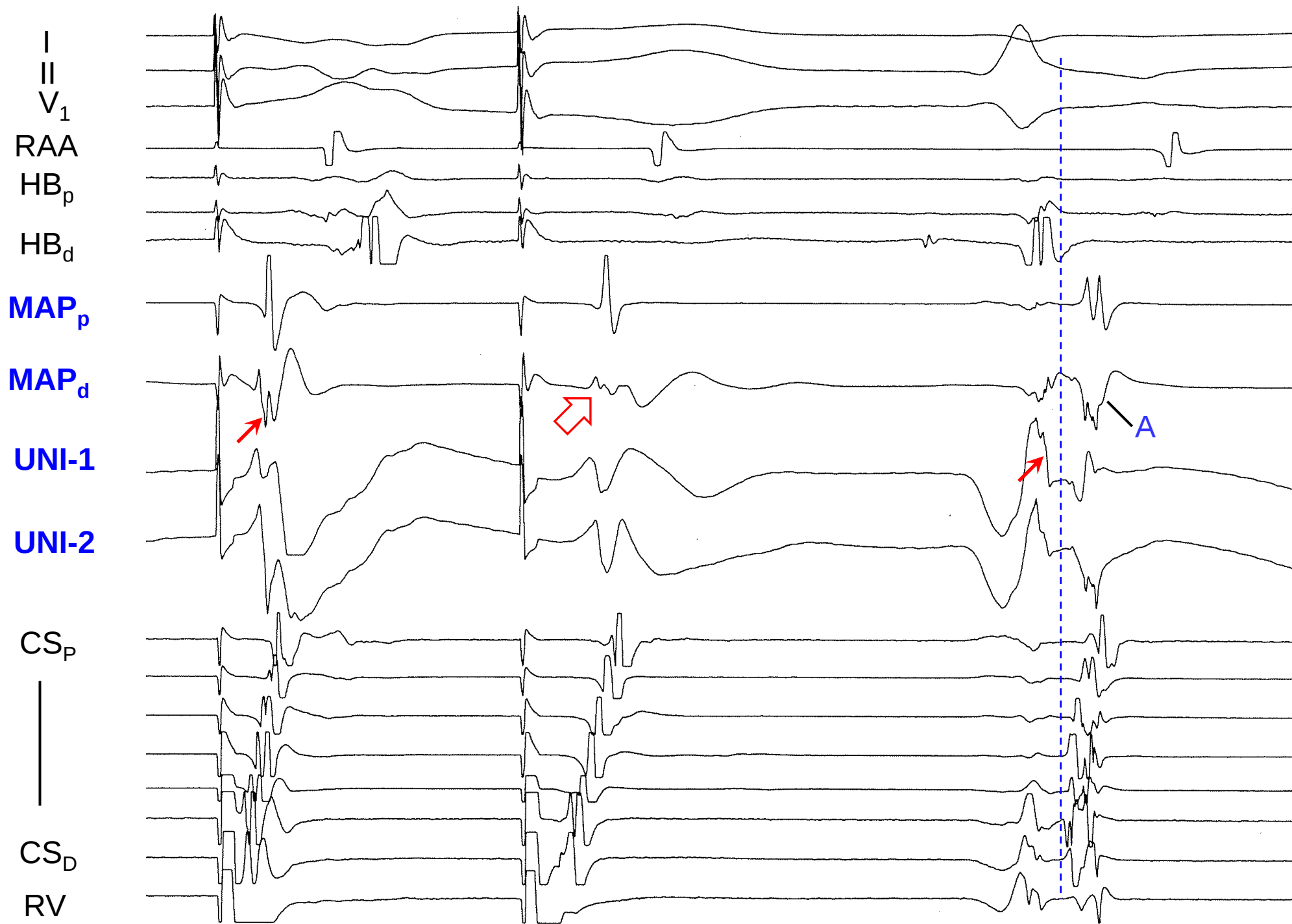


Figure 5.1D

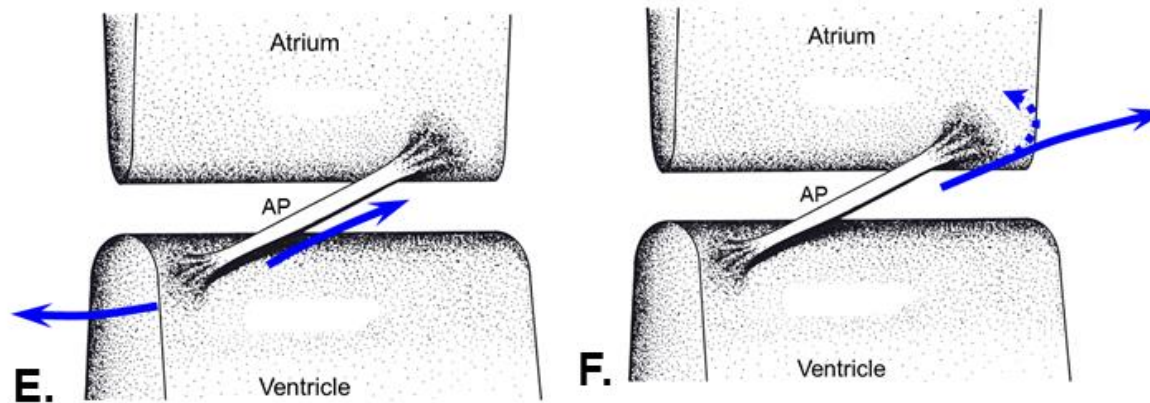
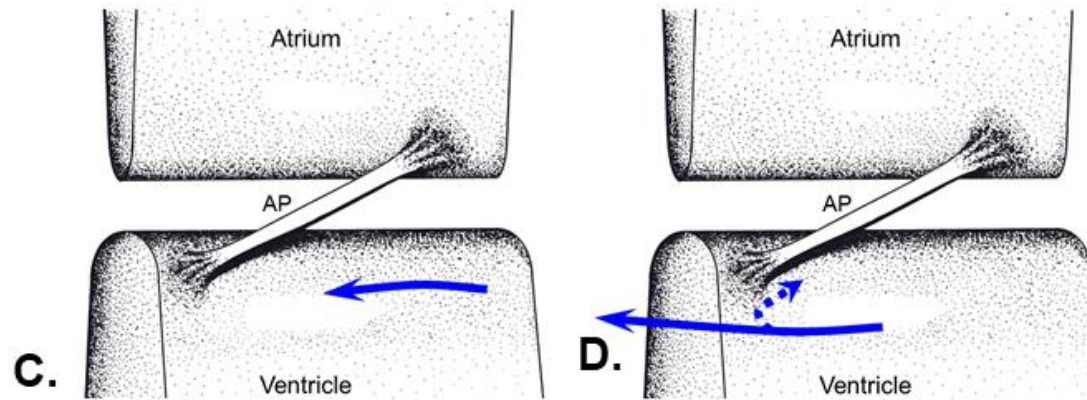
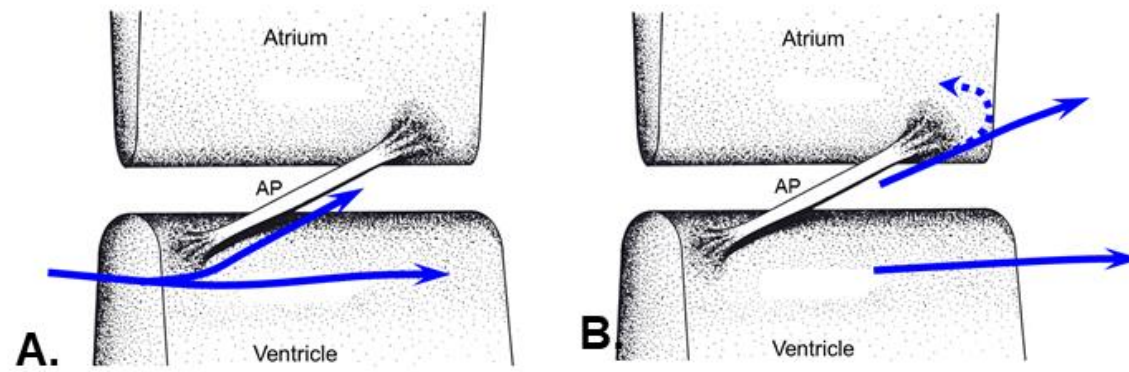


Figure 5.2

Courtesy of Dr. Jackman

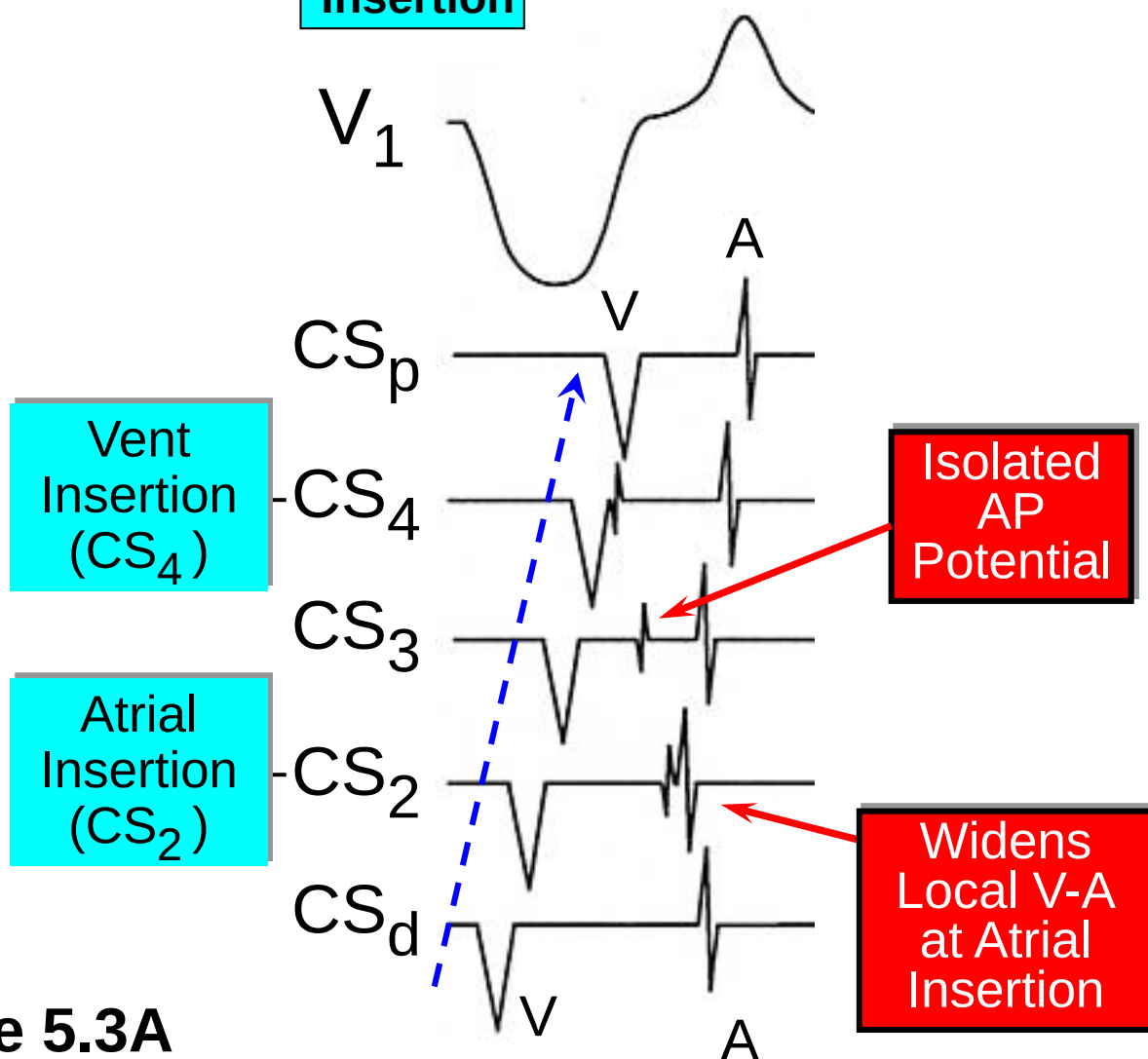
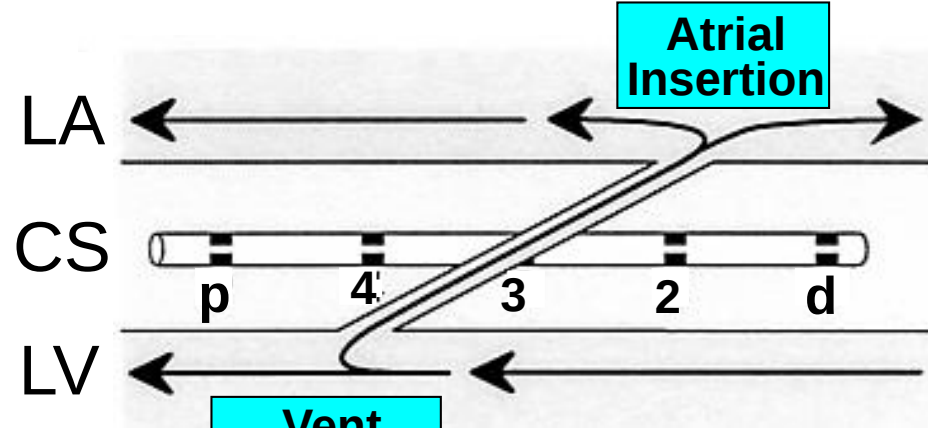
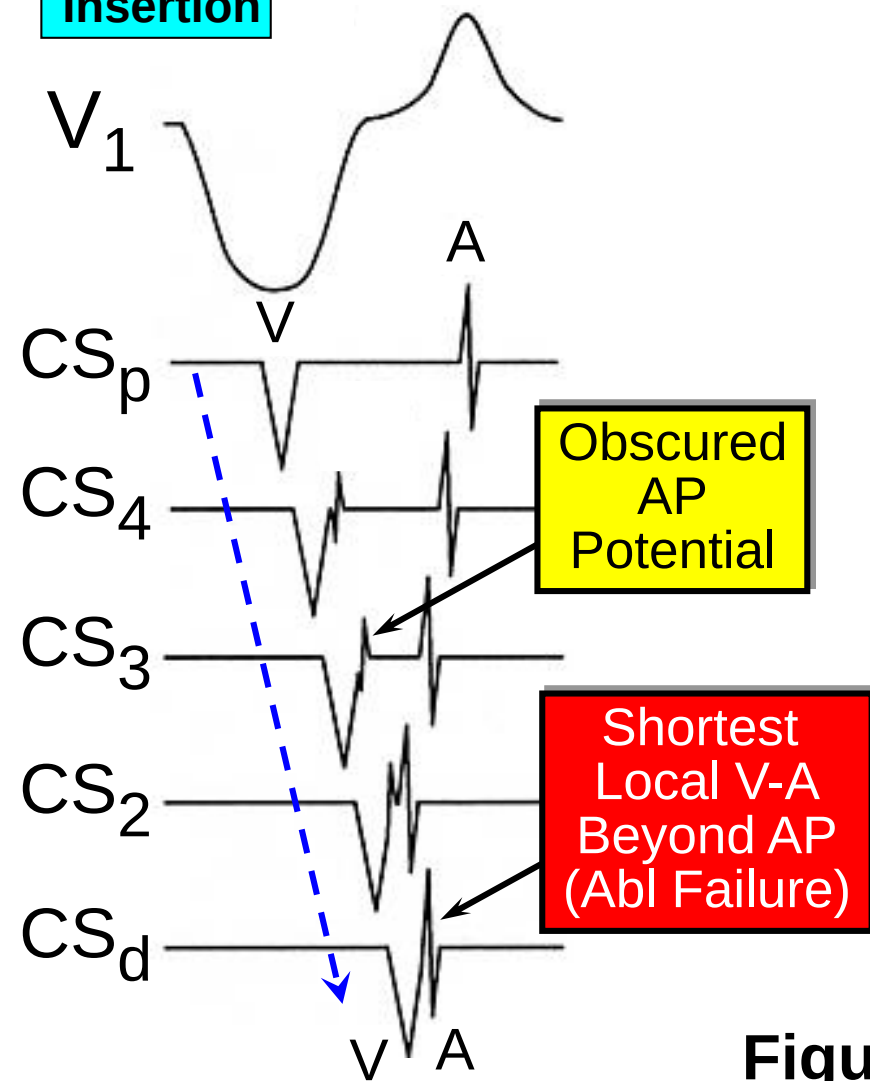
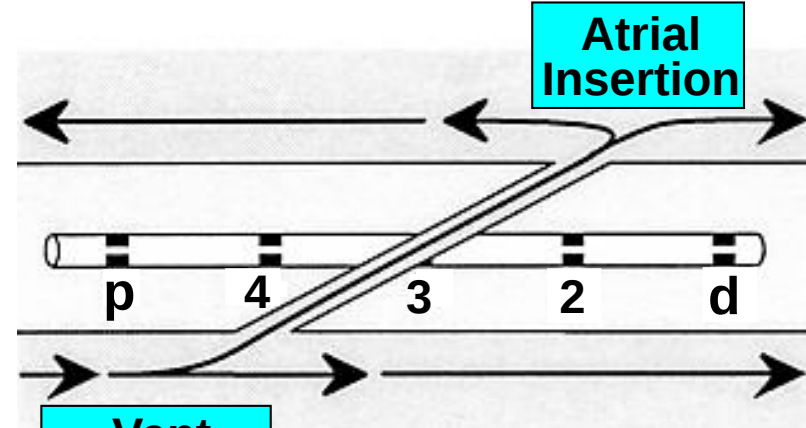


Figure 5.3A

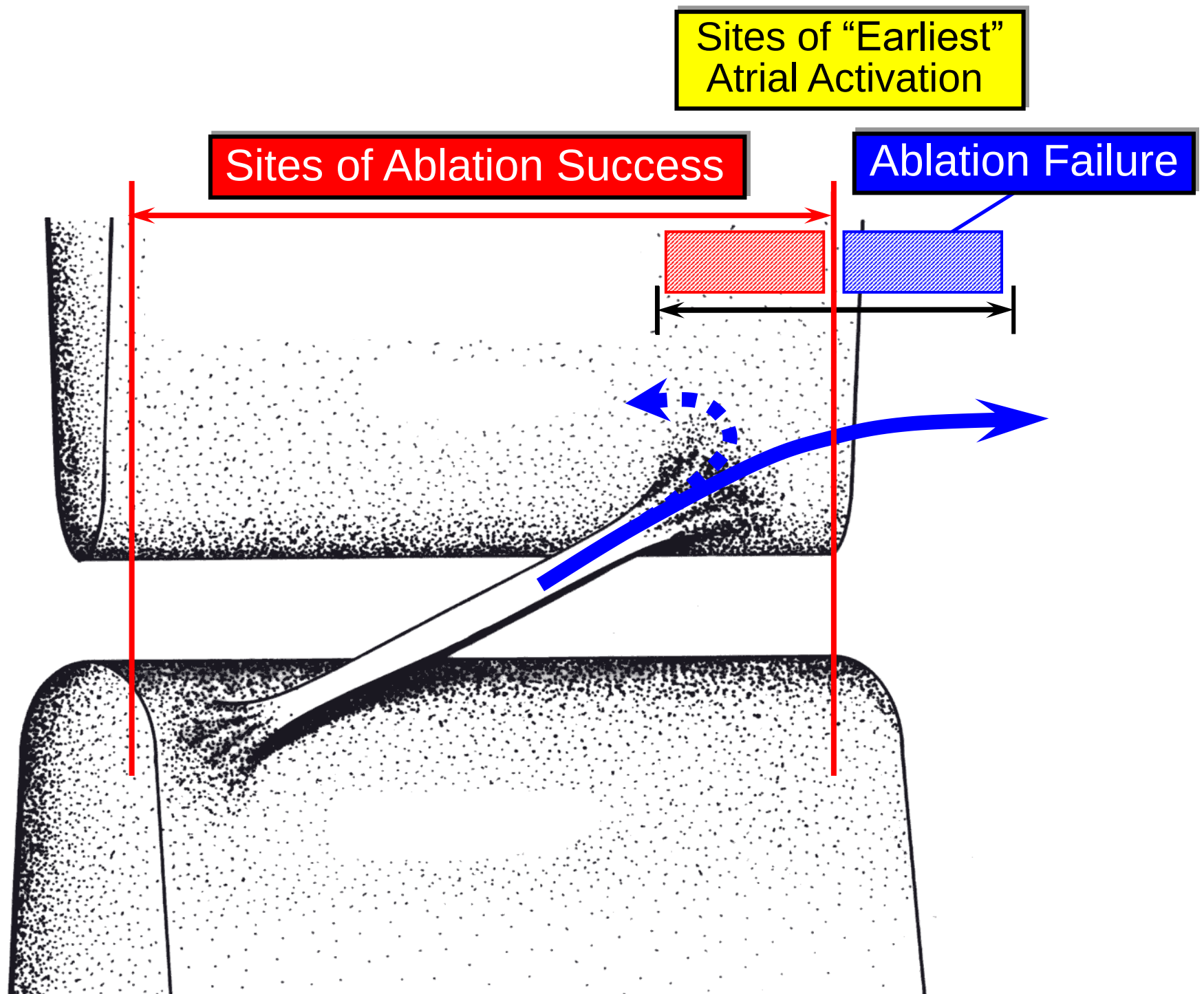


Figure 5.3 B.

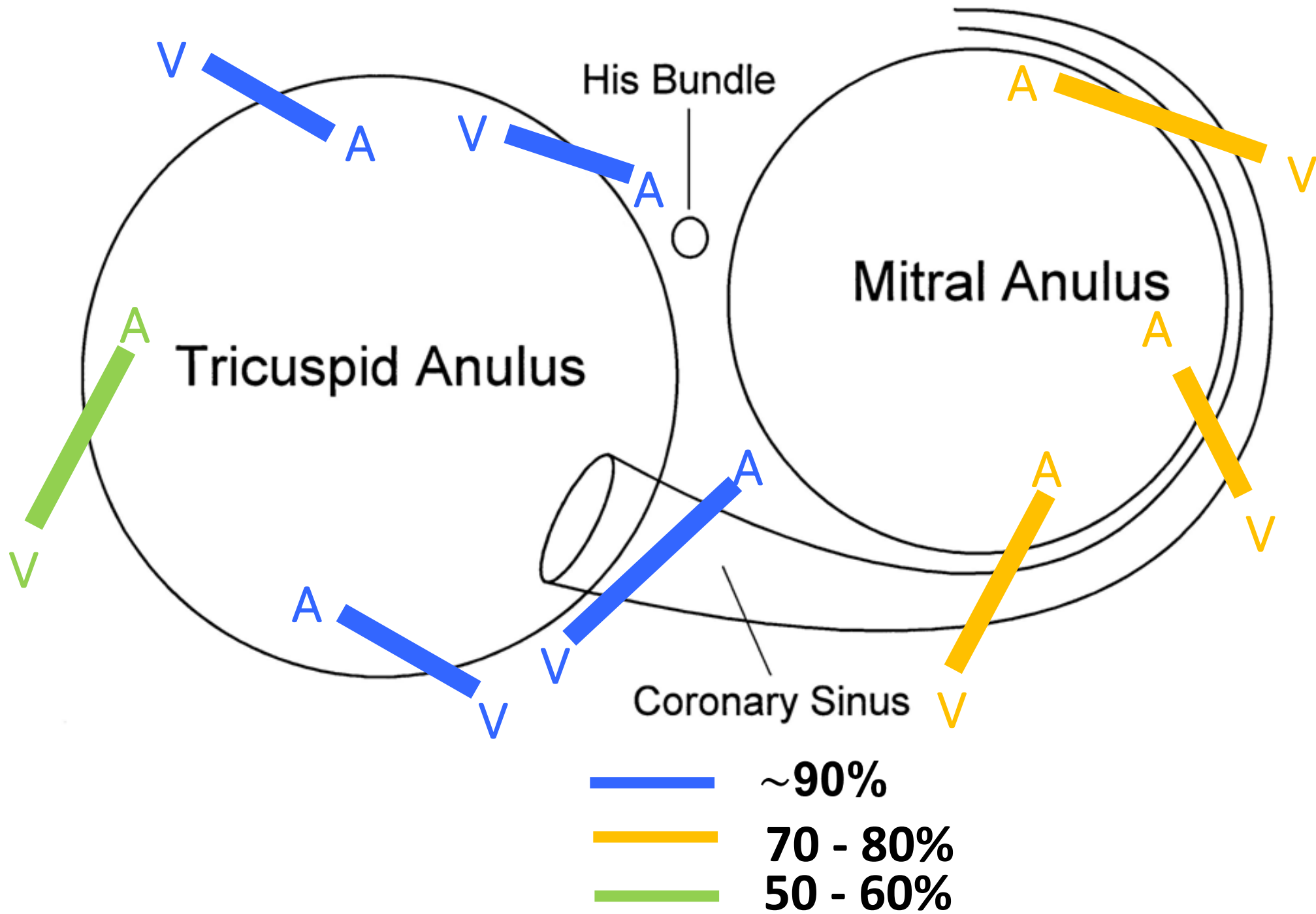


Figure 5.3C.

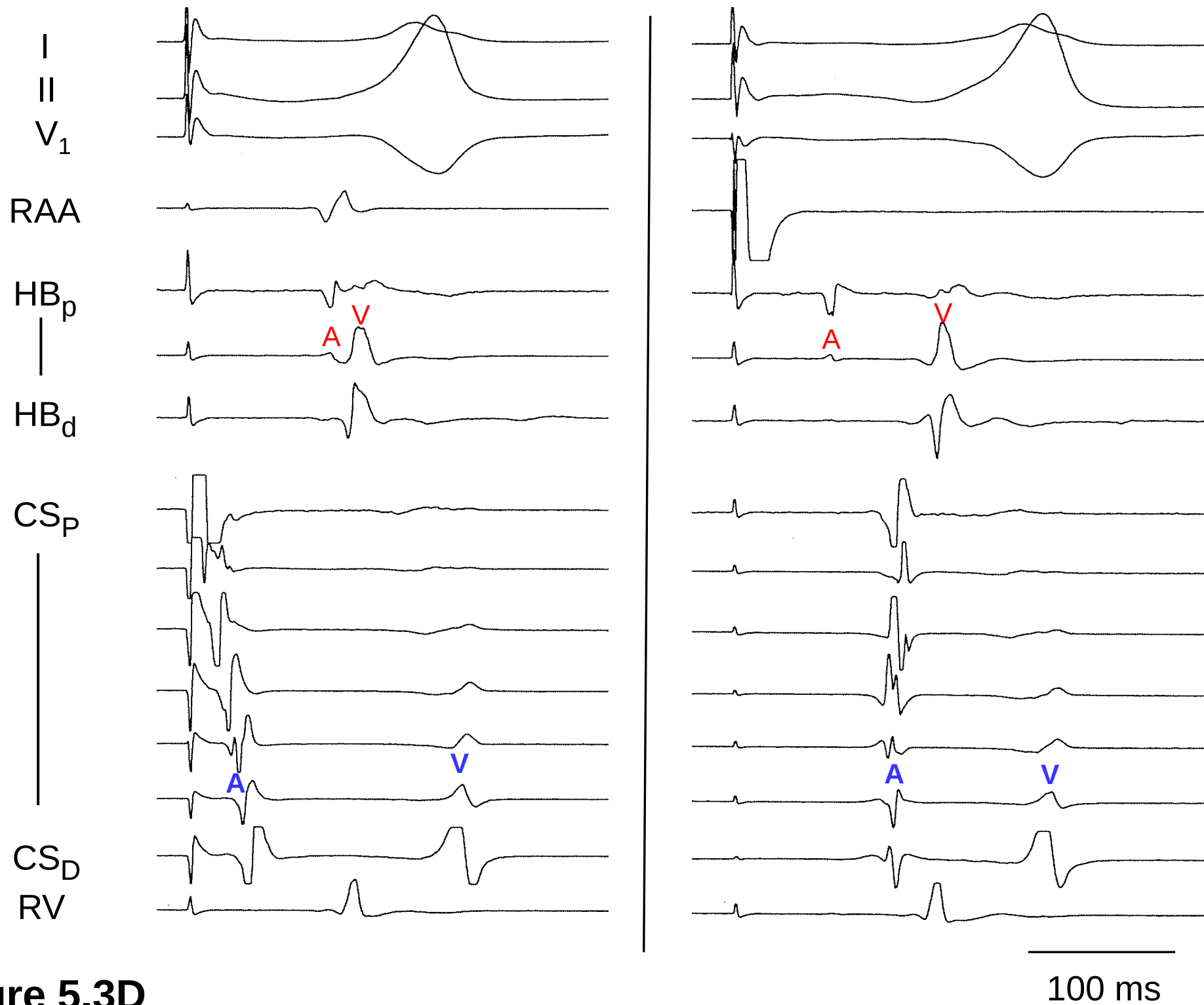


Figure 5.3D

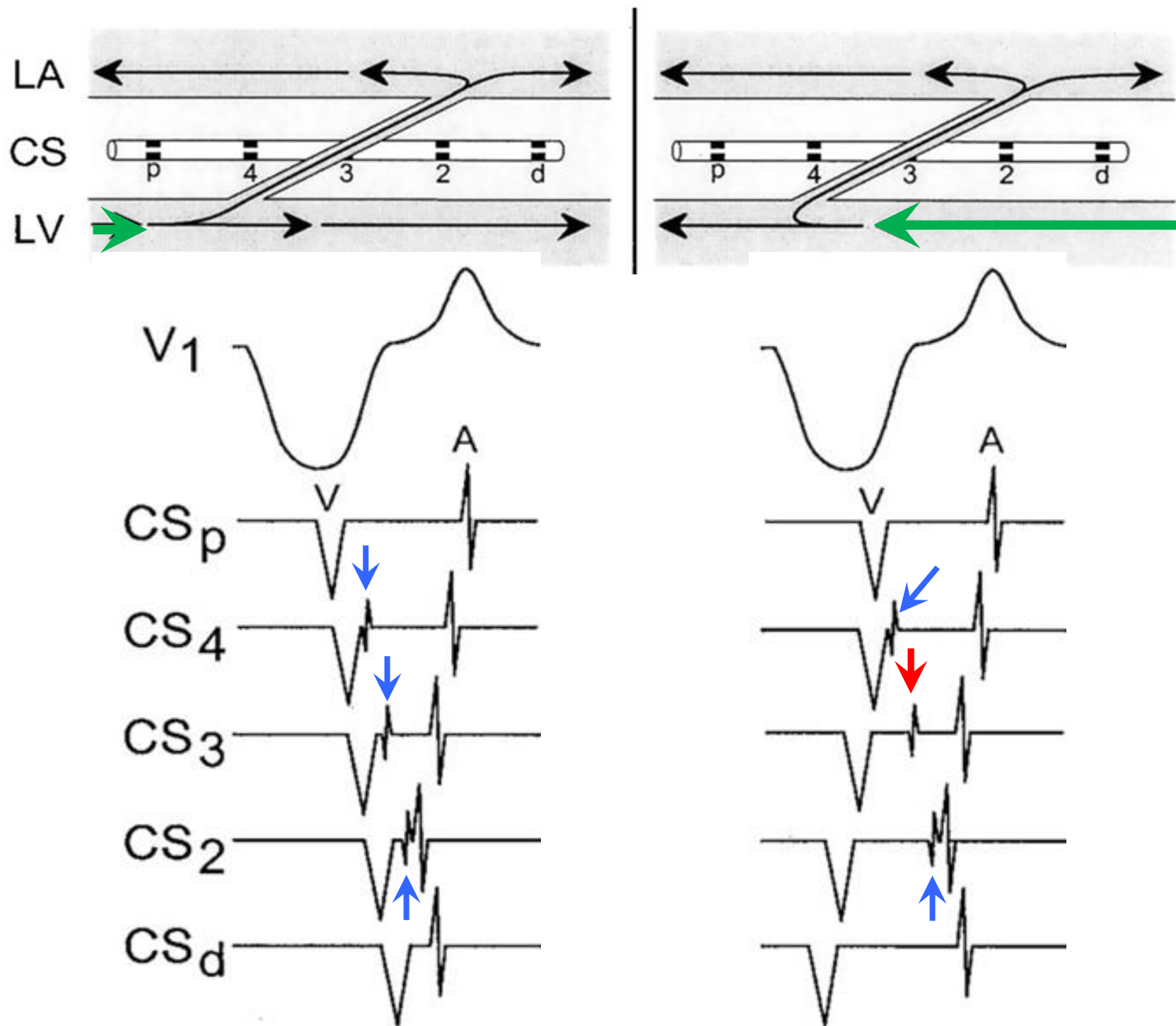


Figure 5.4A

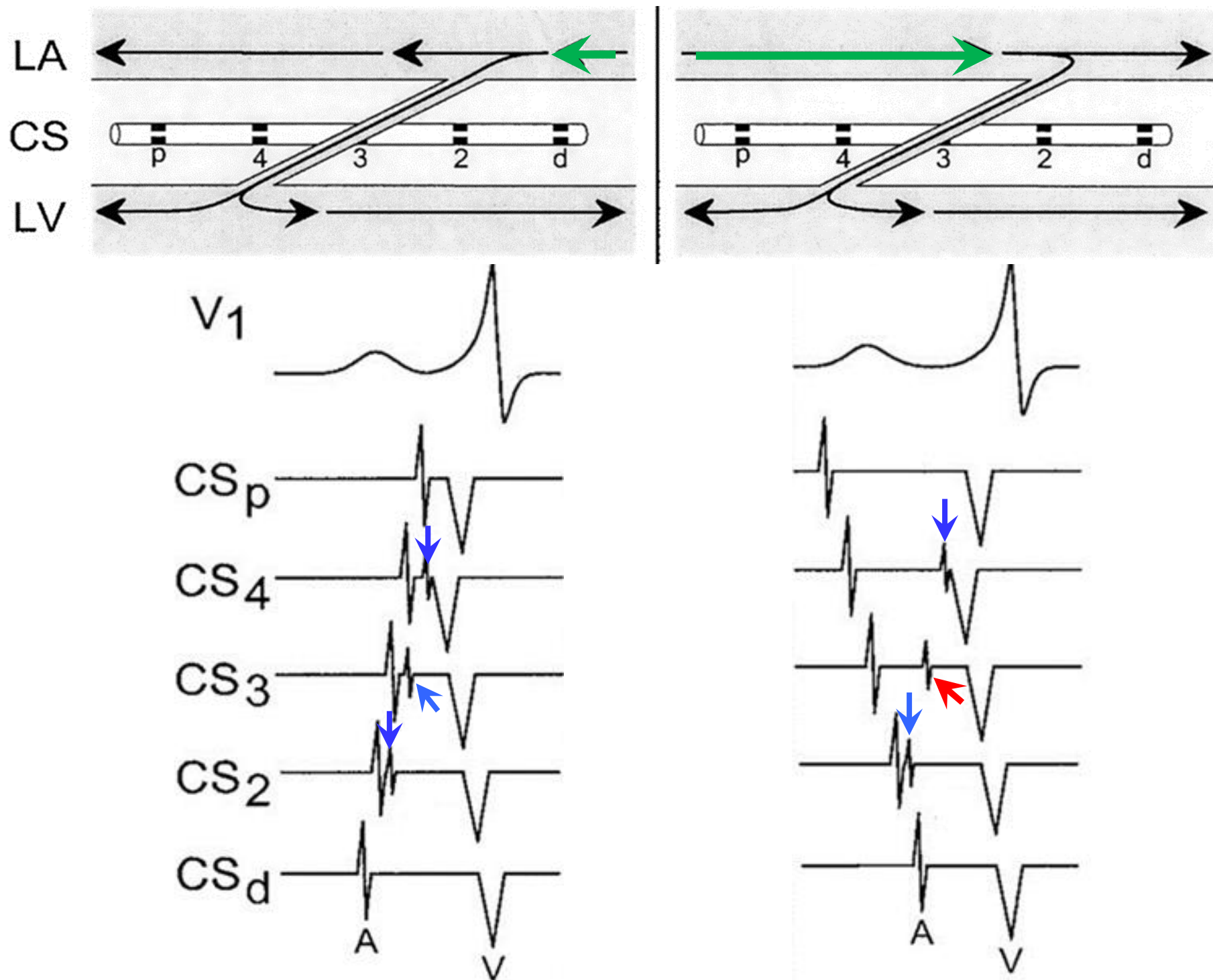


Figure 5.4B

Differential Pacing from Proximal and Distal CS

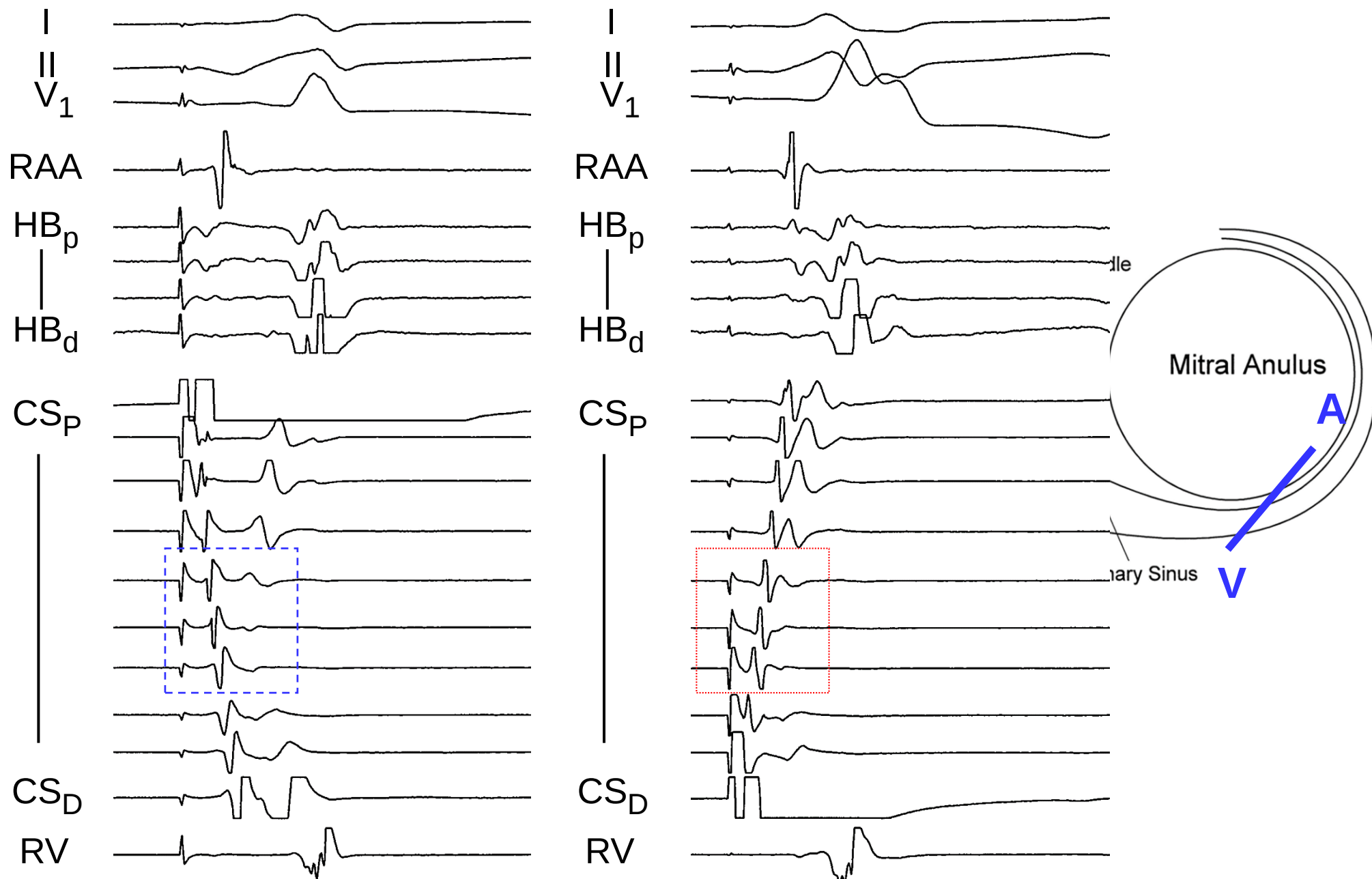
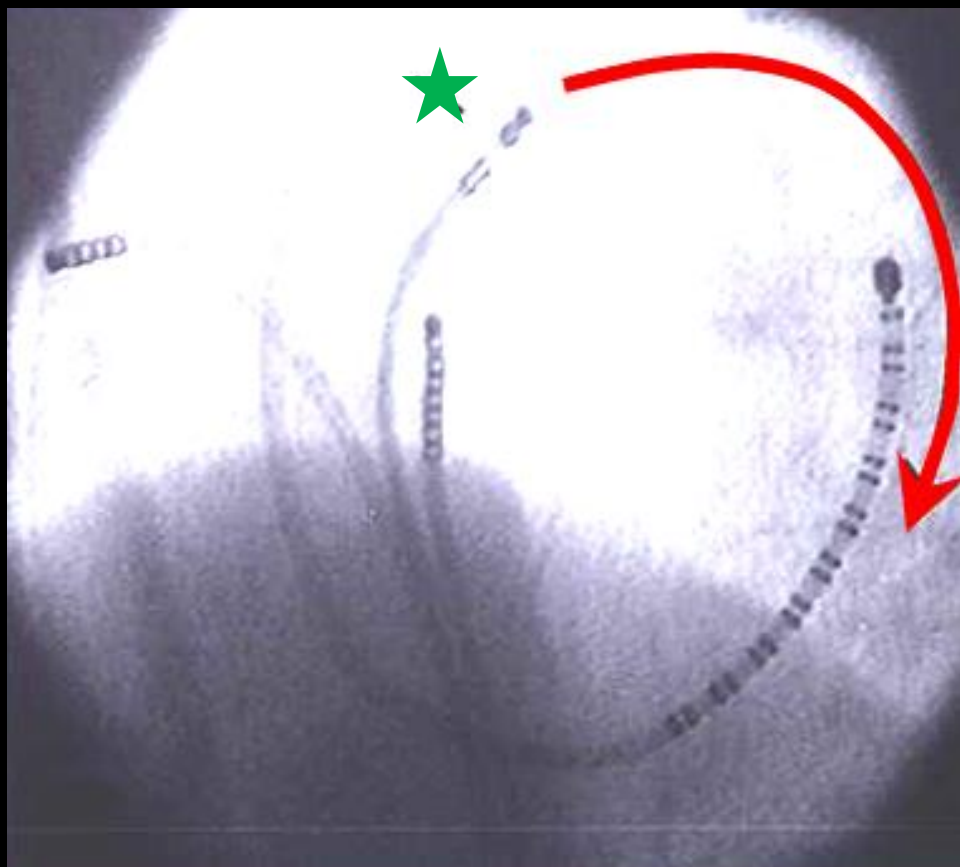


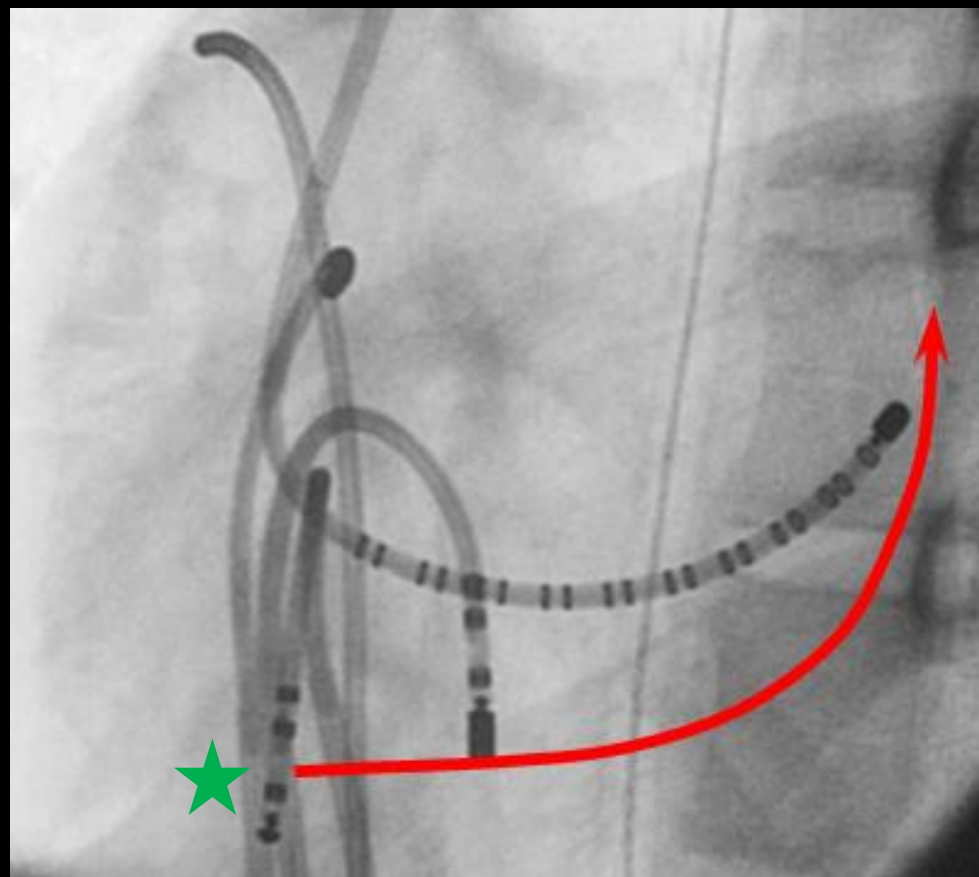
Figure 5.5A

Pacing from RVOT



LAO

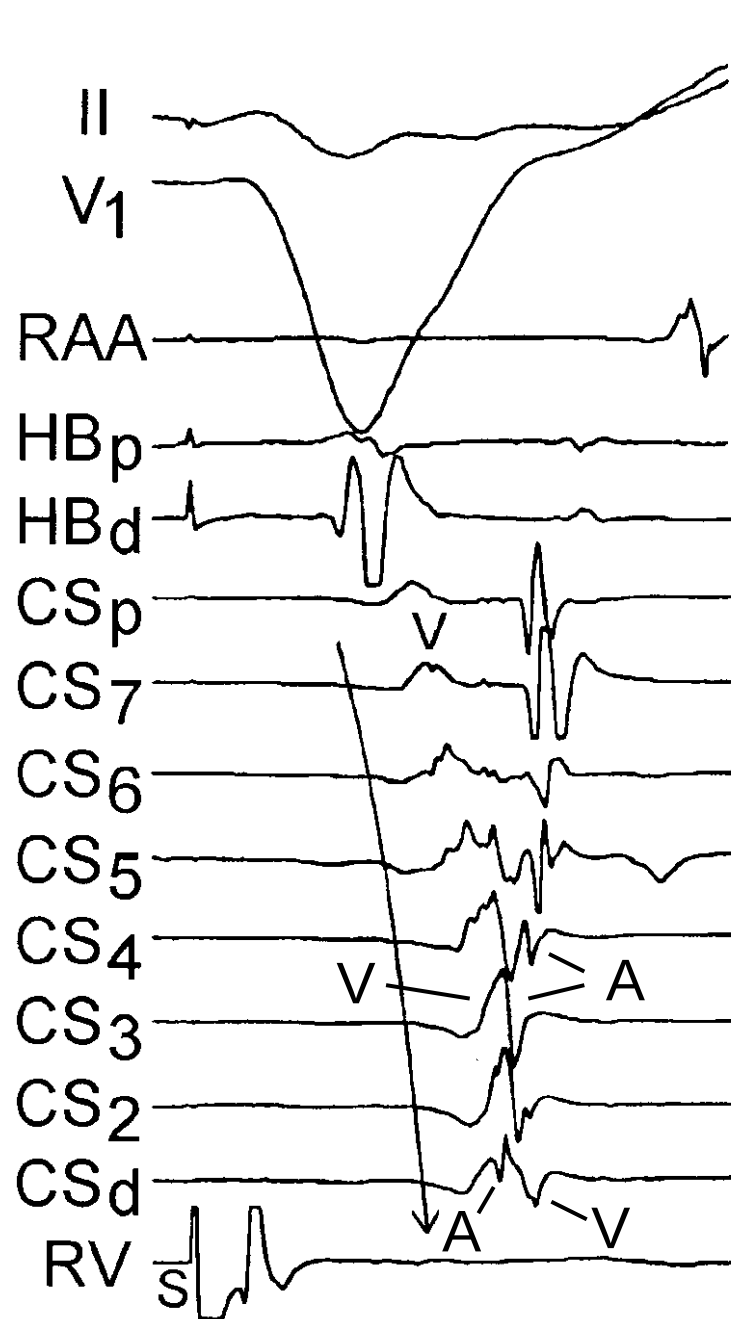
Pacing from Basal Posterior Septum



LAO

Fig 5.5B.

Posteroseptal RV Pacing

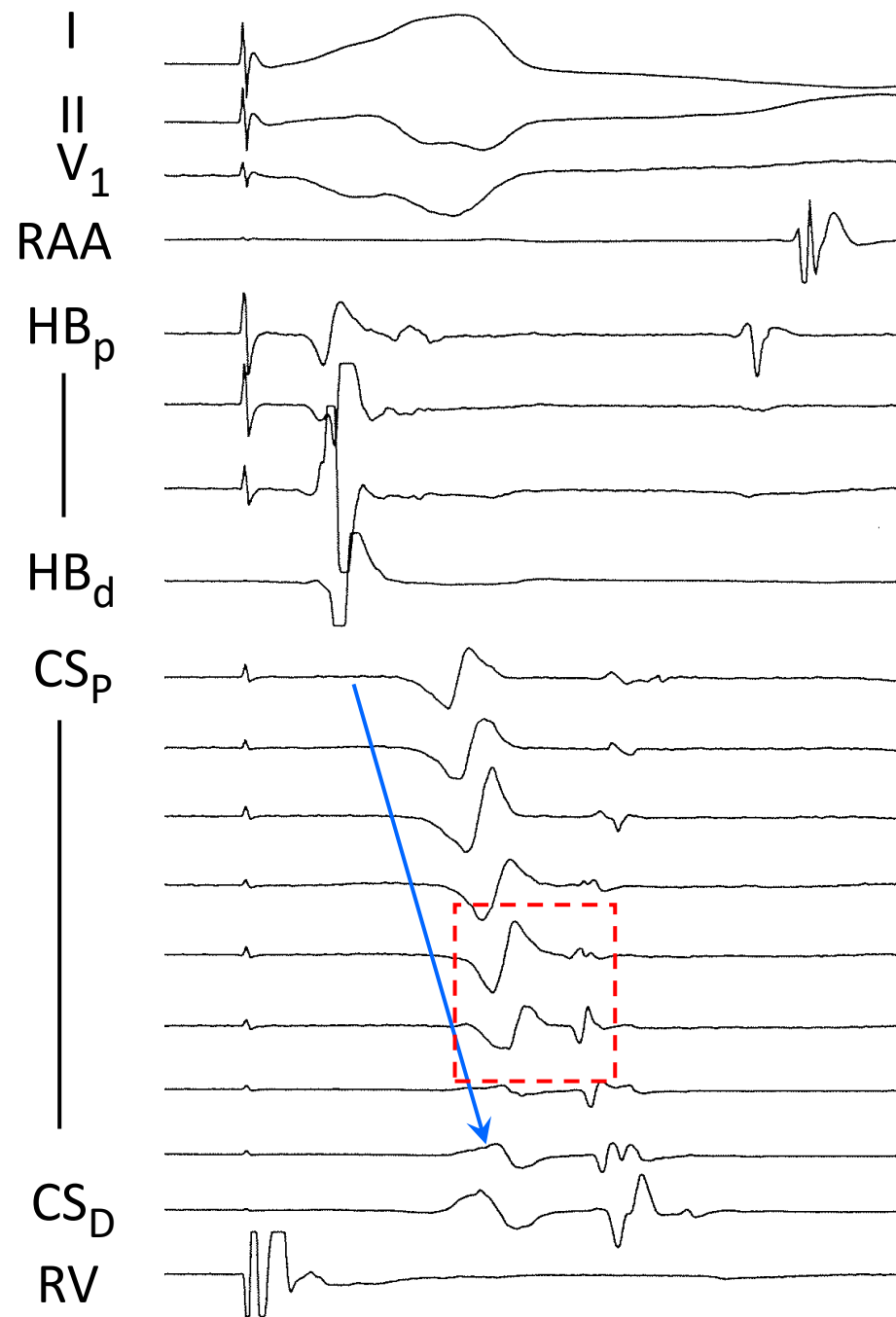


RVOT Pacing

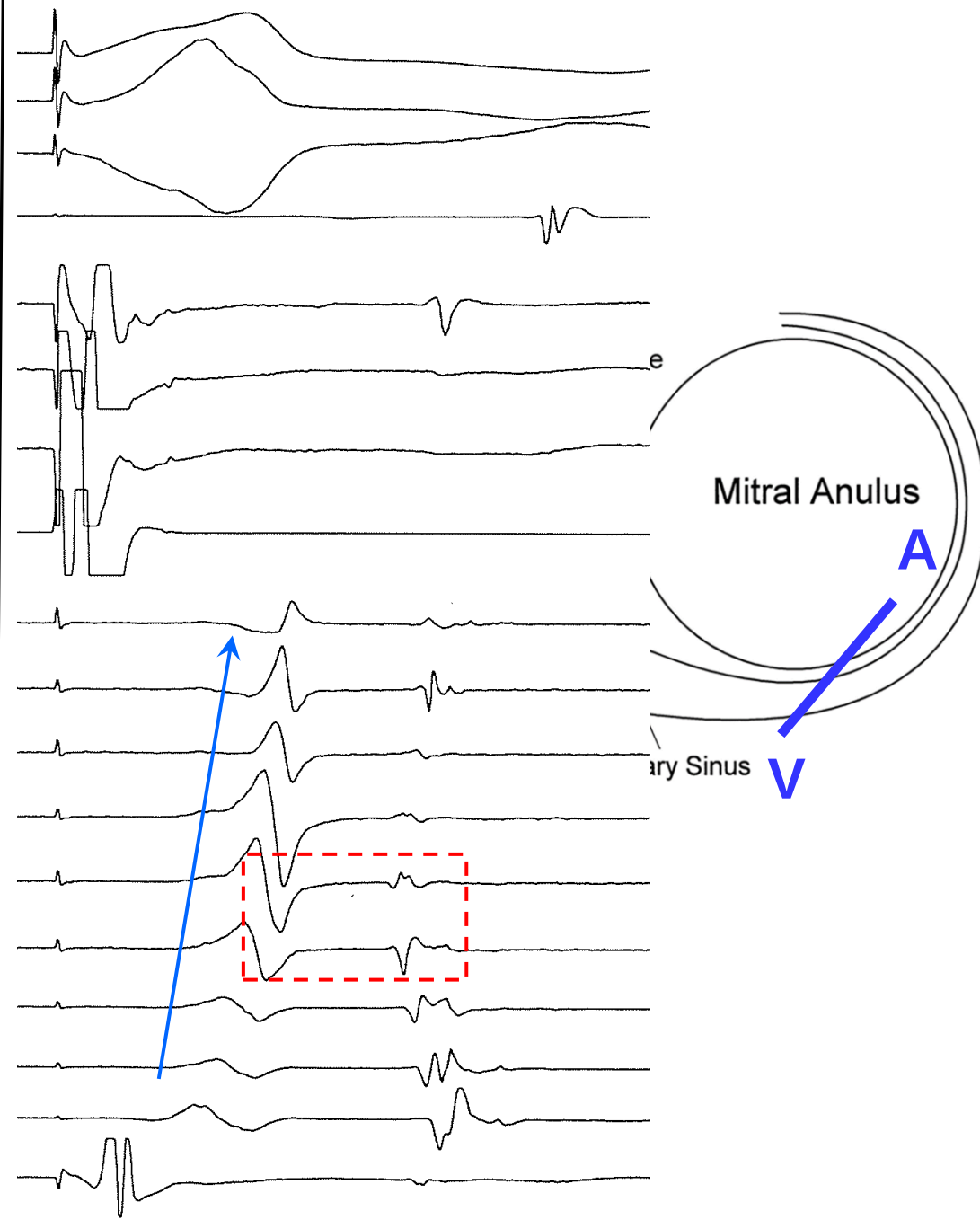


Fig 5.5C

Posteroseptal RV Pacing



Anteroseptal RV Pacing



Mitral Anulus

A

ary Sinus

V

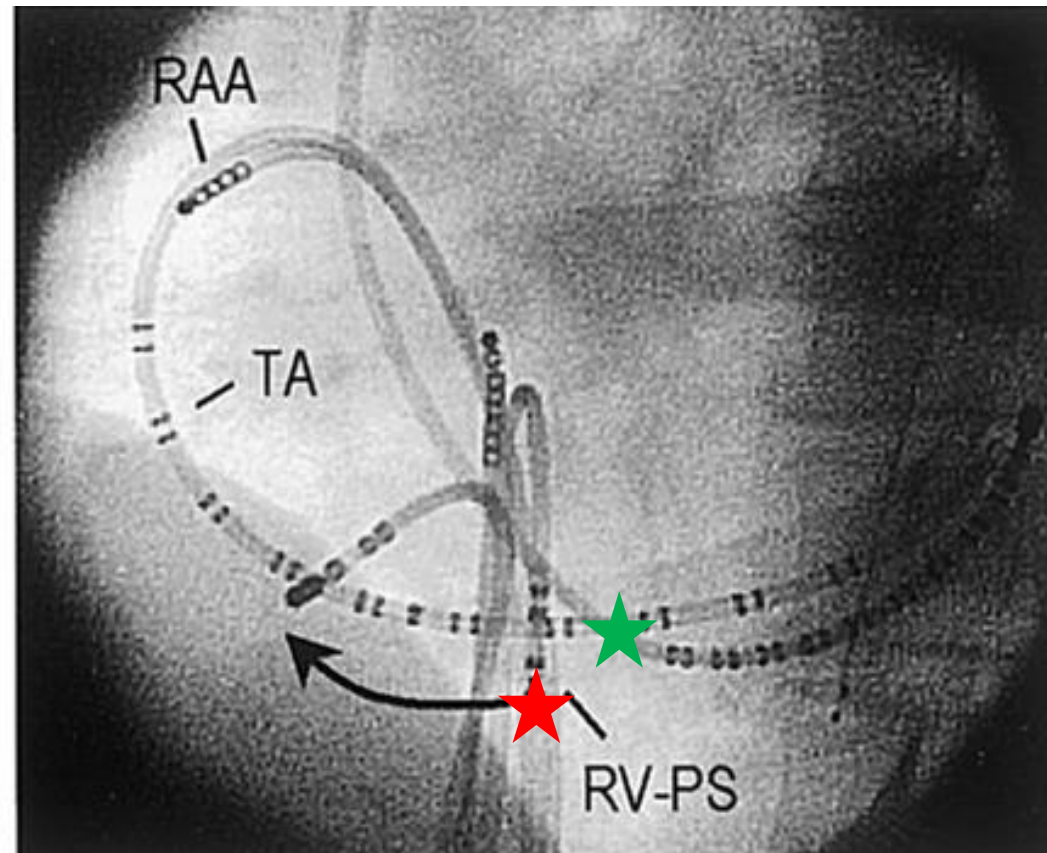
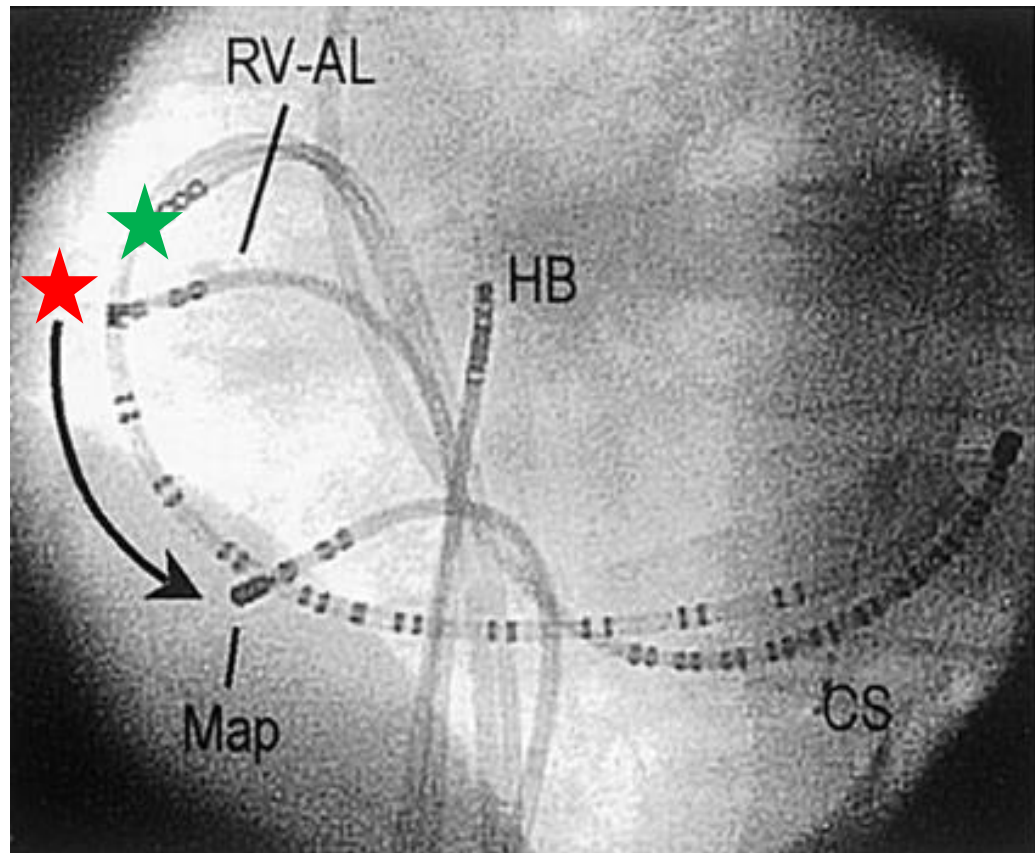
100 ms

Figure 5.5D

Differential pacing for a right free wall accessory pathway:

★ RA appendage vs. CS ostium:

★ Basal anterolateral RV vs. basal posteroseptal RV

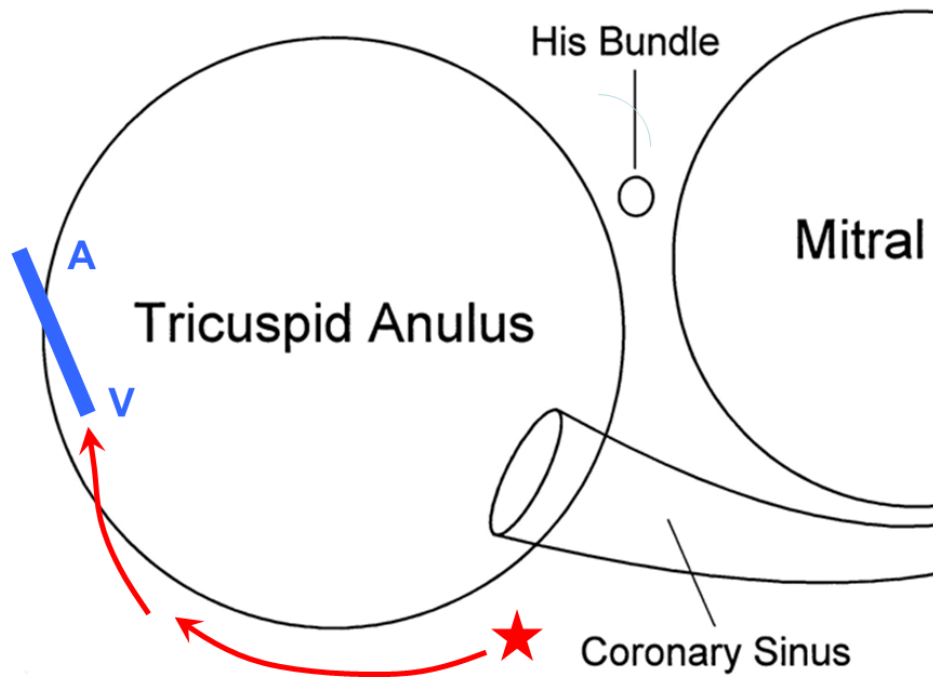


LAO Projection

Fig 5.6A

Differential RV Pacing

Short VA Interval



Long VA Interval

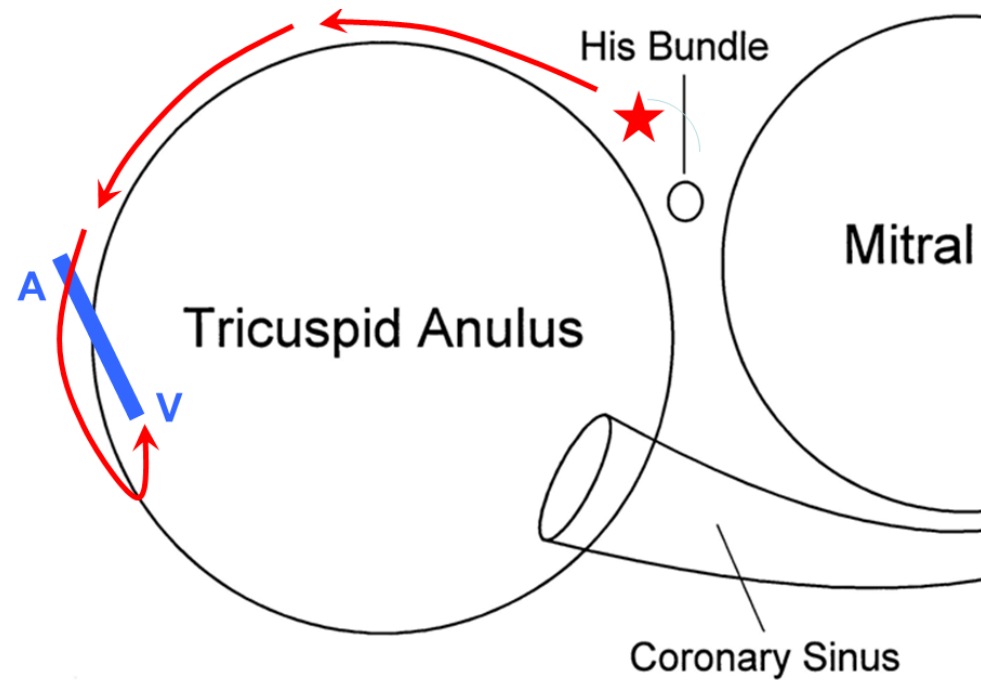
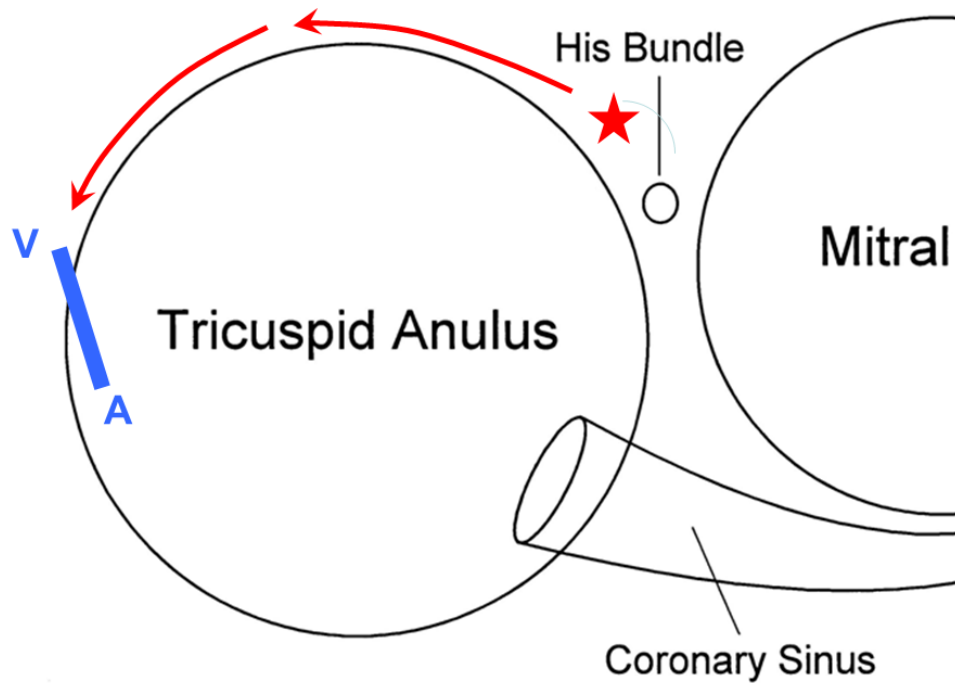


Fig 5.6B

Differential RV Pacing

Short VA Interval



Long VA Interval

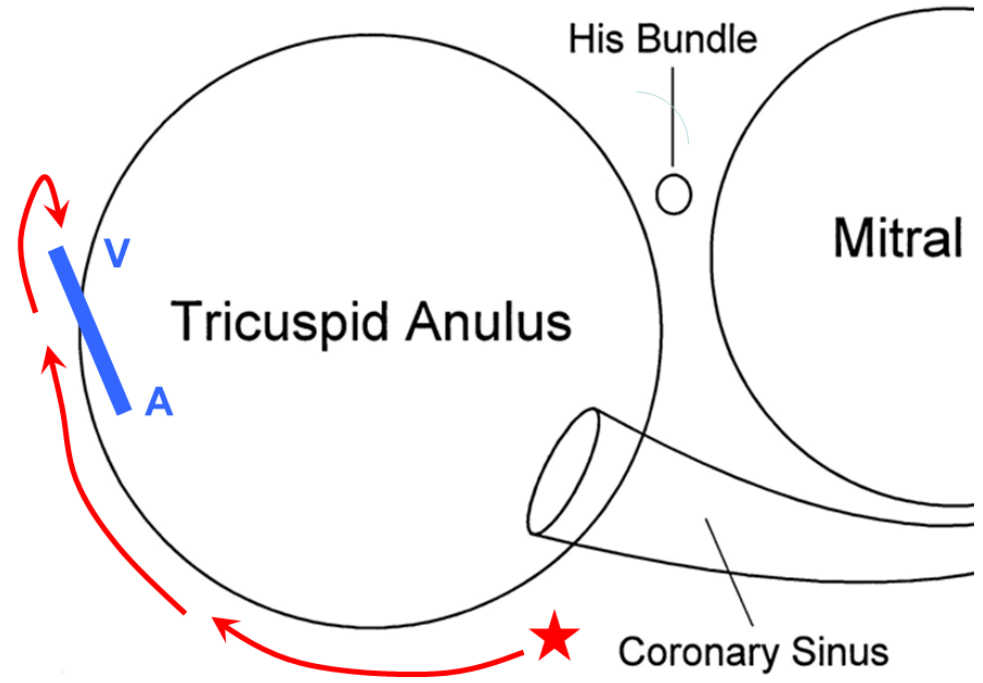
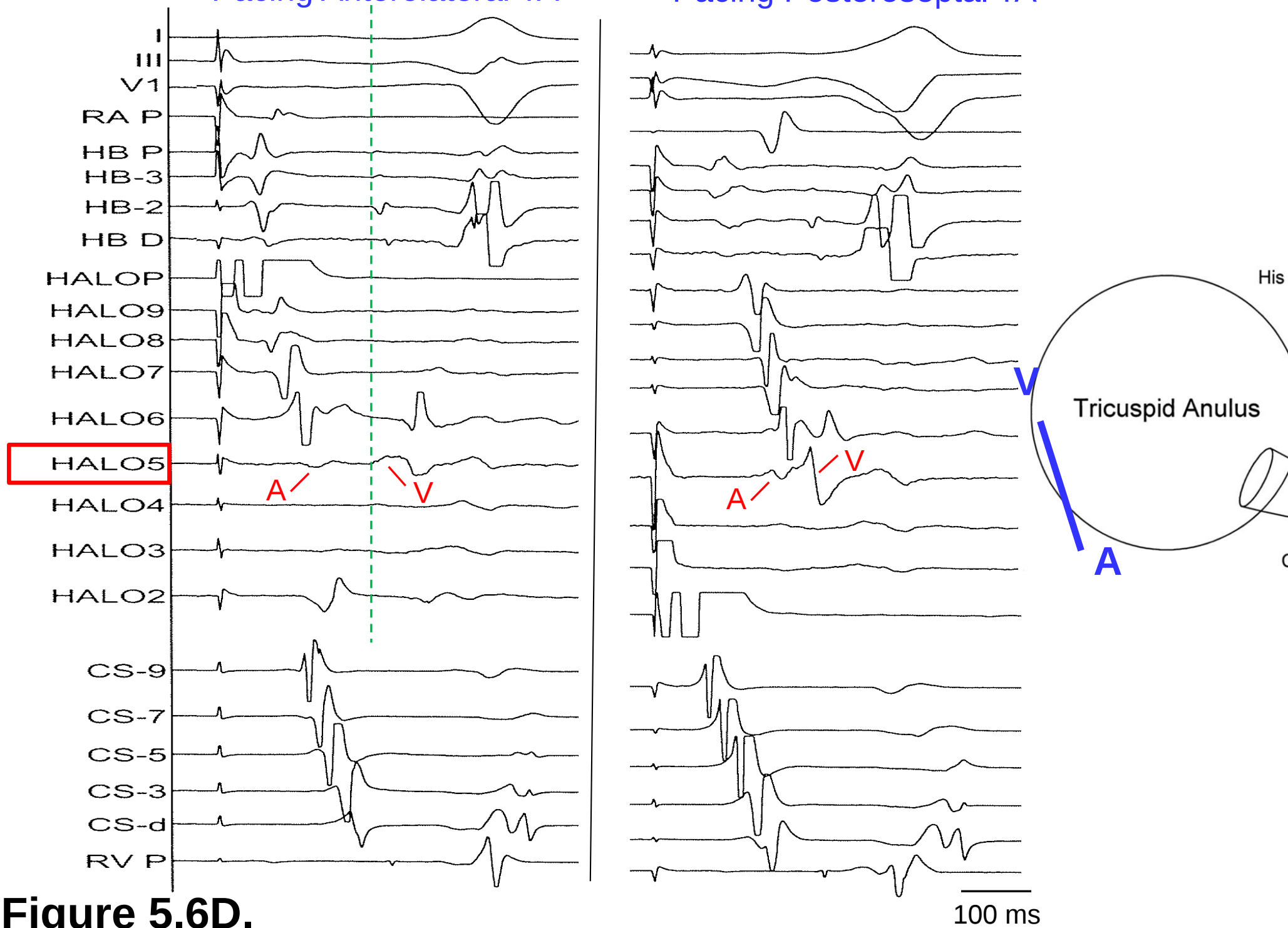
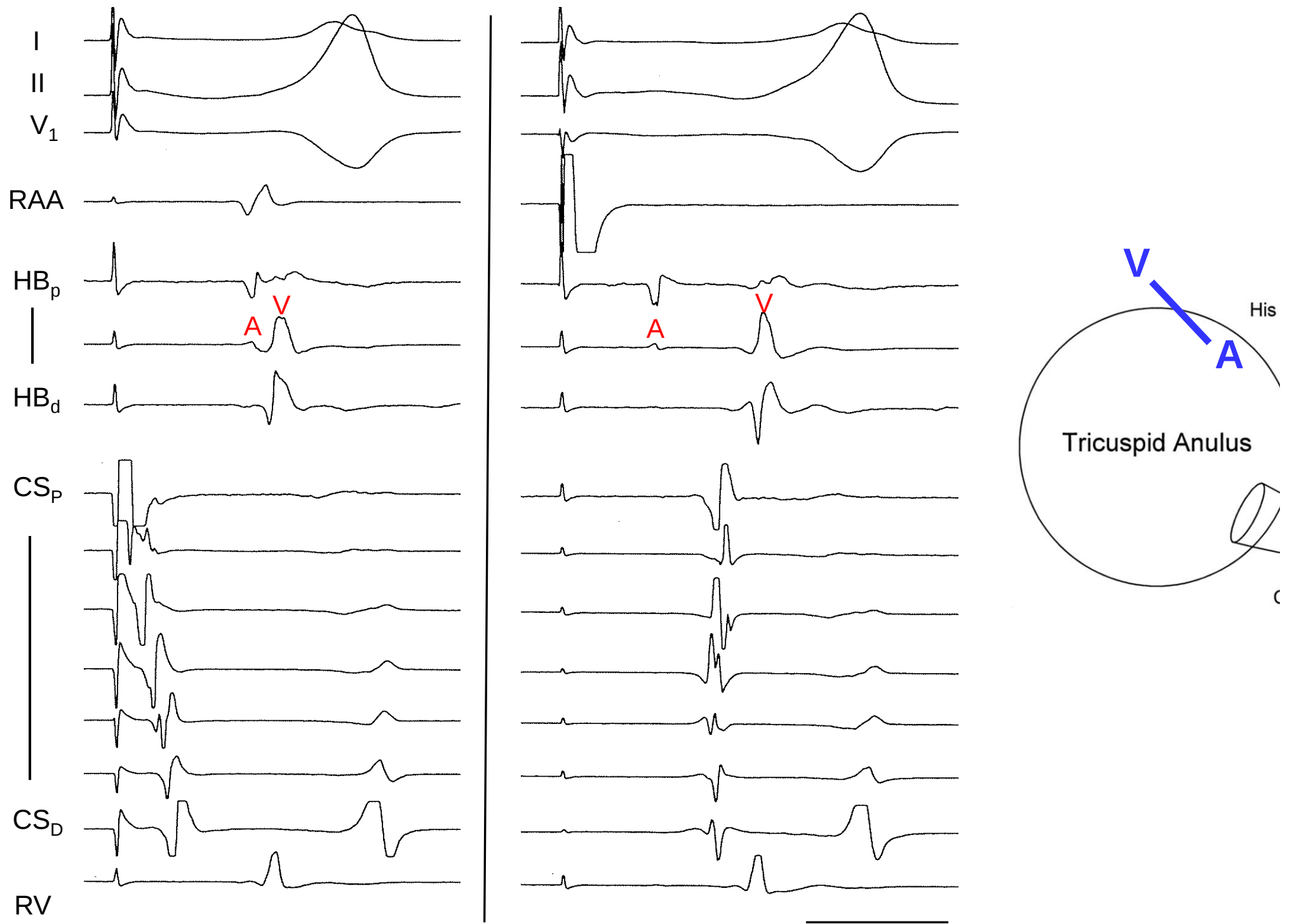


Fig 5.6C.

Pacing Anterolateral TA

Pacing Posteroseptal TA





100 ms

Figure 5.7A

**Anteroseptal
RV**

**Posteroseptal
RV**

**PL Coronary
Vein**

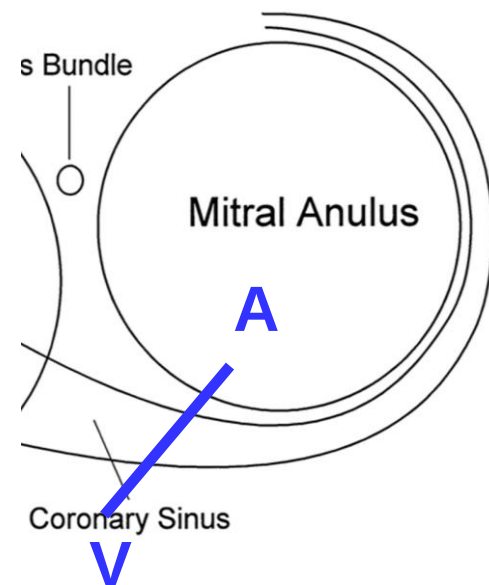
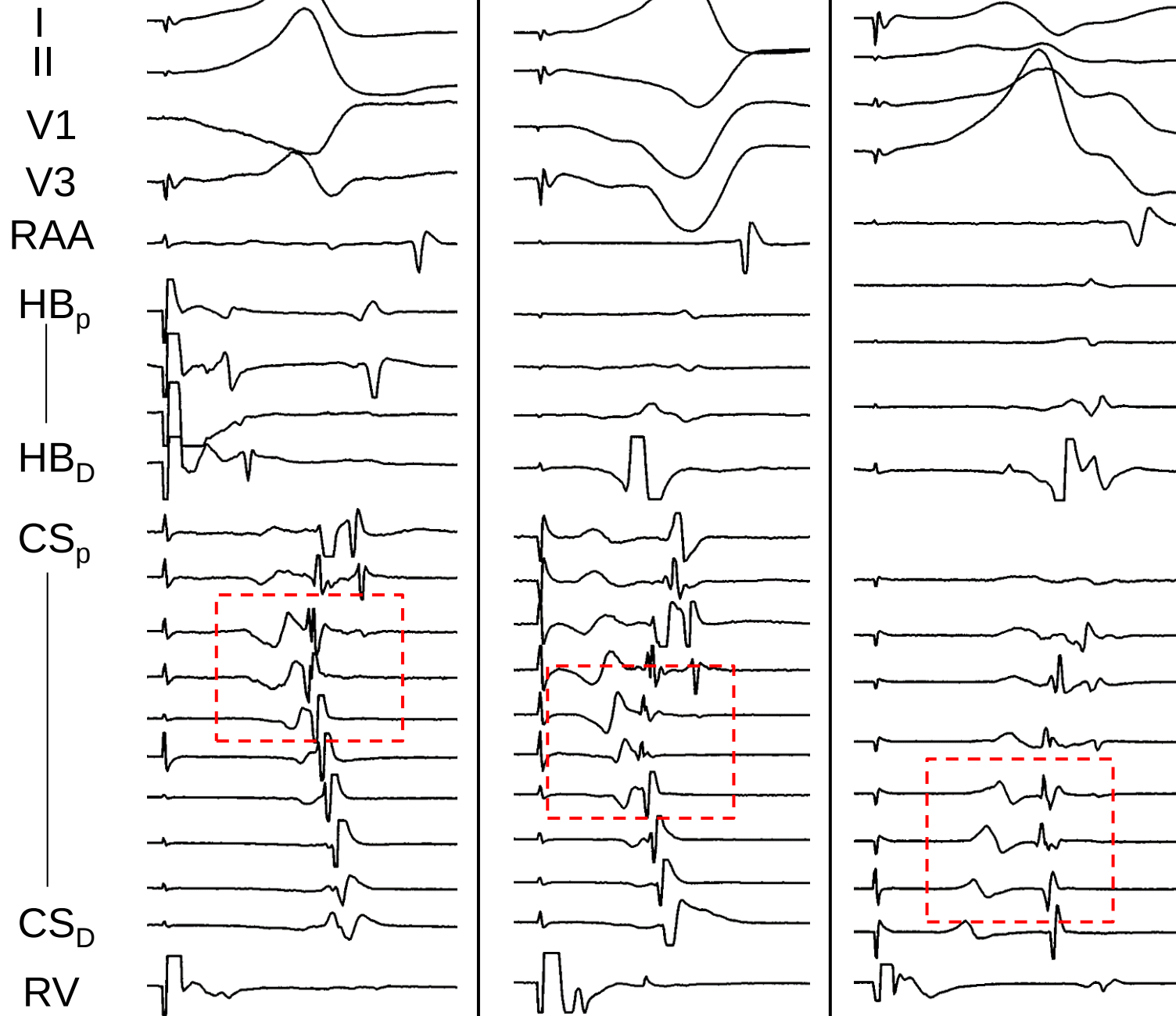


Figure 5.7B.

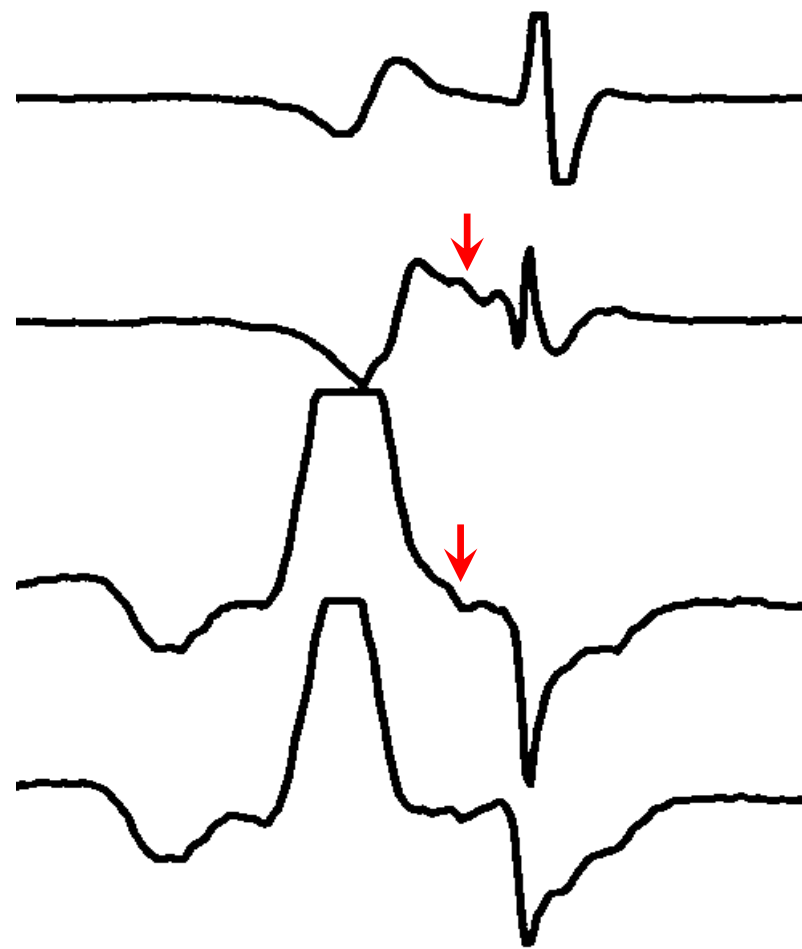
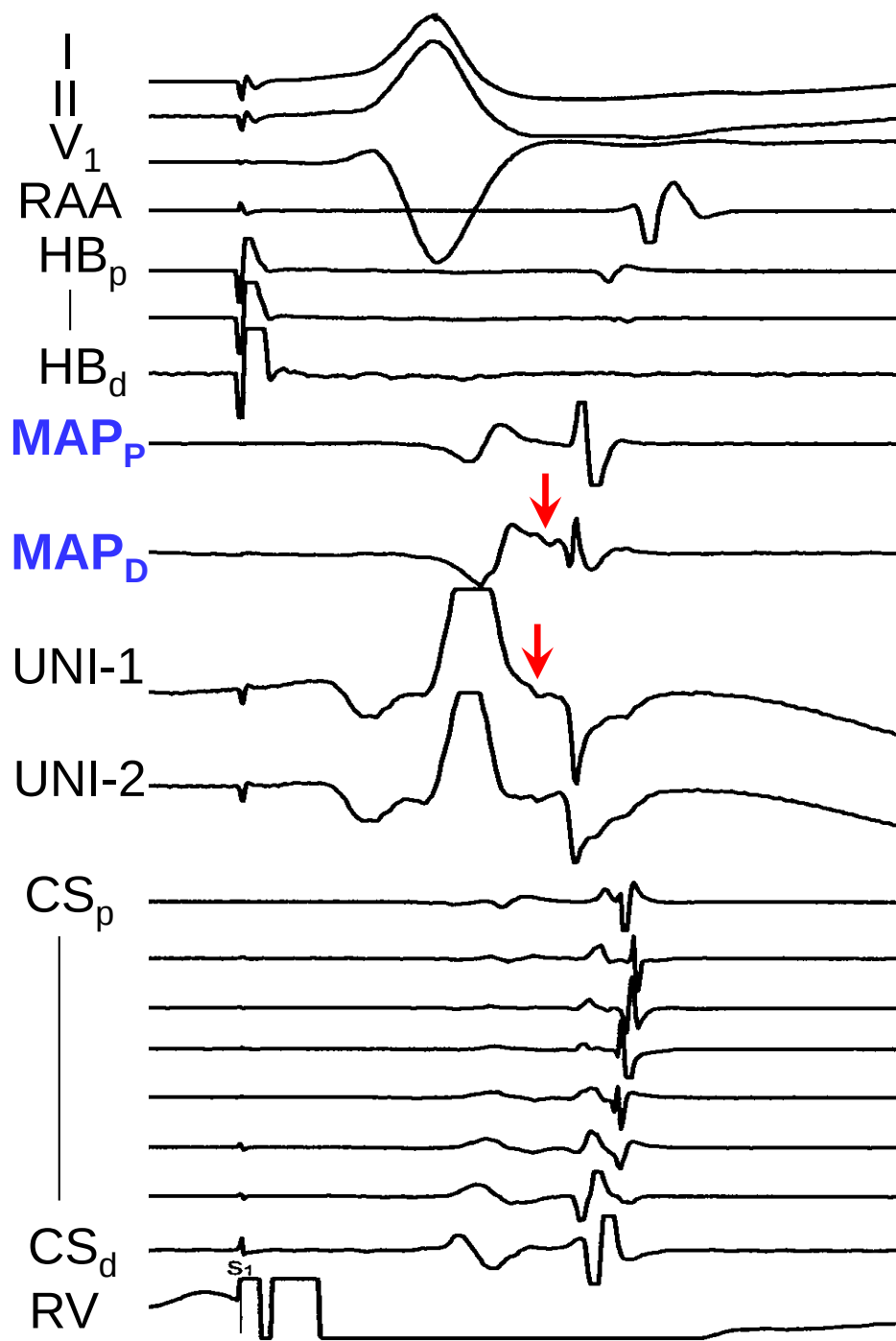


Fig 5.8A.

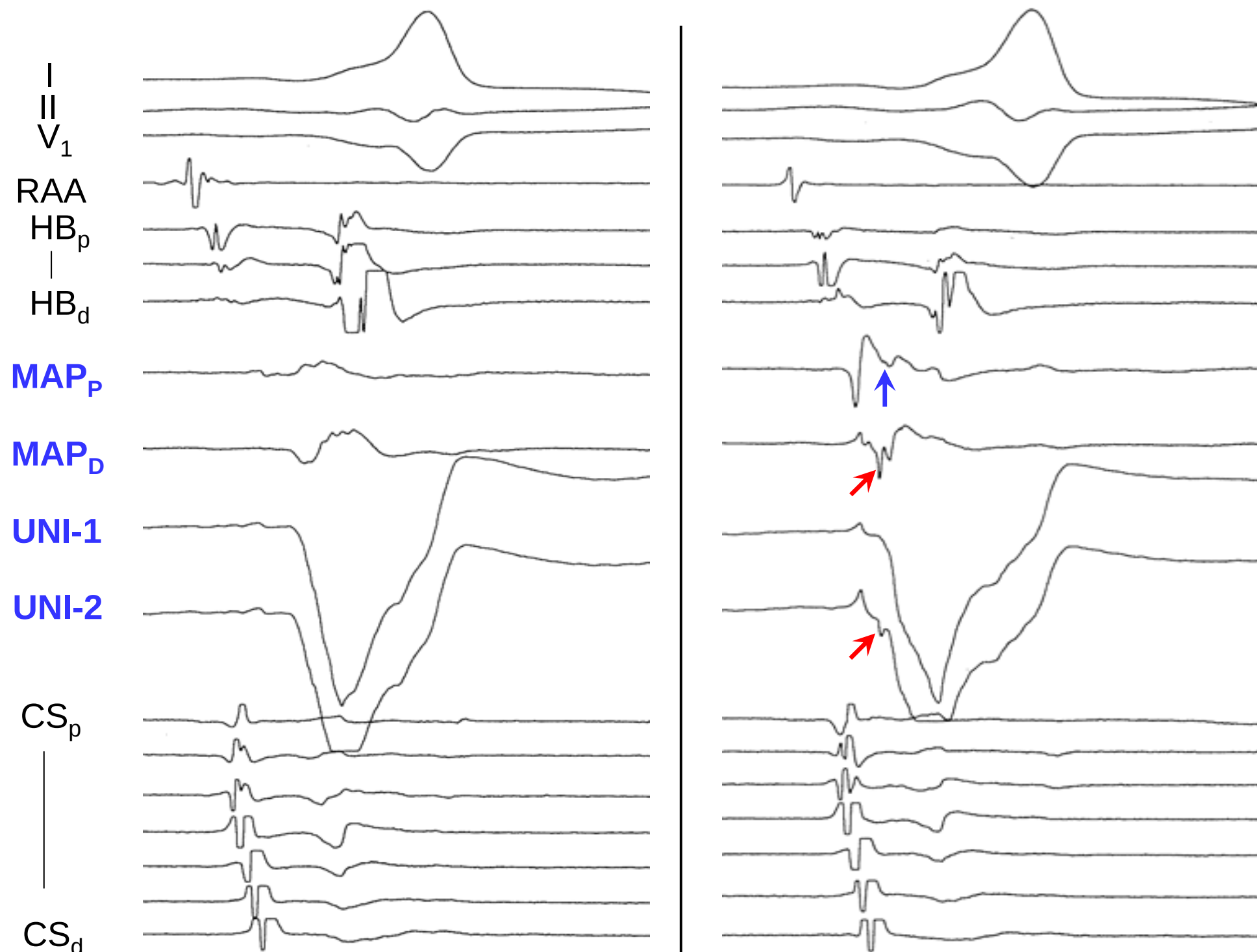
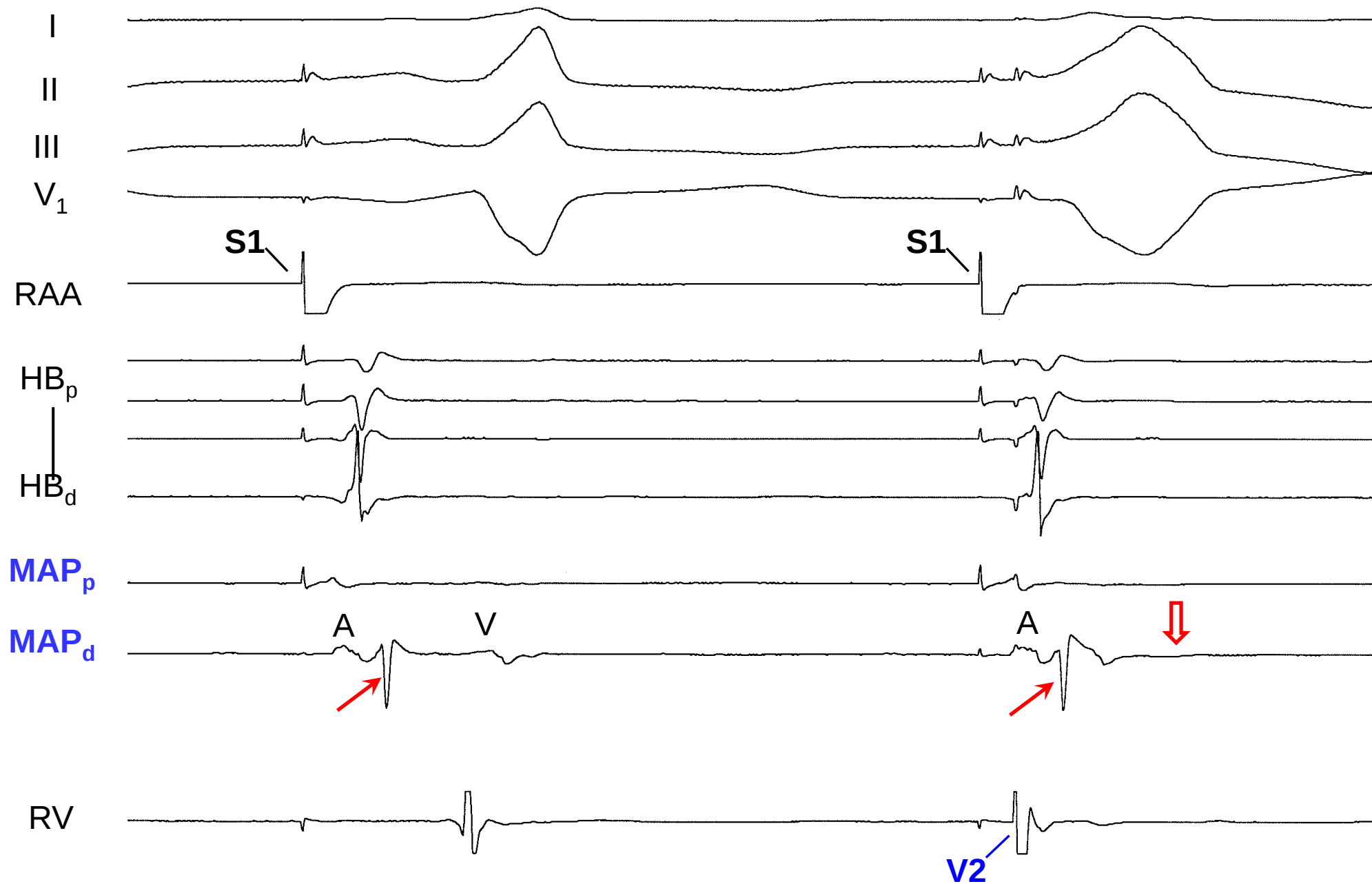
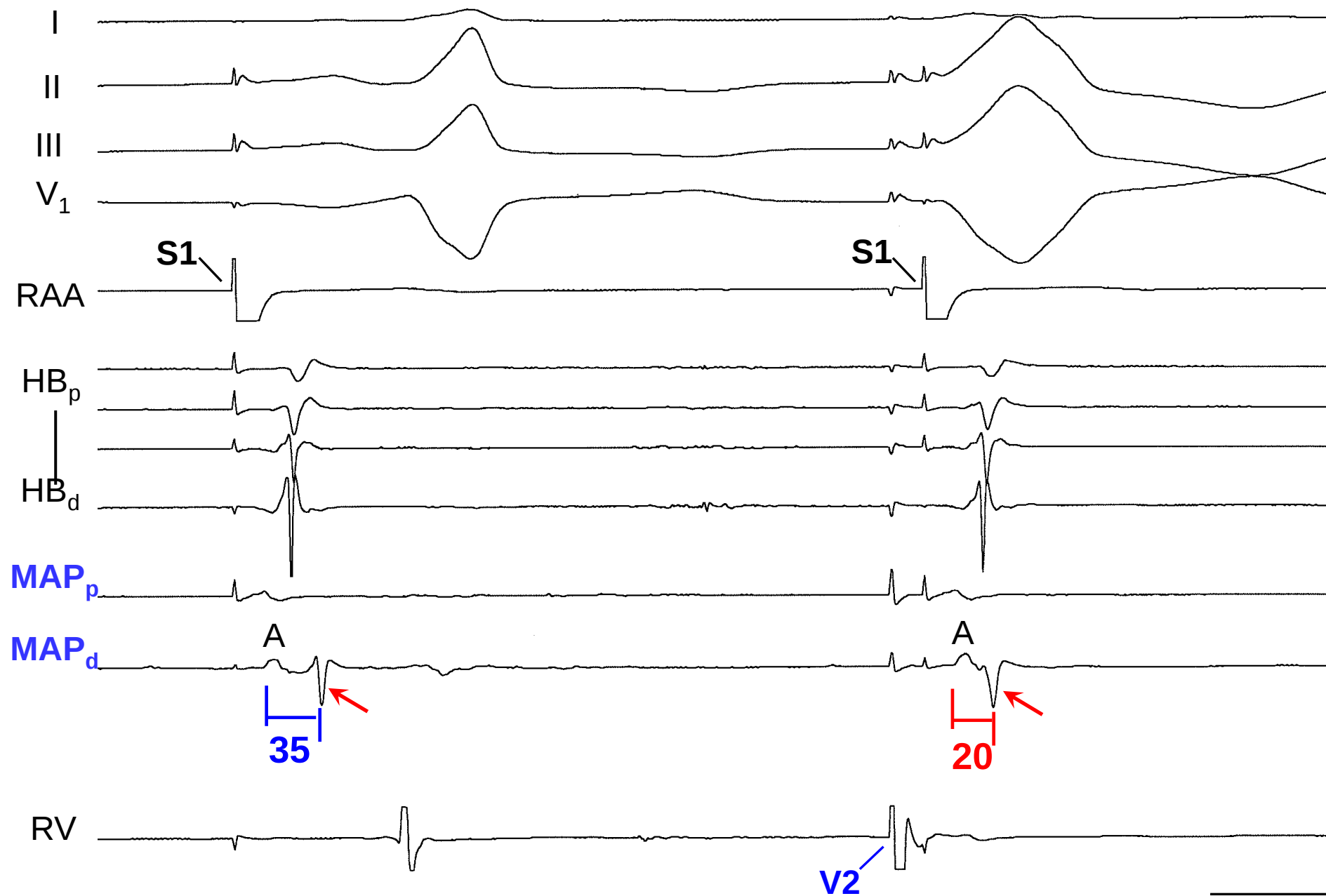


Fig 5.8B.



100 ms

Fig 5.9A.



100 ms

Fig 5.9B.

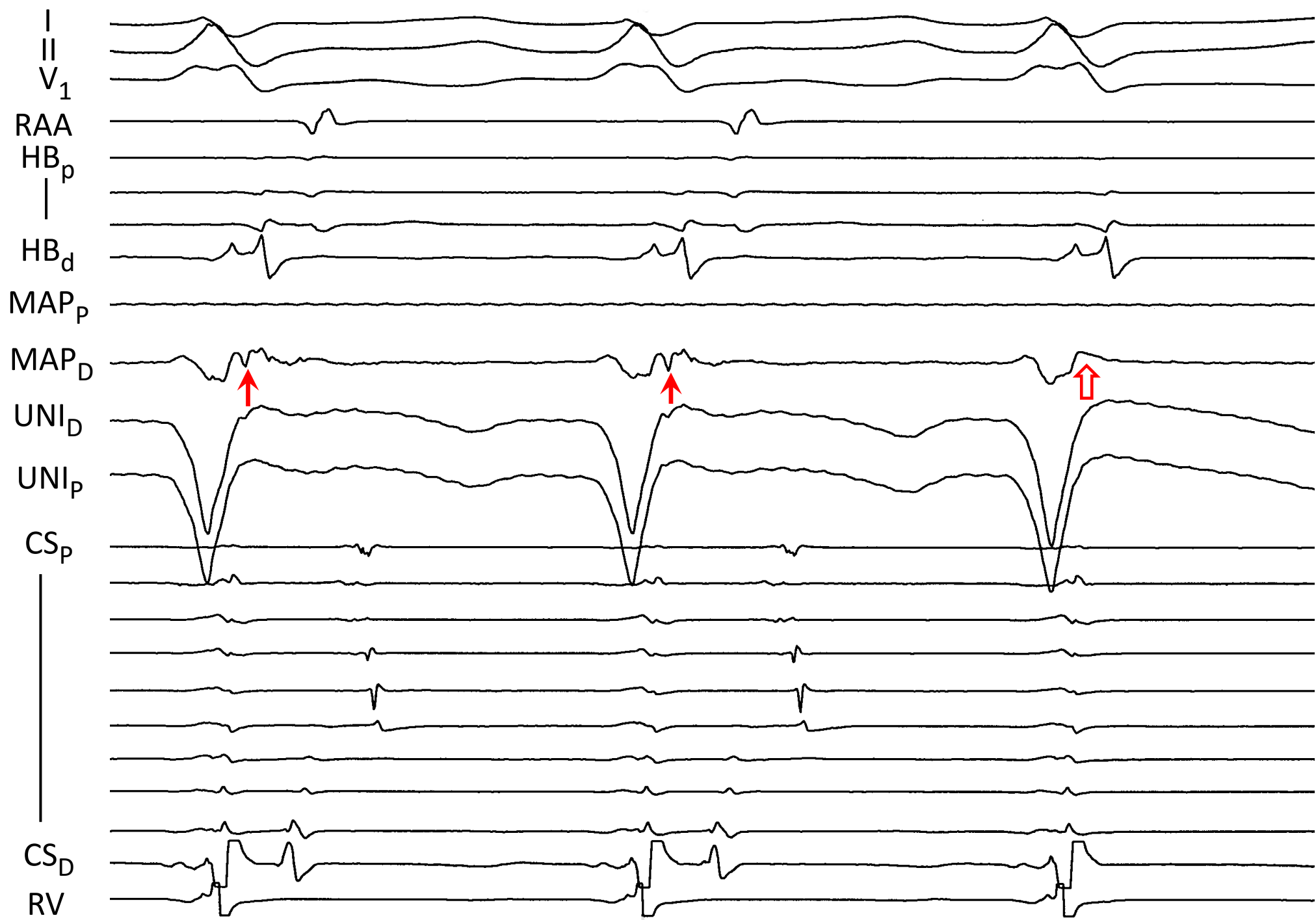


Figure 5.10A

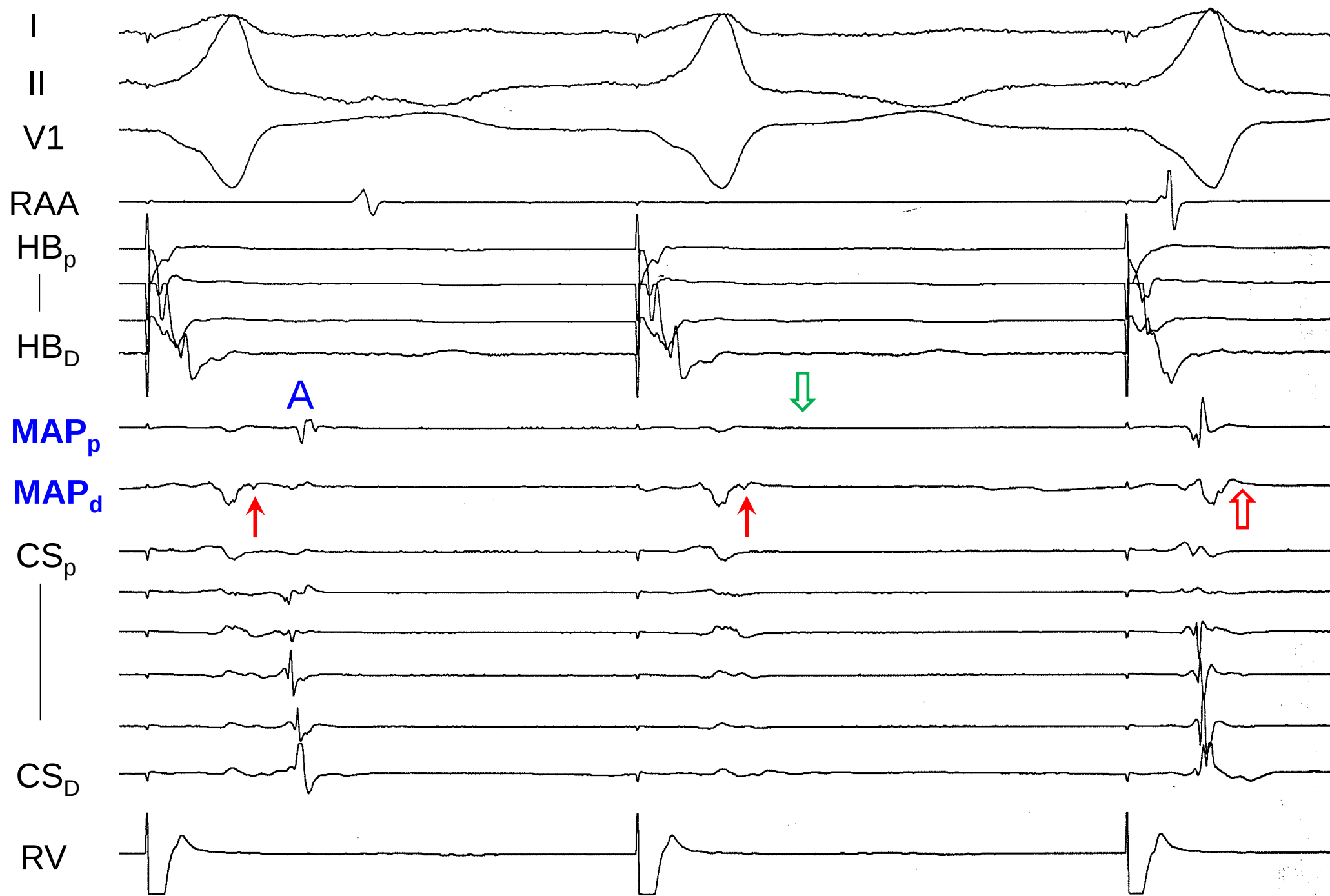


Figure 5.10B

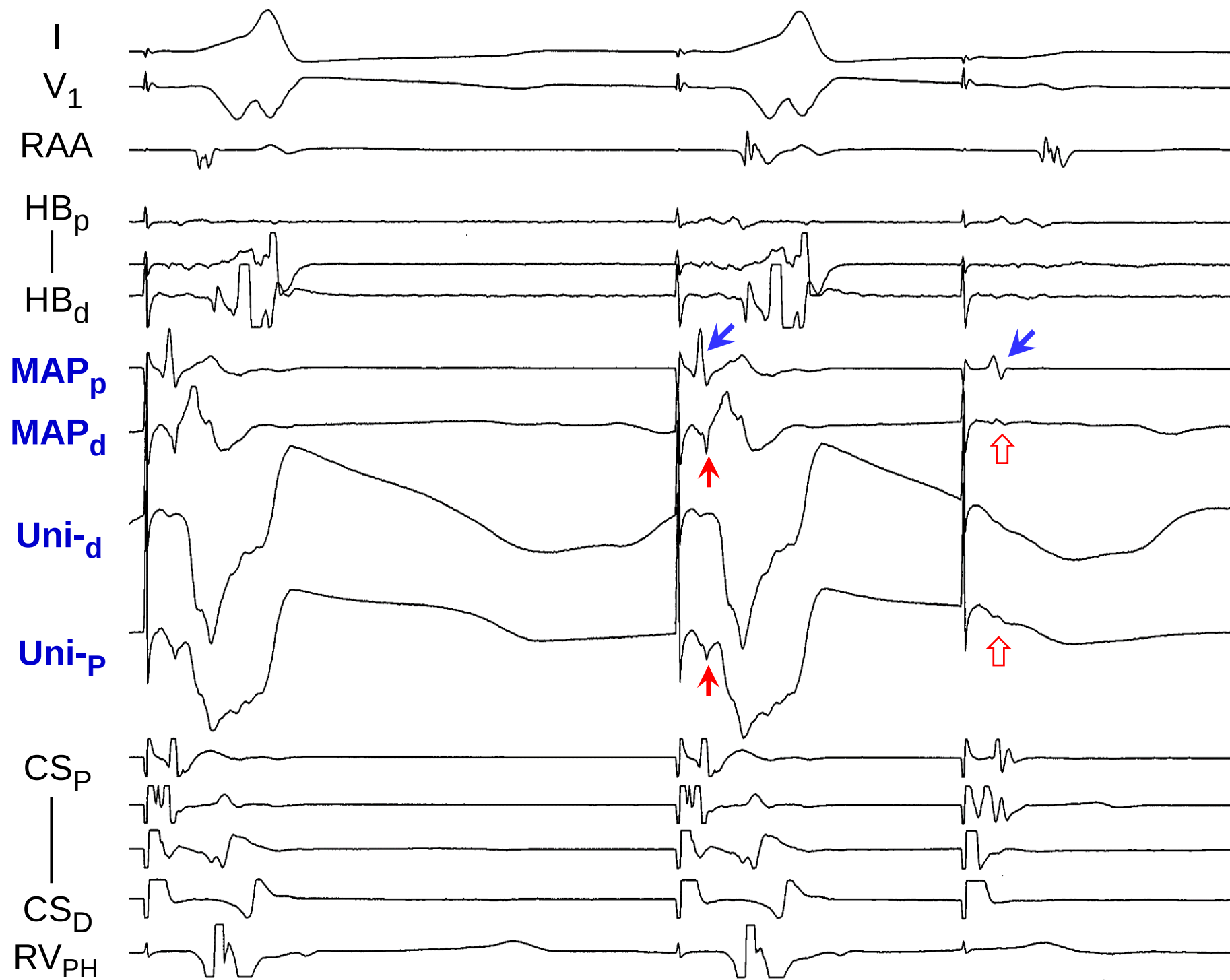
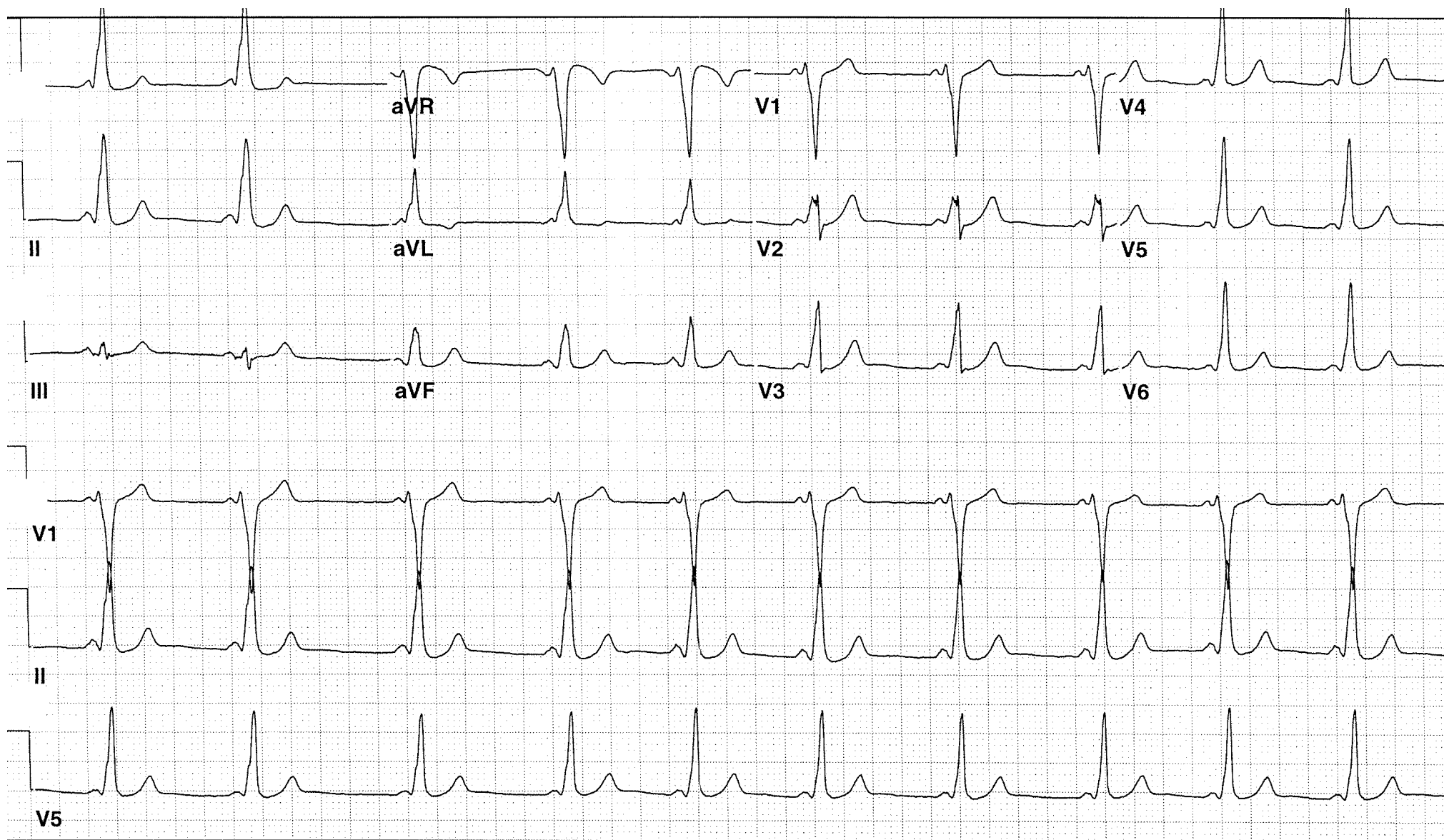


Fig. 5.10C



Score = 3

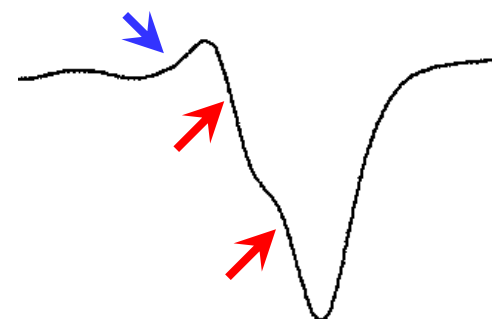
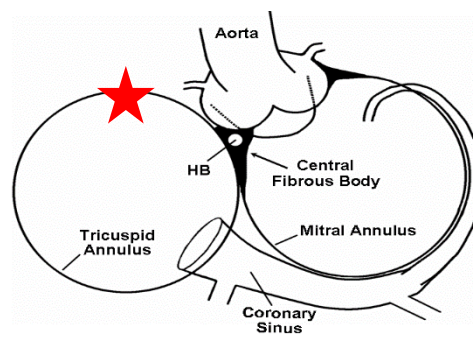


Figure 5.11A.



Score = 2

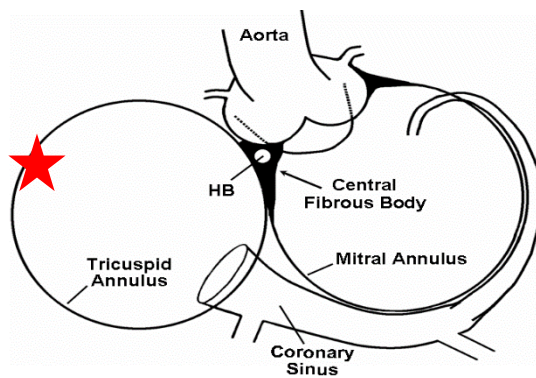
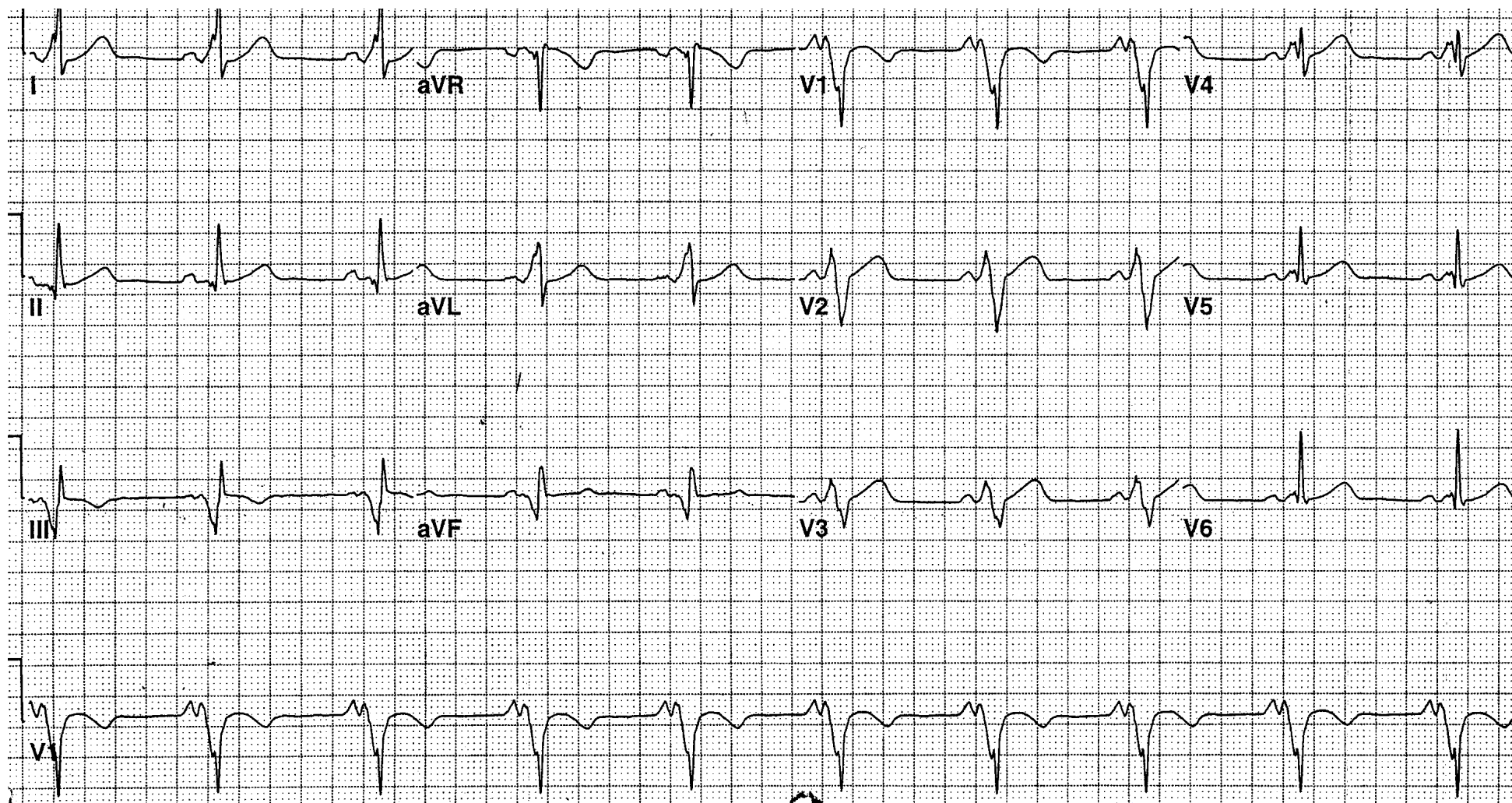


Figure 5.11B.



Score = -1

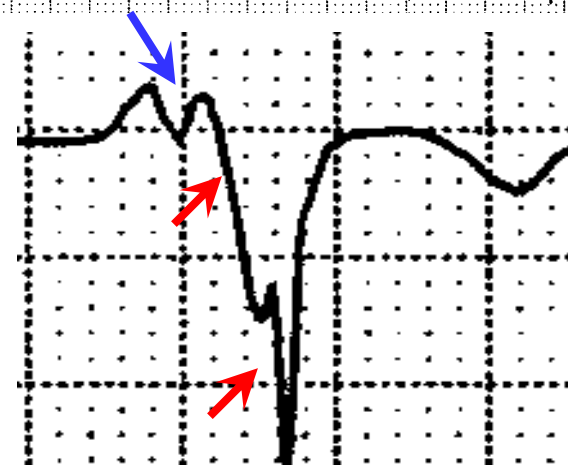
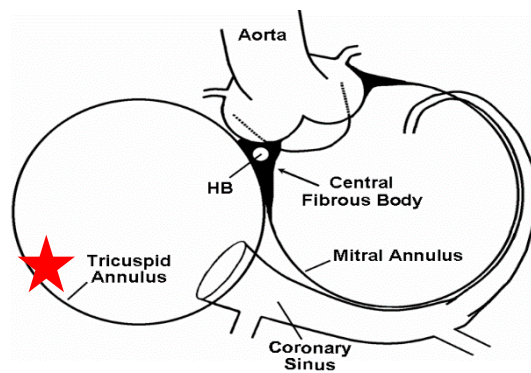
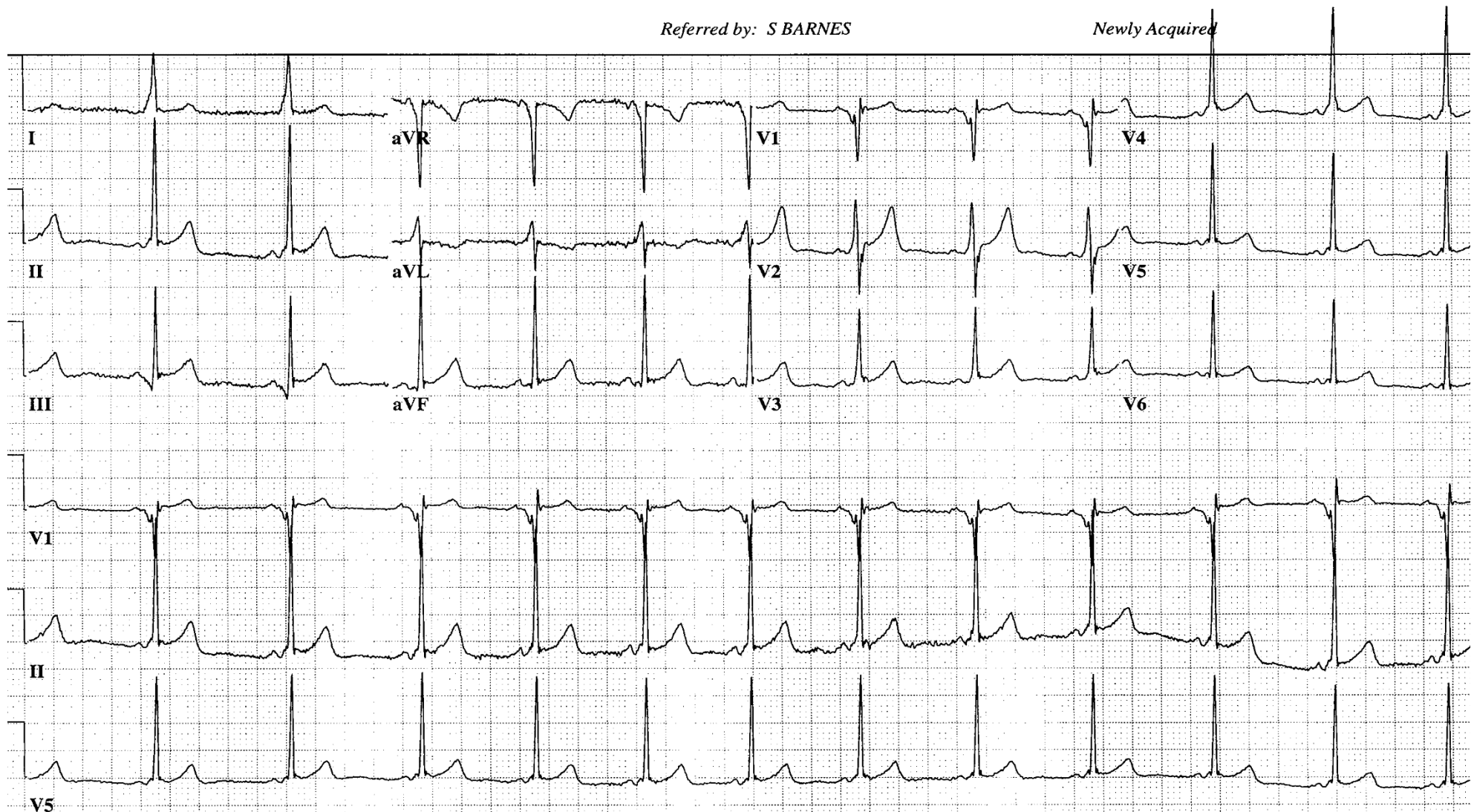


Figure 5.11C.



Score = 0

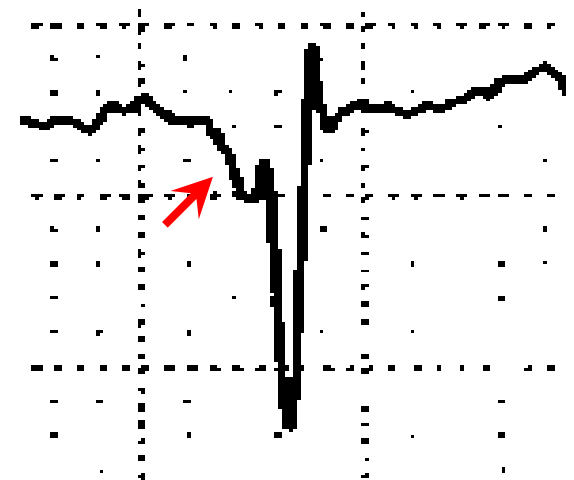
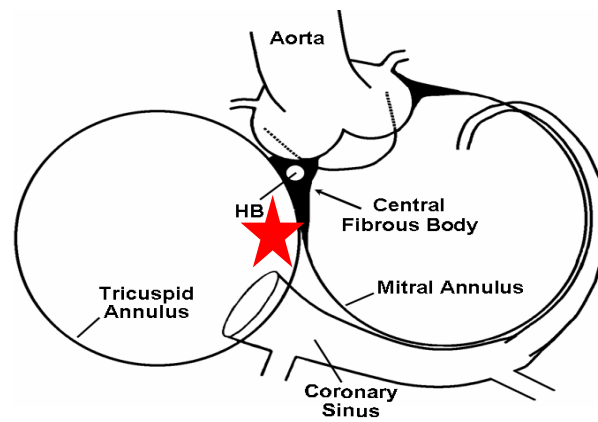
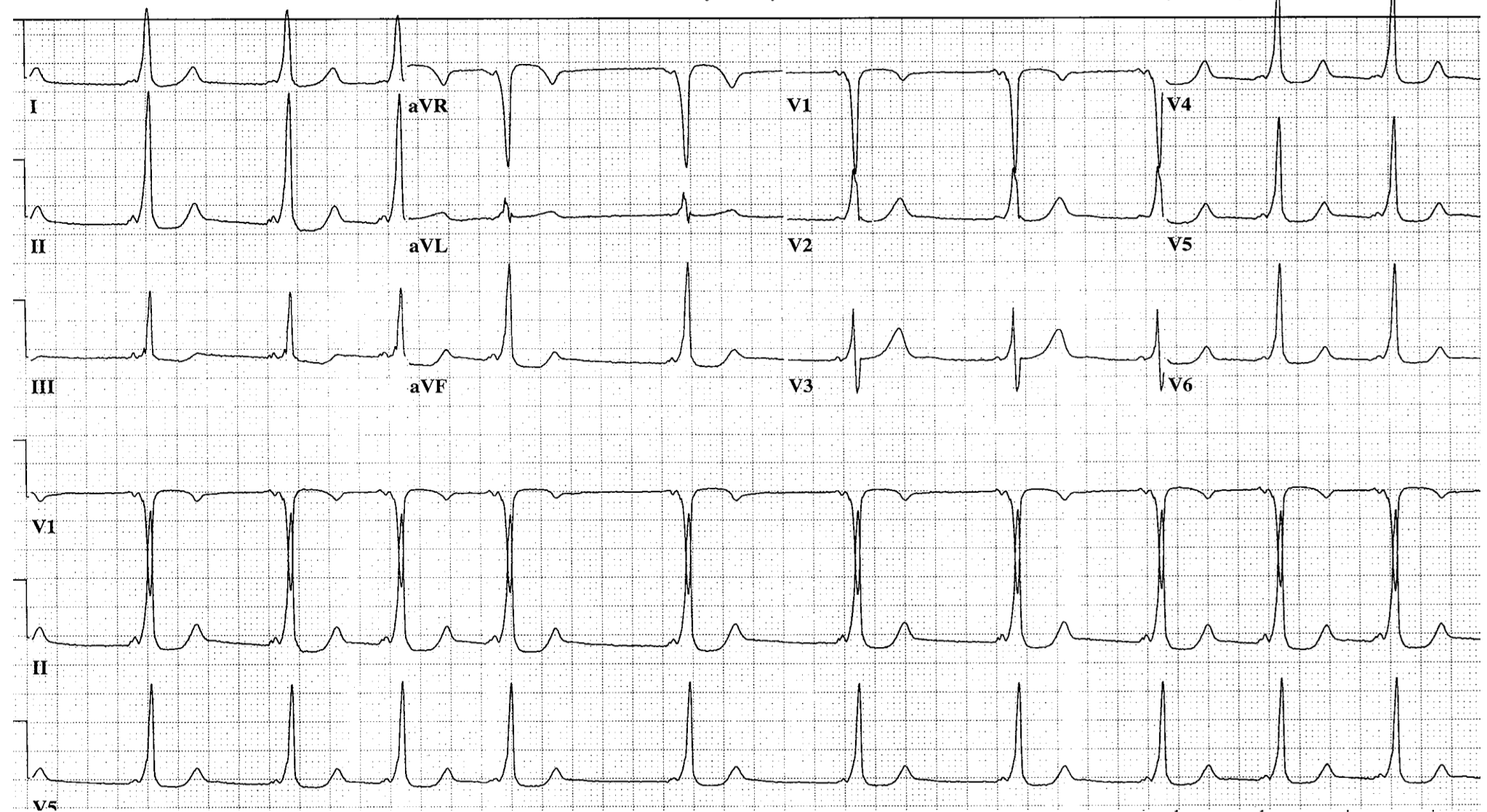


Figure 5.11D.



Score = 3

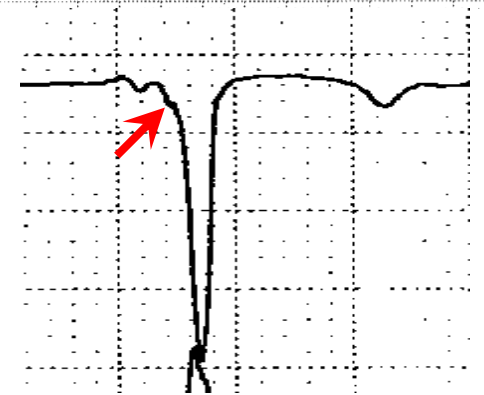
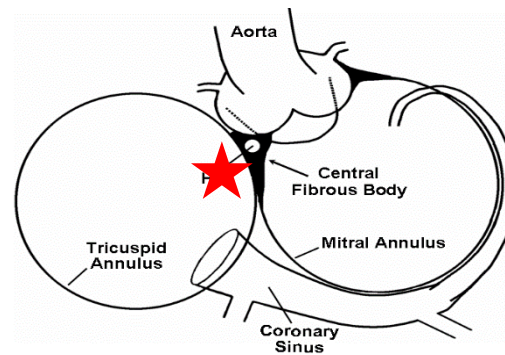
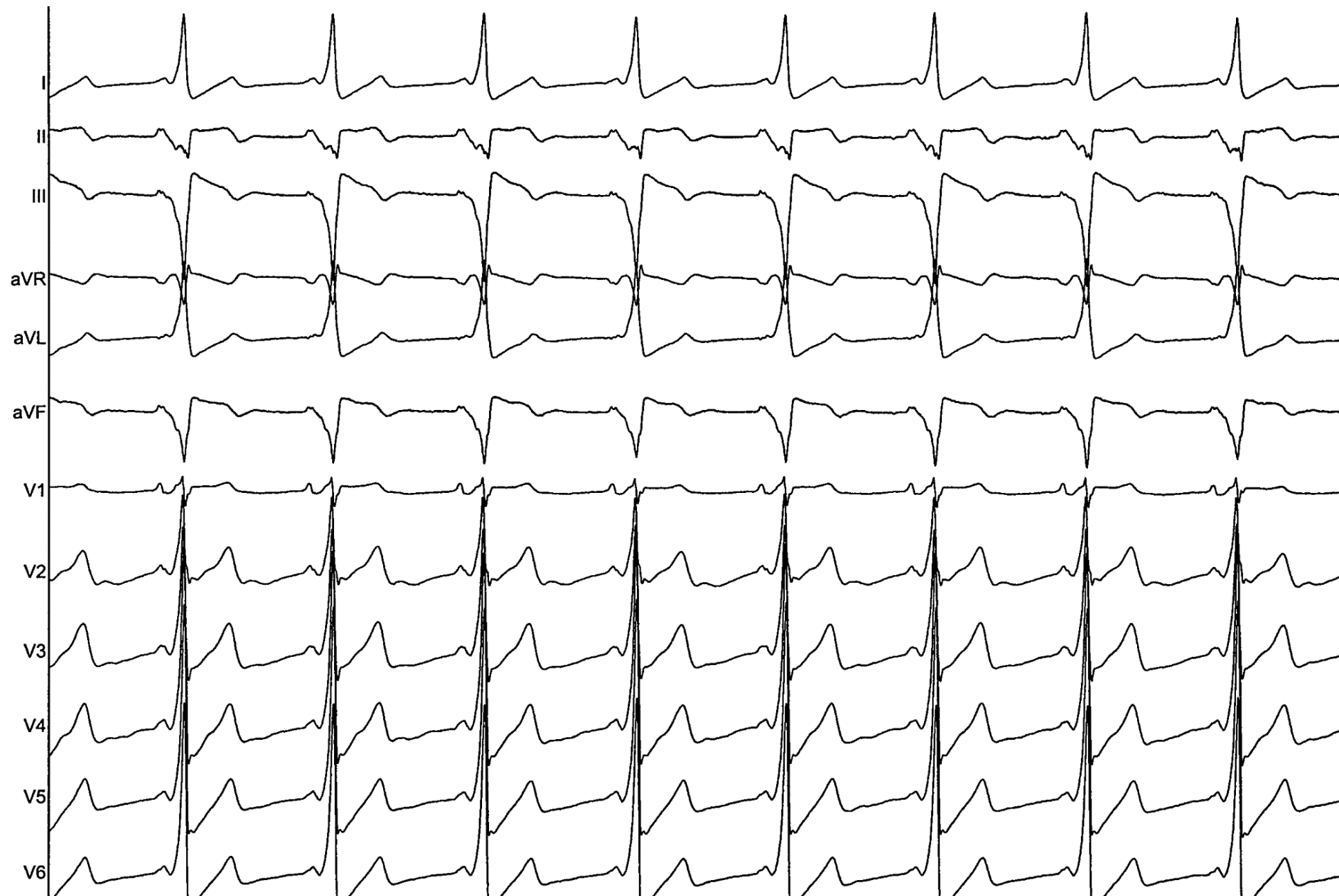


Figure 5.11E.



Score = -3

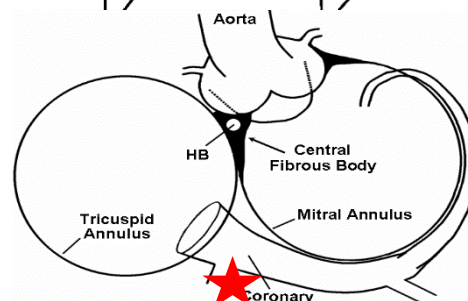
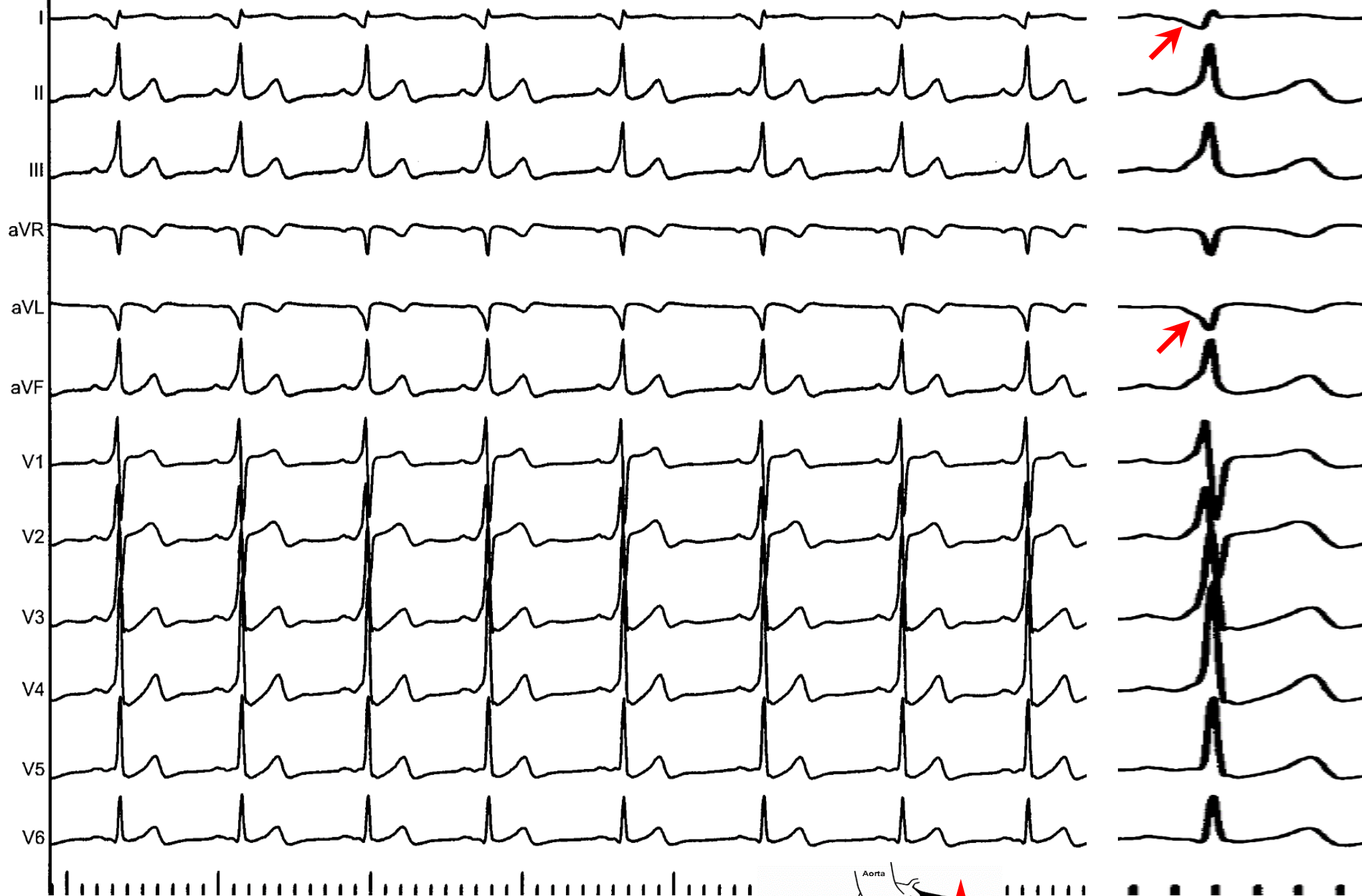


Fig. 6.11F



Score = 3

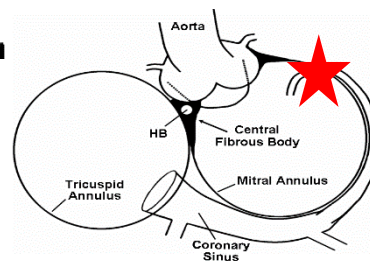
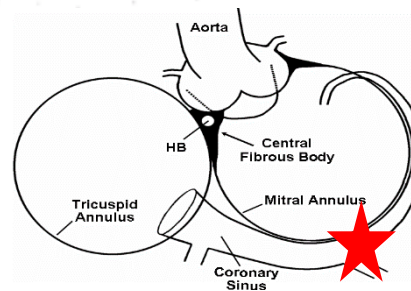
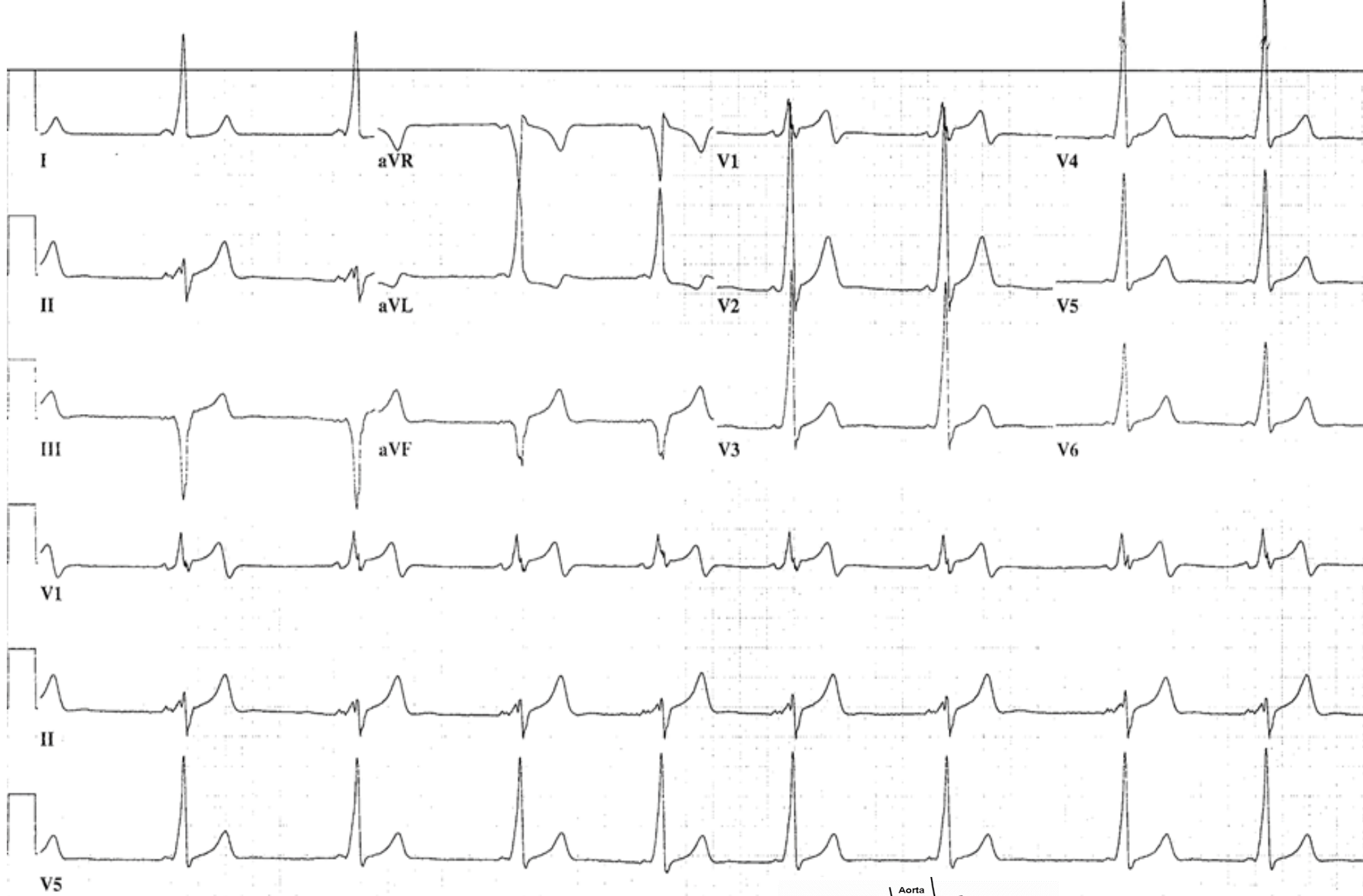


Figure 5.12A.



Score = 1

Figure 5.12B.

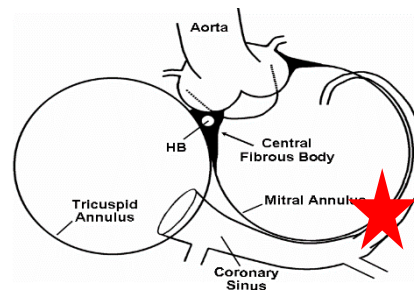
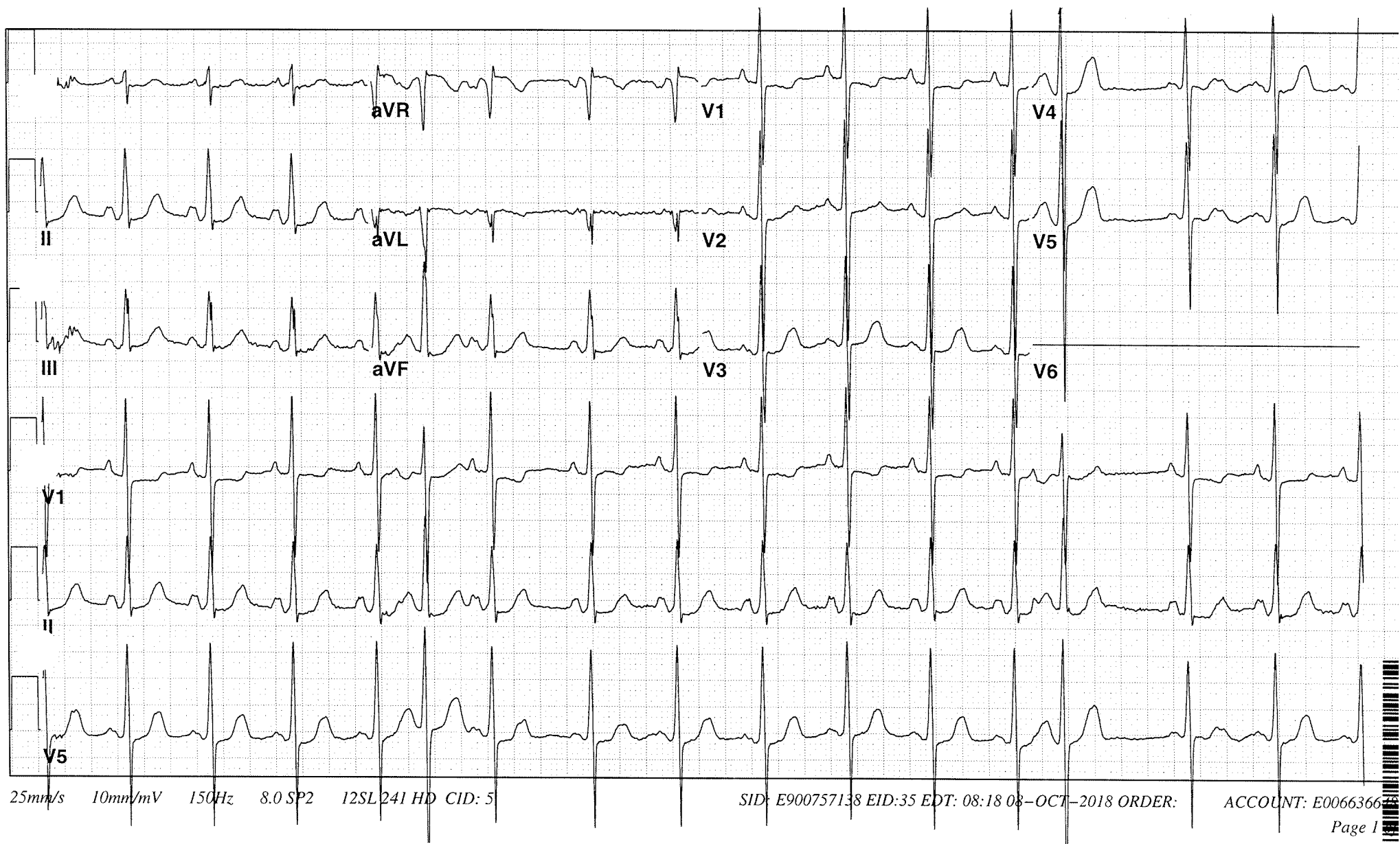


Figure 5.12C.

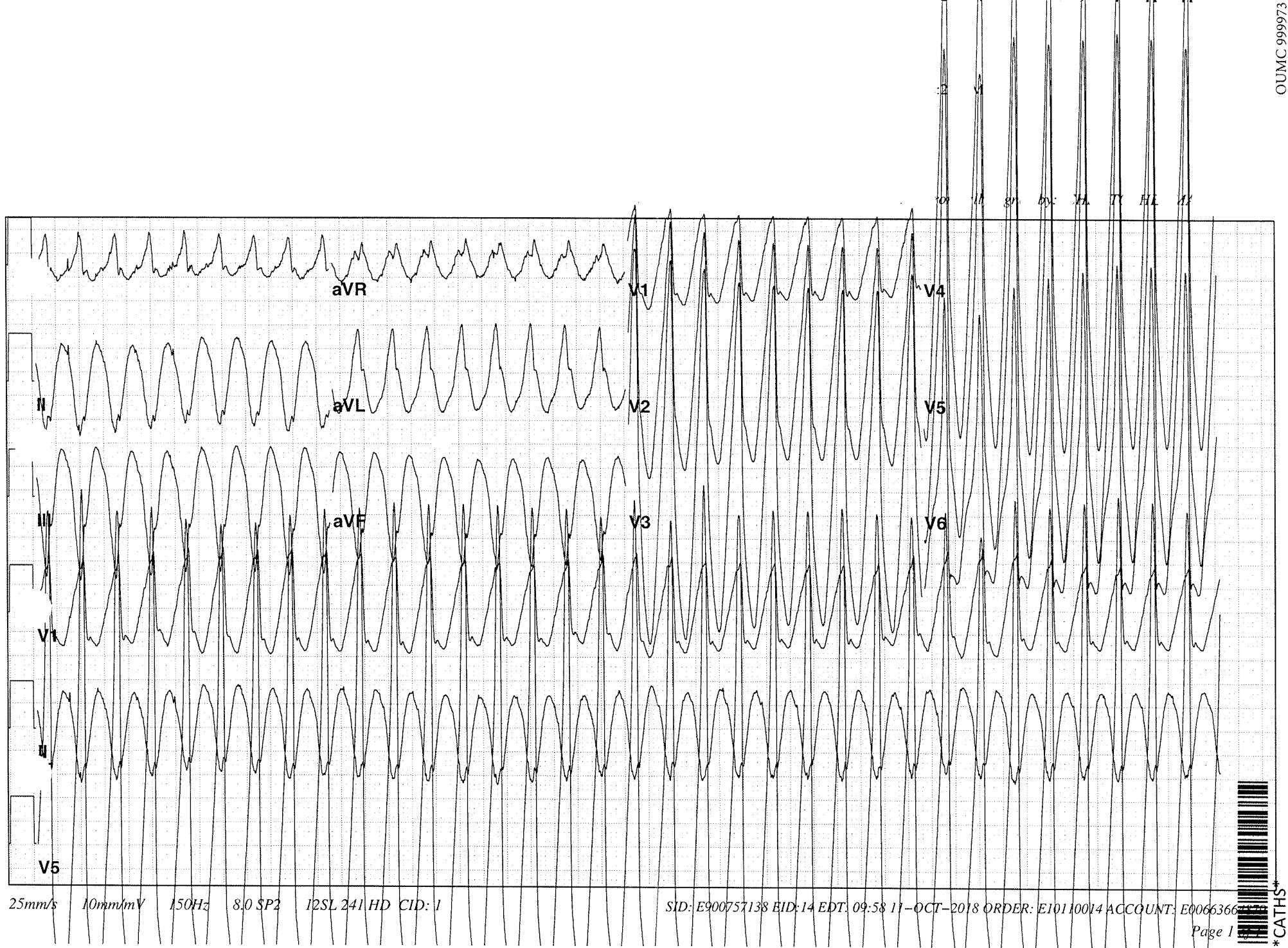
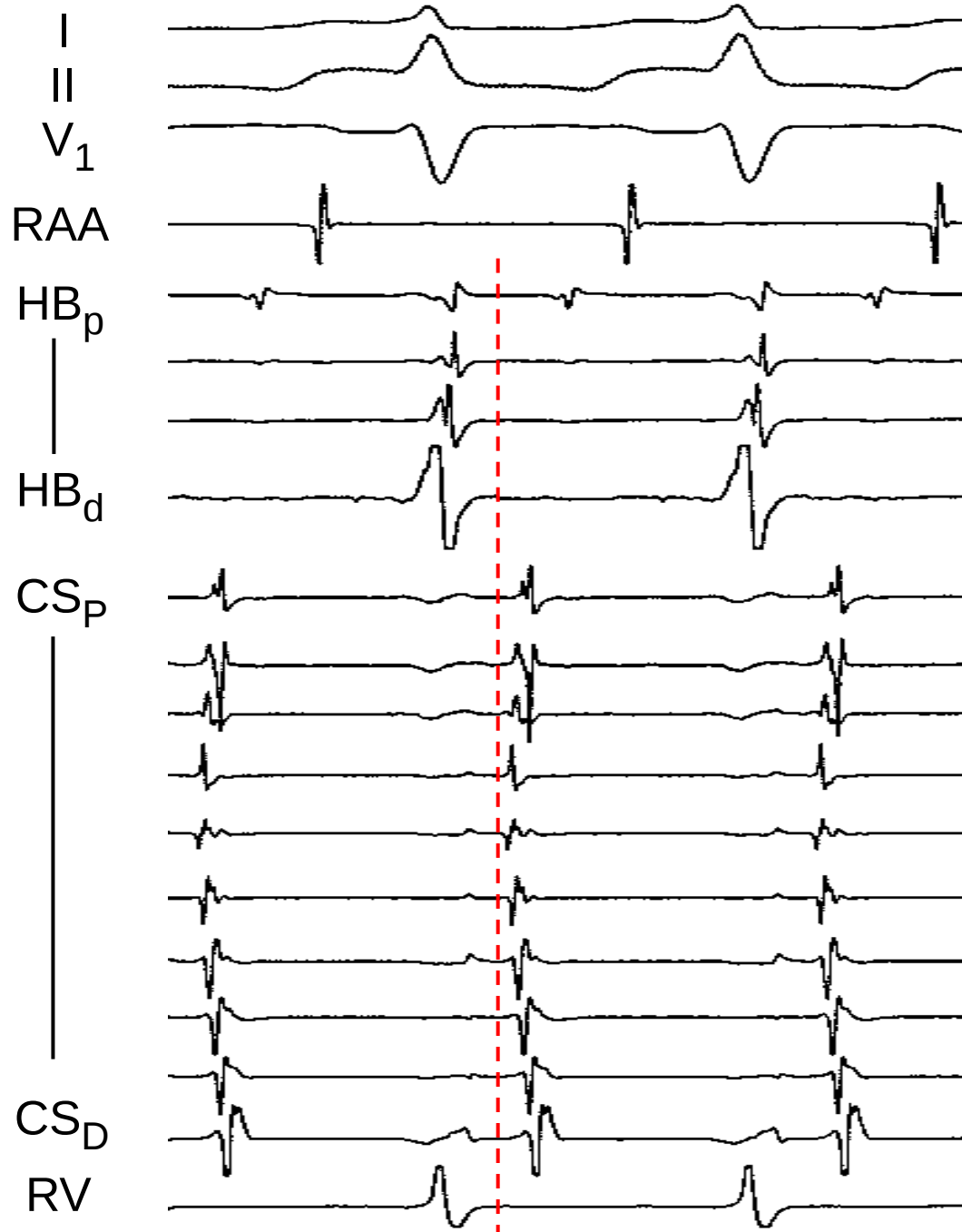


Figure 5.12D.

AVRT

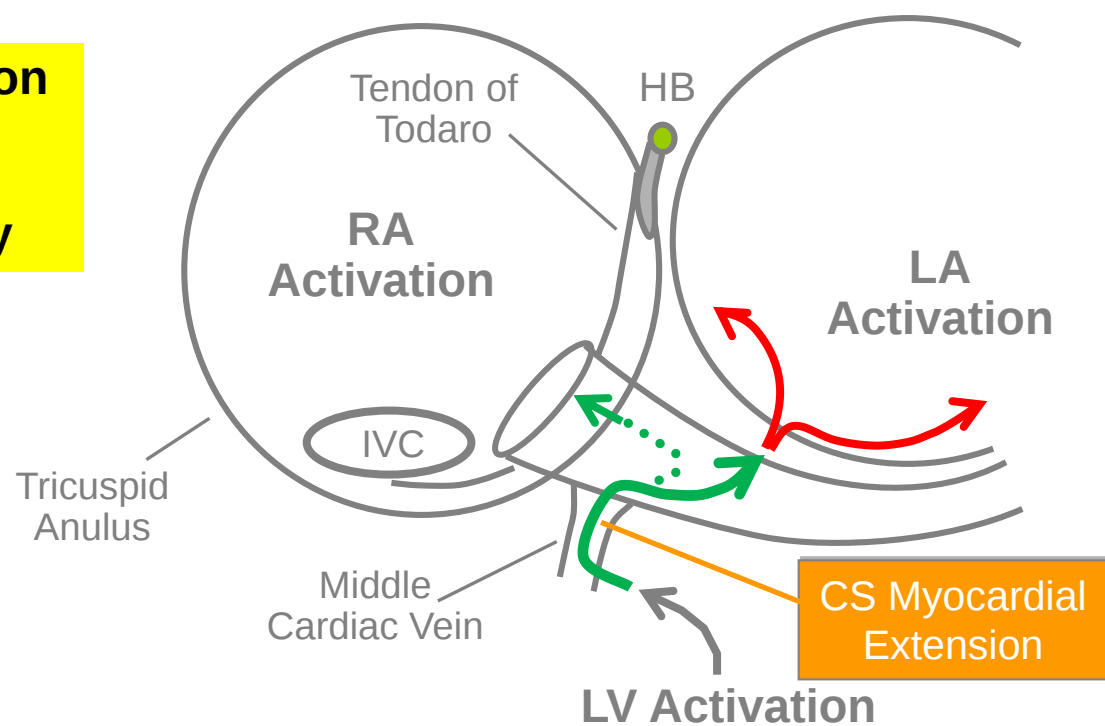


AVNRT



Figure 5.13A

Retrograde Conduction Over an Epicardial Posteroseptal Accessory Pathway



Retrograde Slow AV Nodal Pathway (Rightward Inferior Extension)

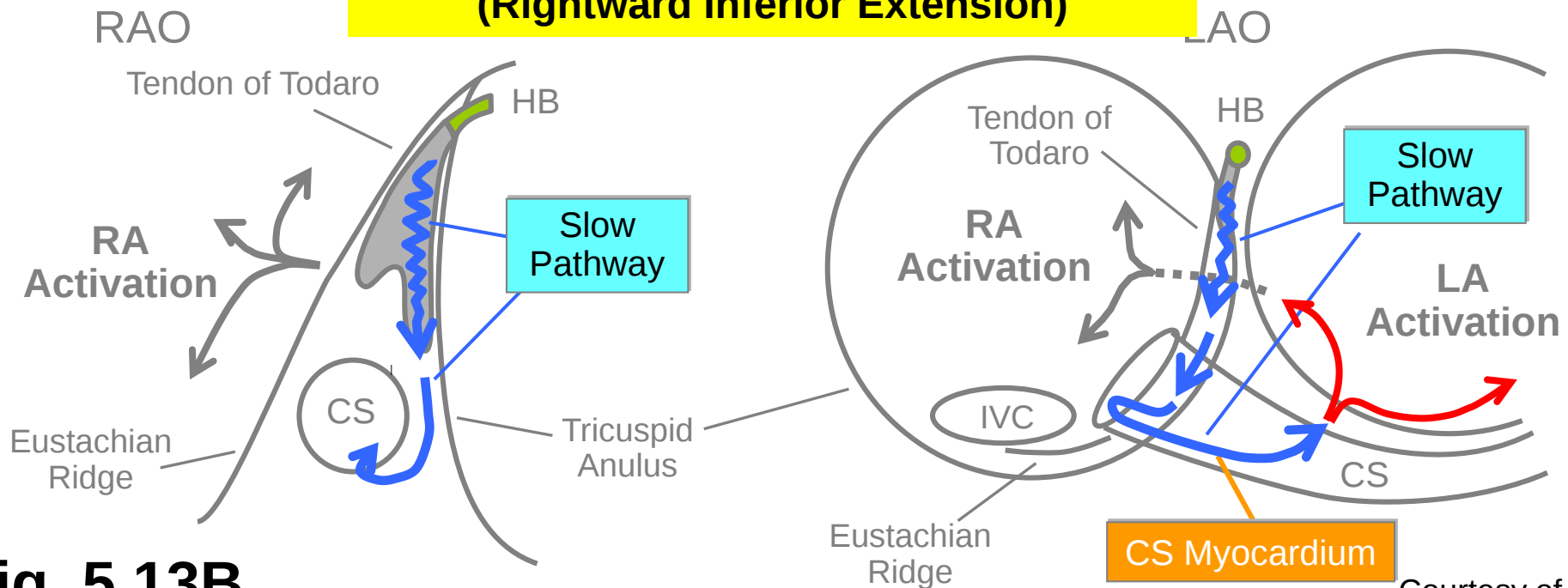


Fig. 5.13B

Courtesy of Dr. Jackman

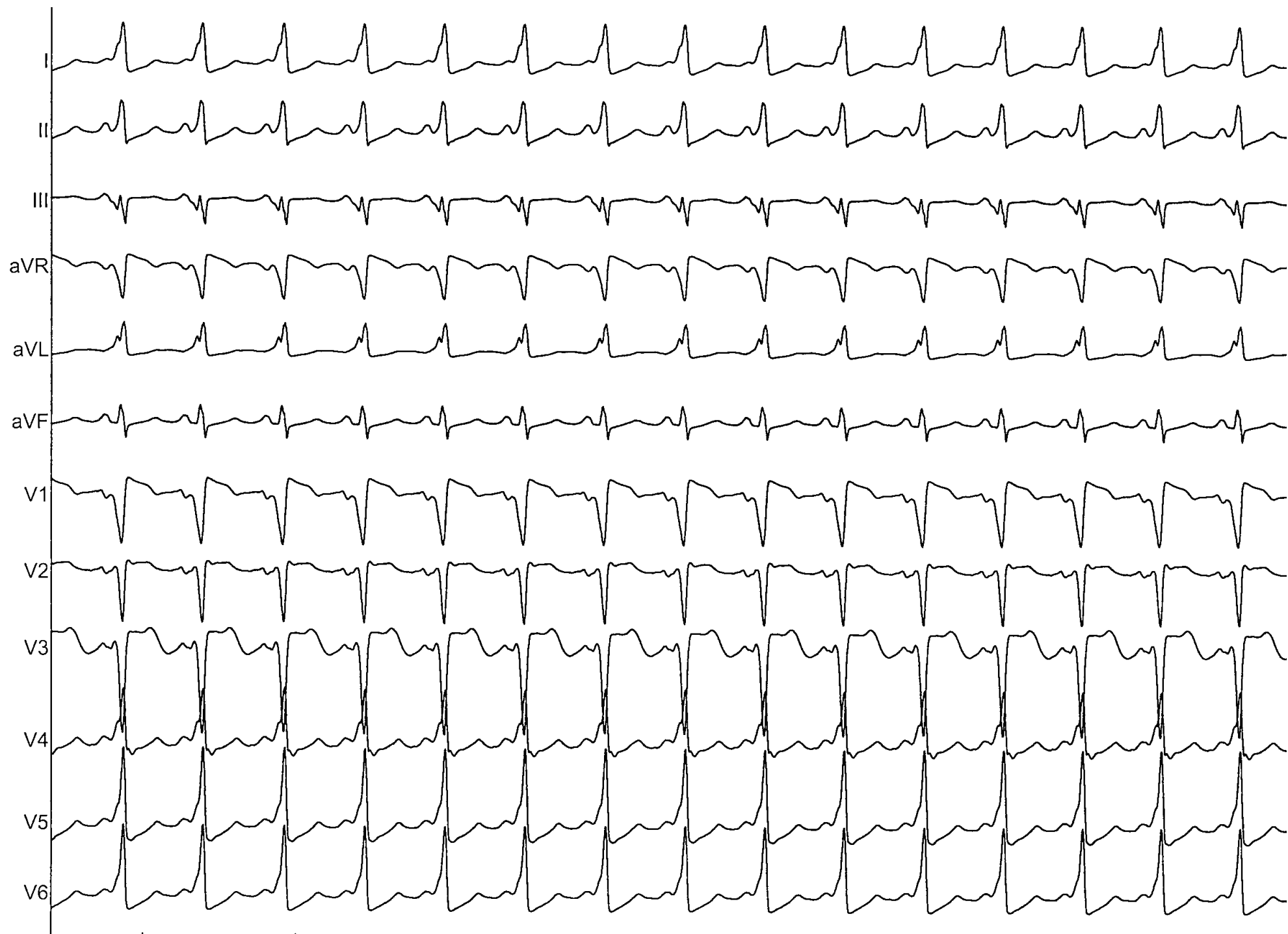


Fig. 5.13C

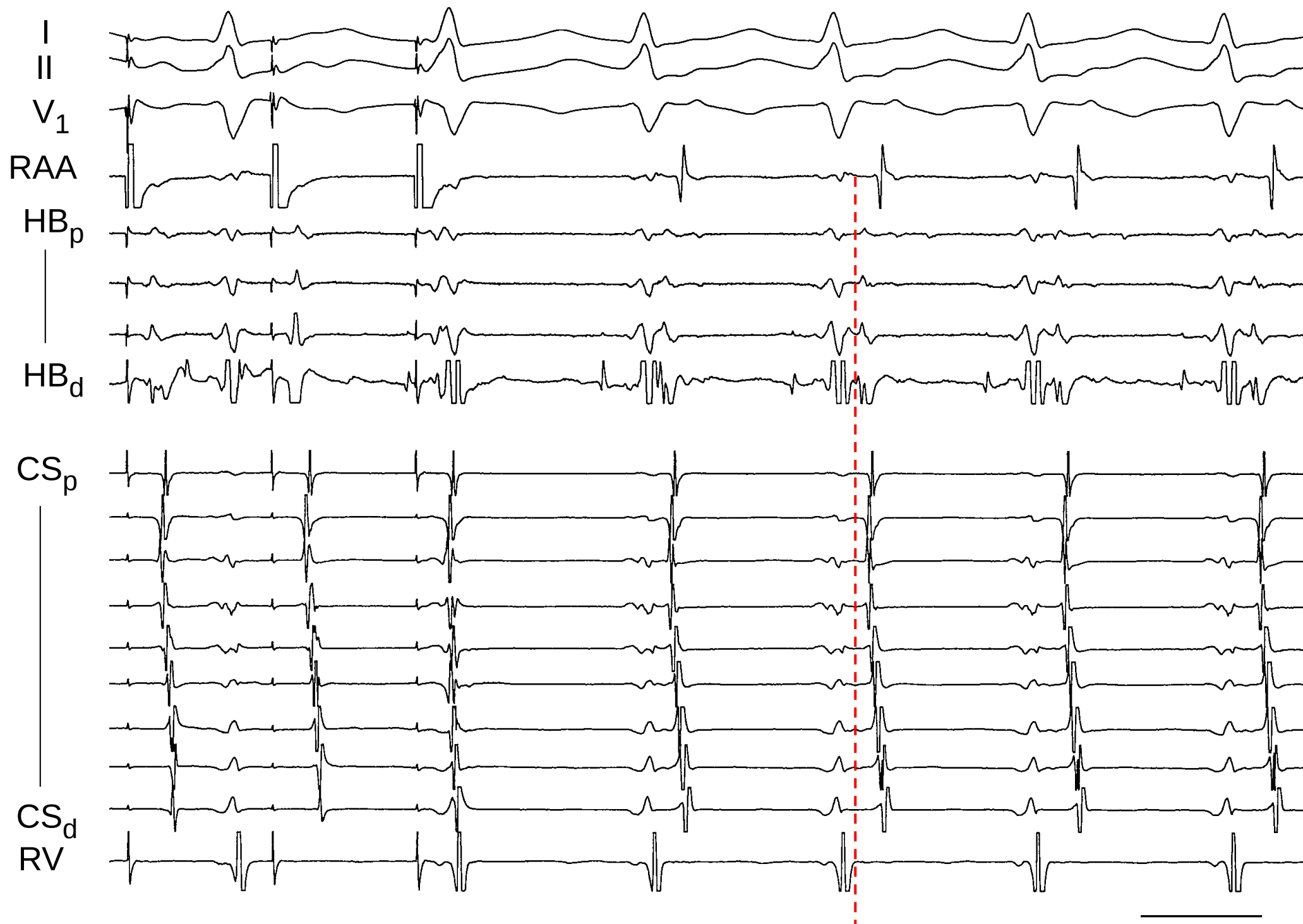


Fig. 5.13D

200 ms

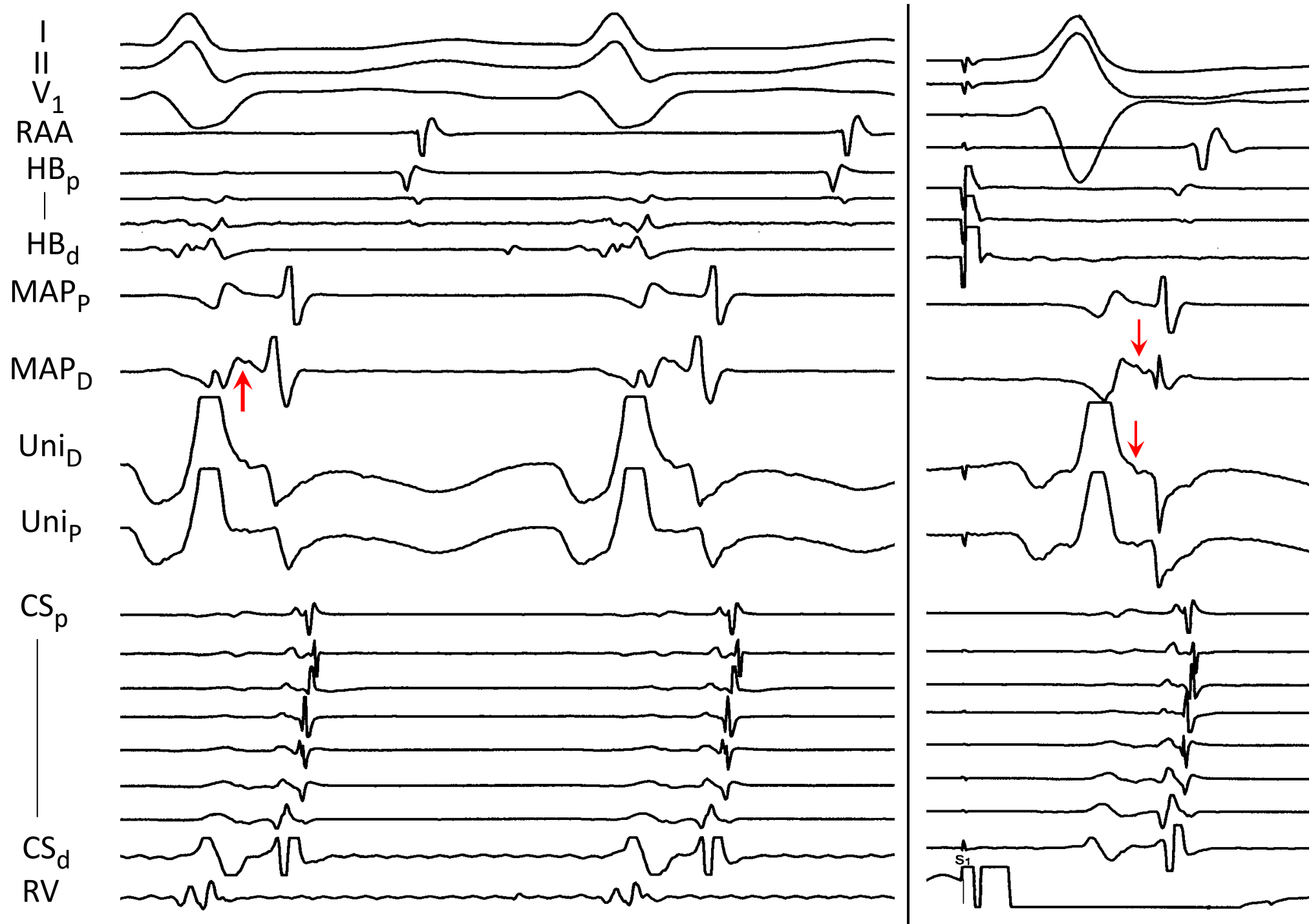
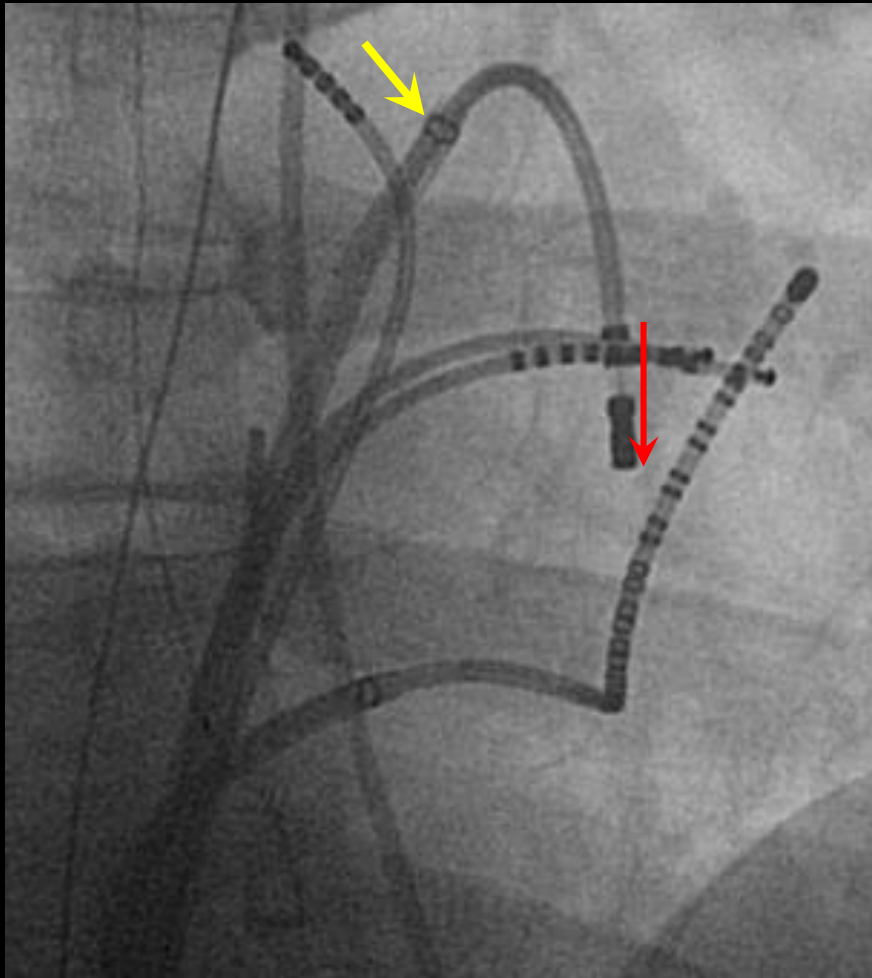
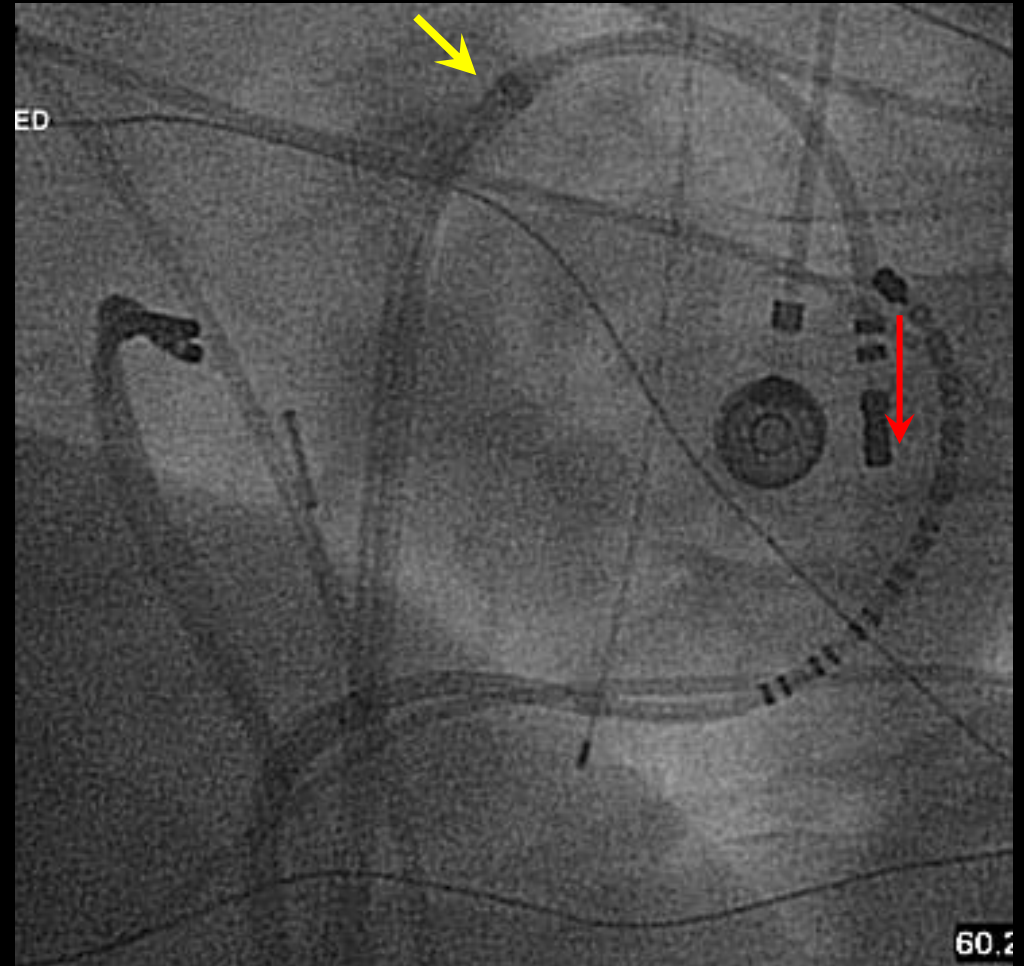


Fig 5.14A.

SL1 Sheath Distant from Annulus



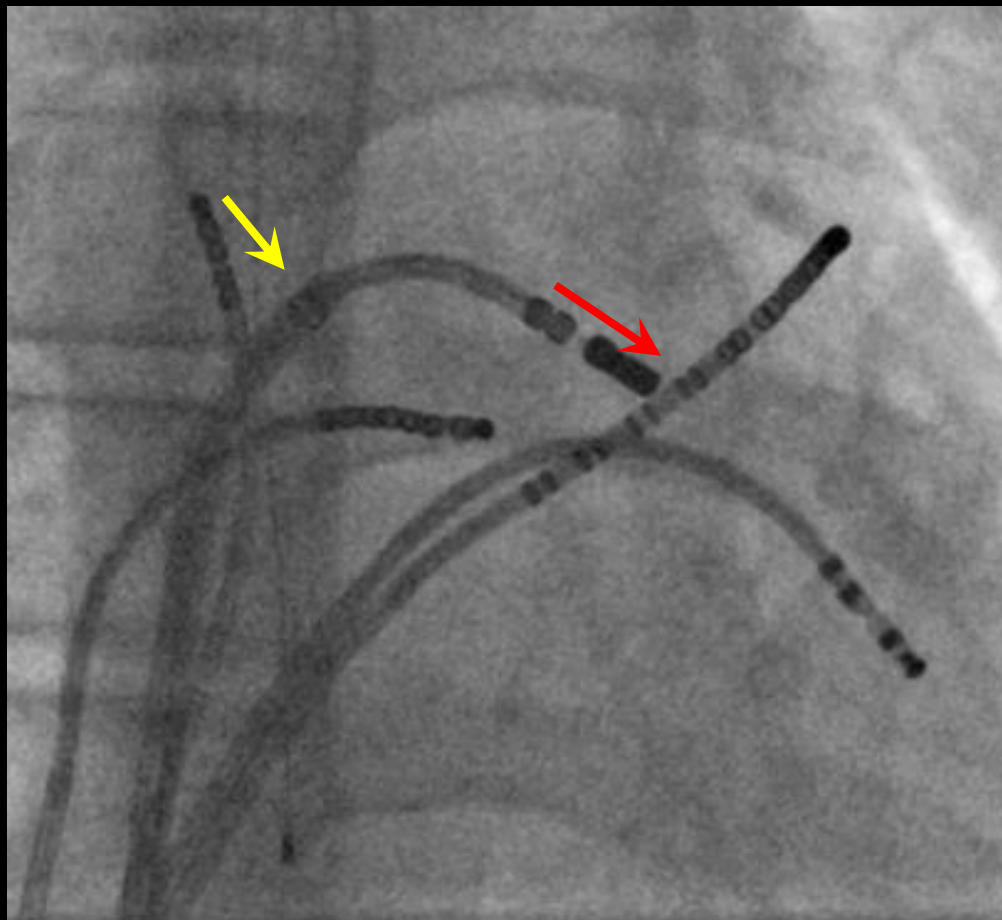
RAO



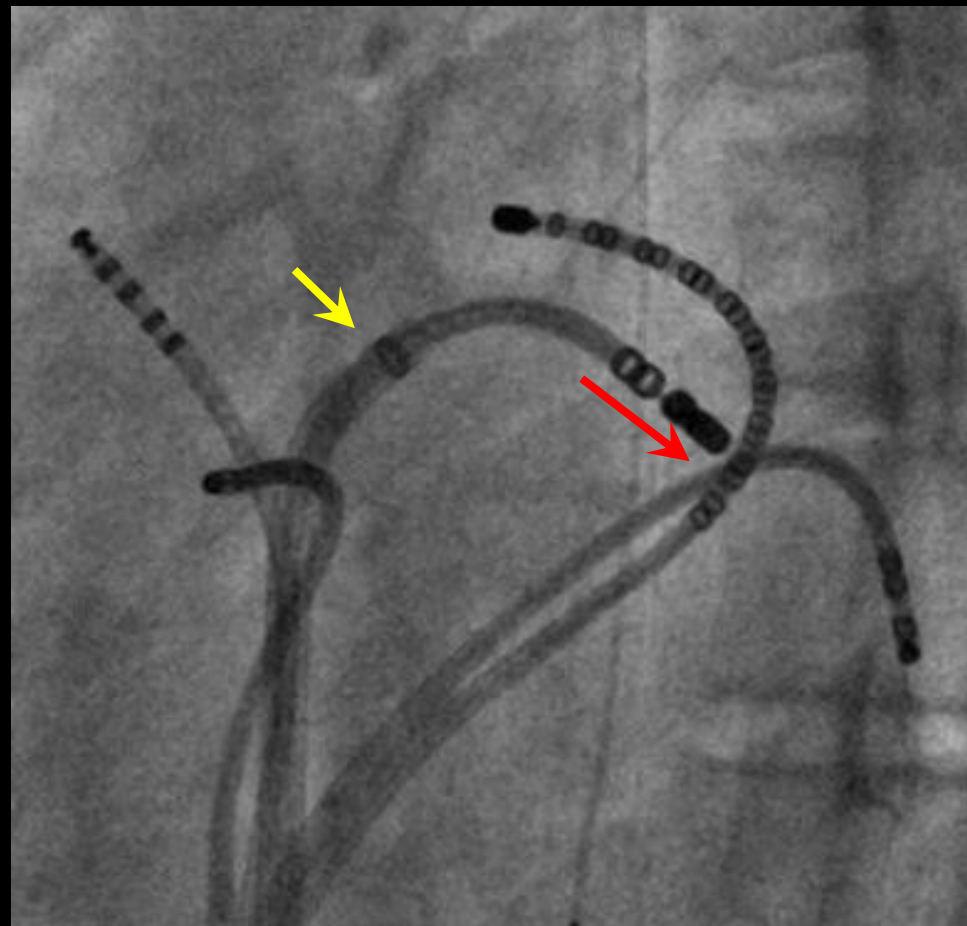
LAO

Fig 5.14B.

SL1 Sheath; Catheter Pointed Straight at the Target



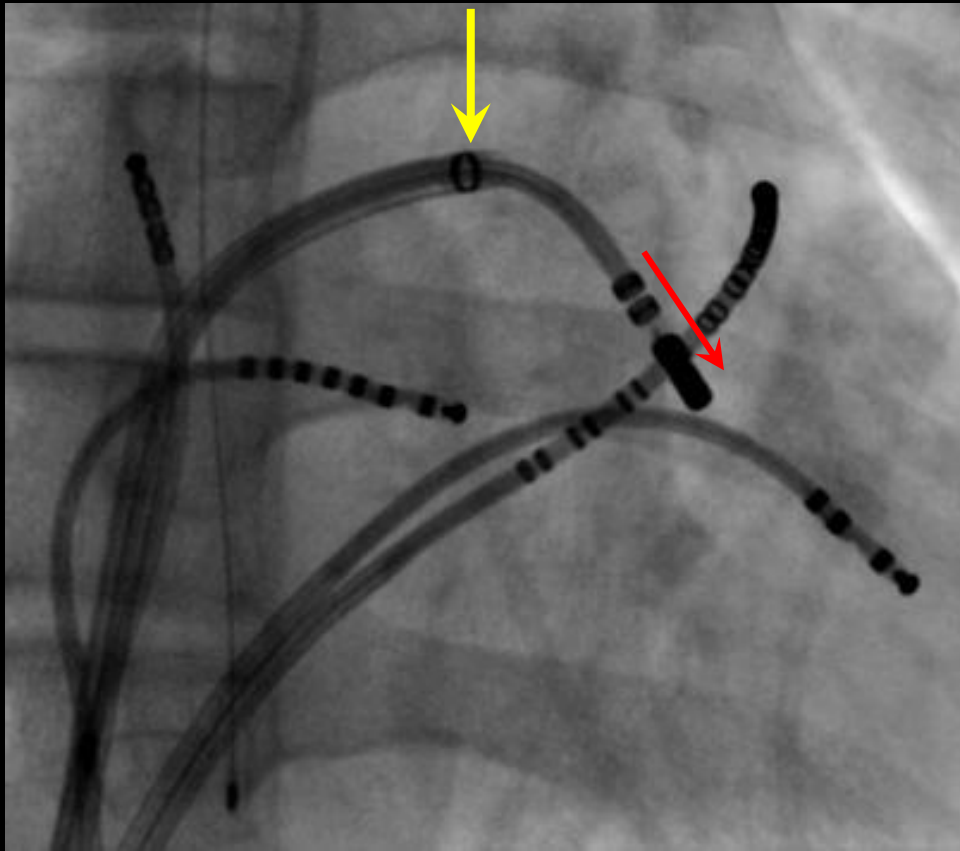
RAO



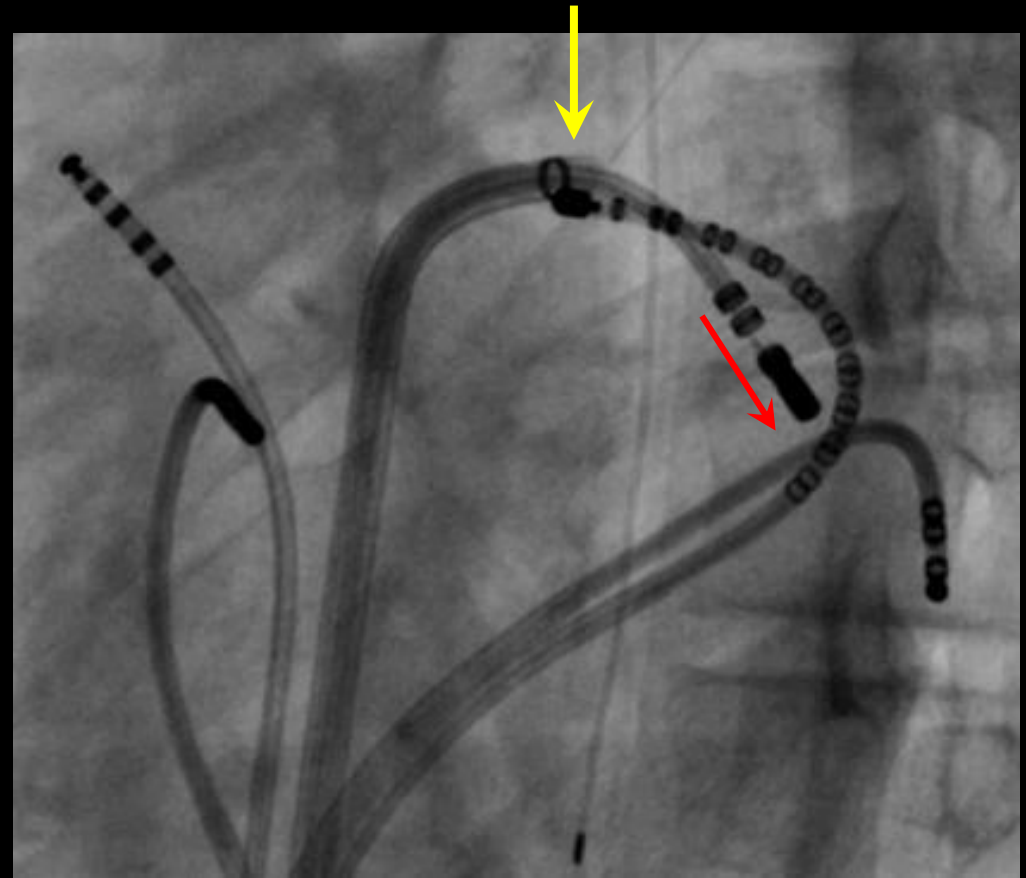
LAO

Fig 5.14C.

SL2 Sheath; Catheter Pointed Straight at the Target



RAO



LAO

Fig 5.14D.

SL2 Sheath; Catheter Laid Parallel with Annulus

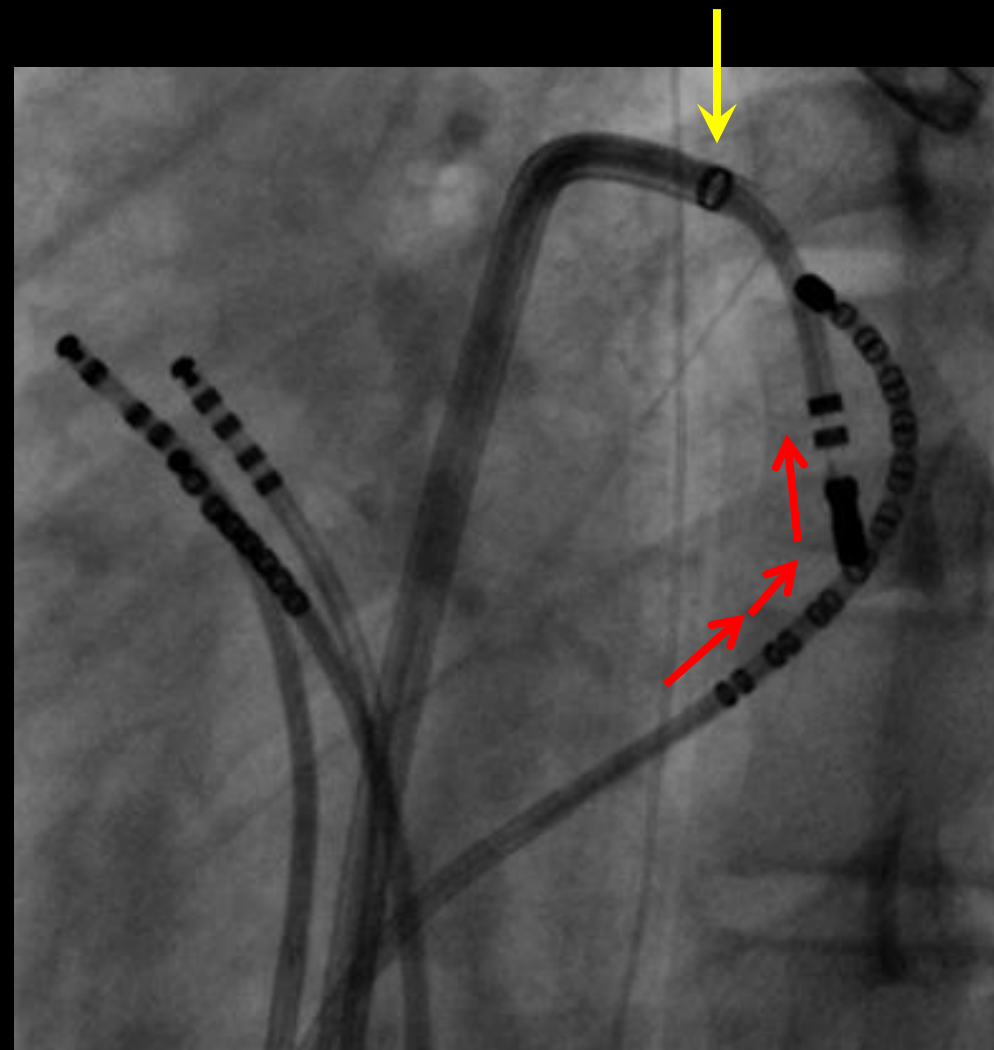
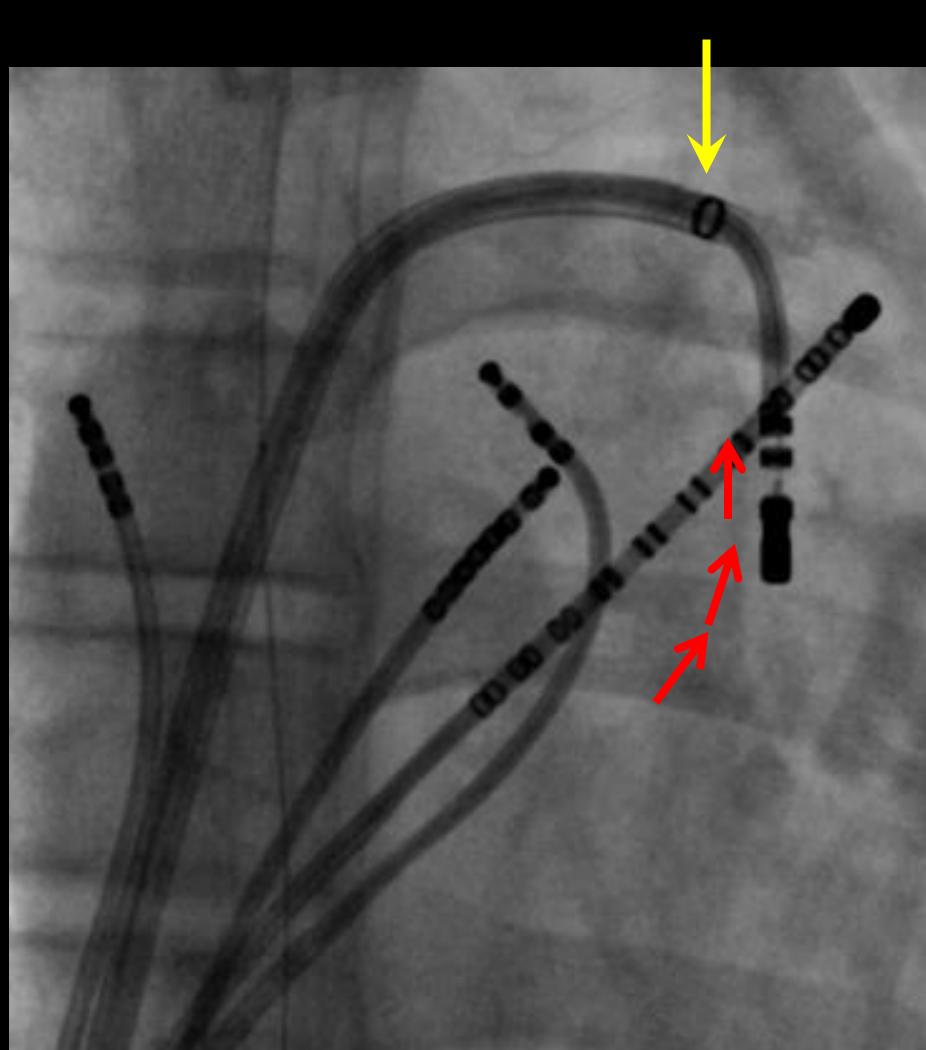
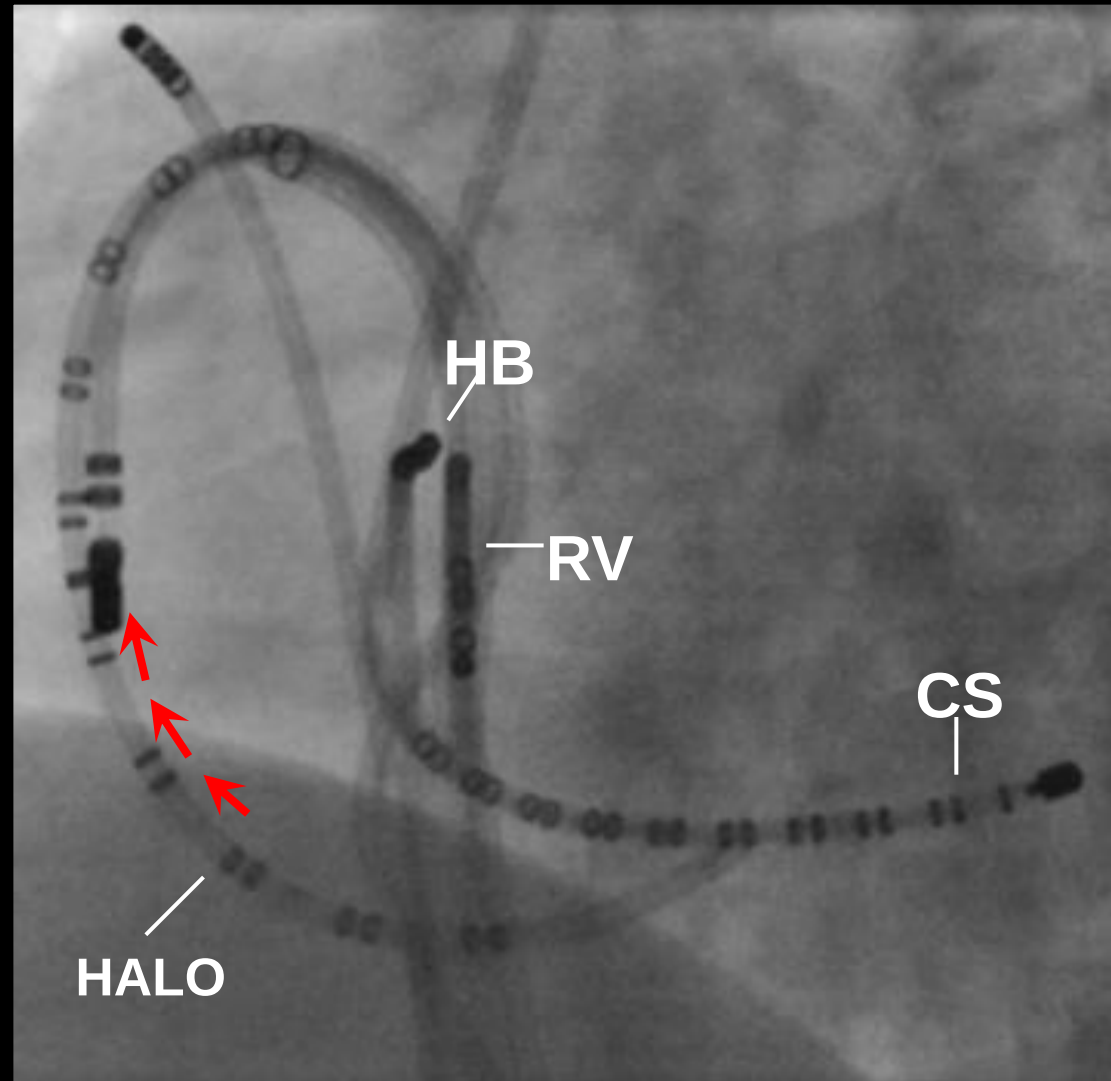
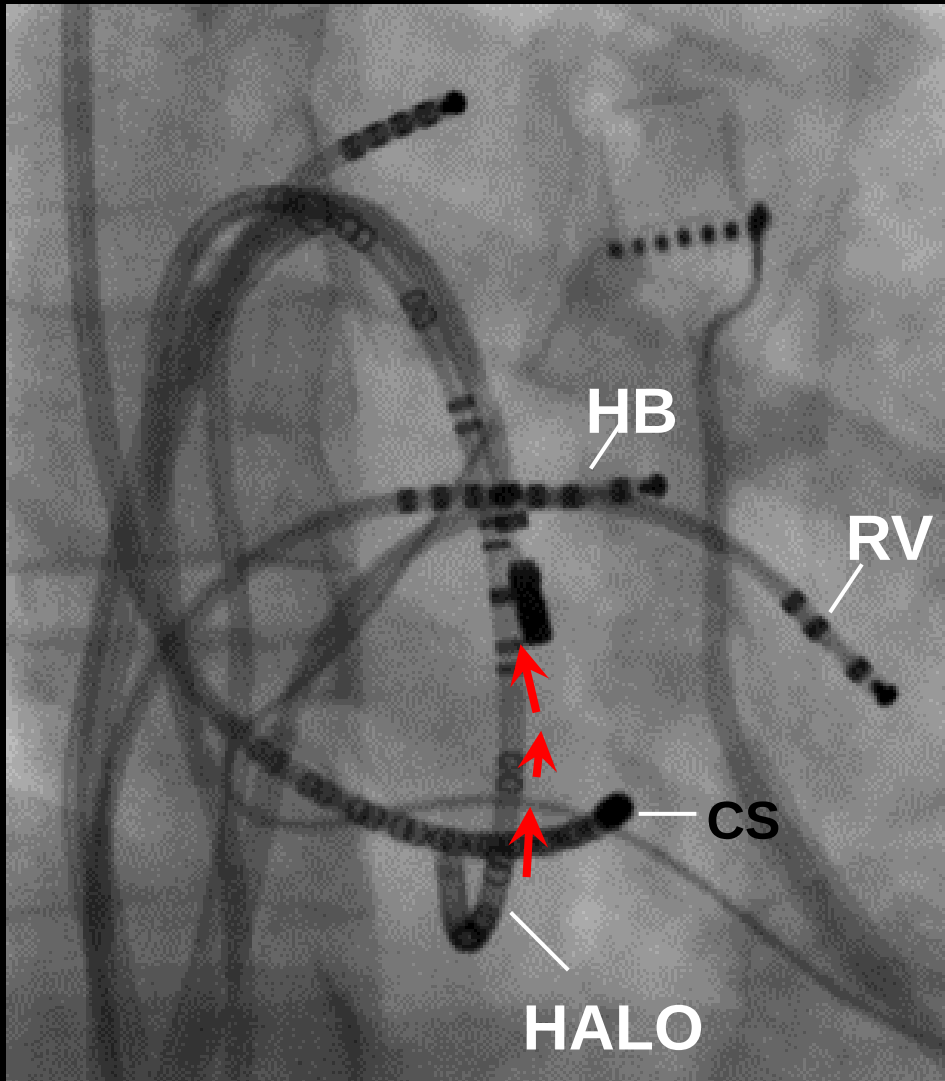


Fig 5.14E.



Fig 5.14F.



Lay ablation catheter in parallel to tricuspid annulus

Fig 5.15A.

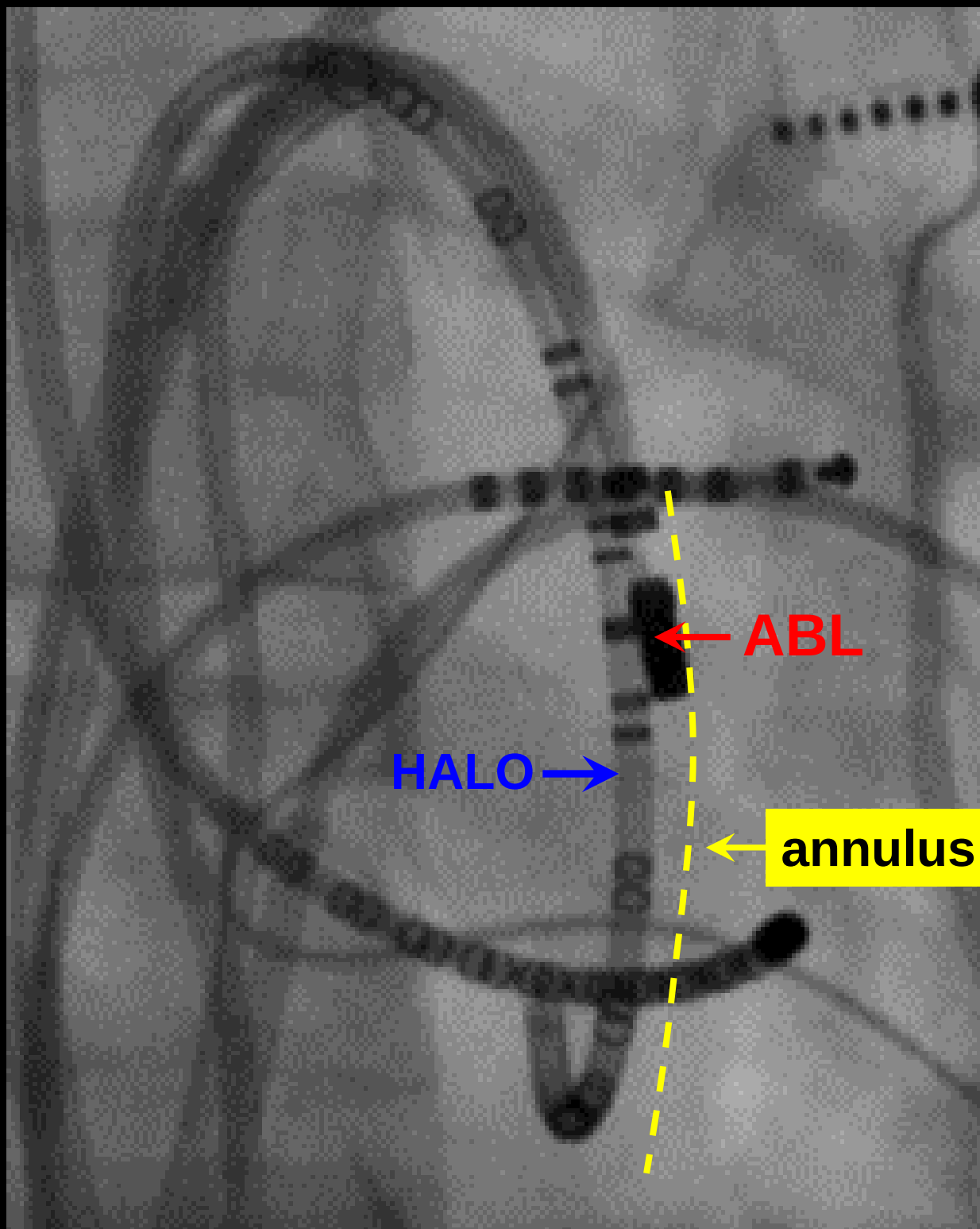


Fig 5.15B.

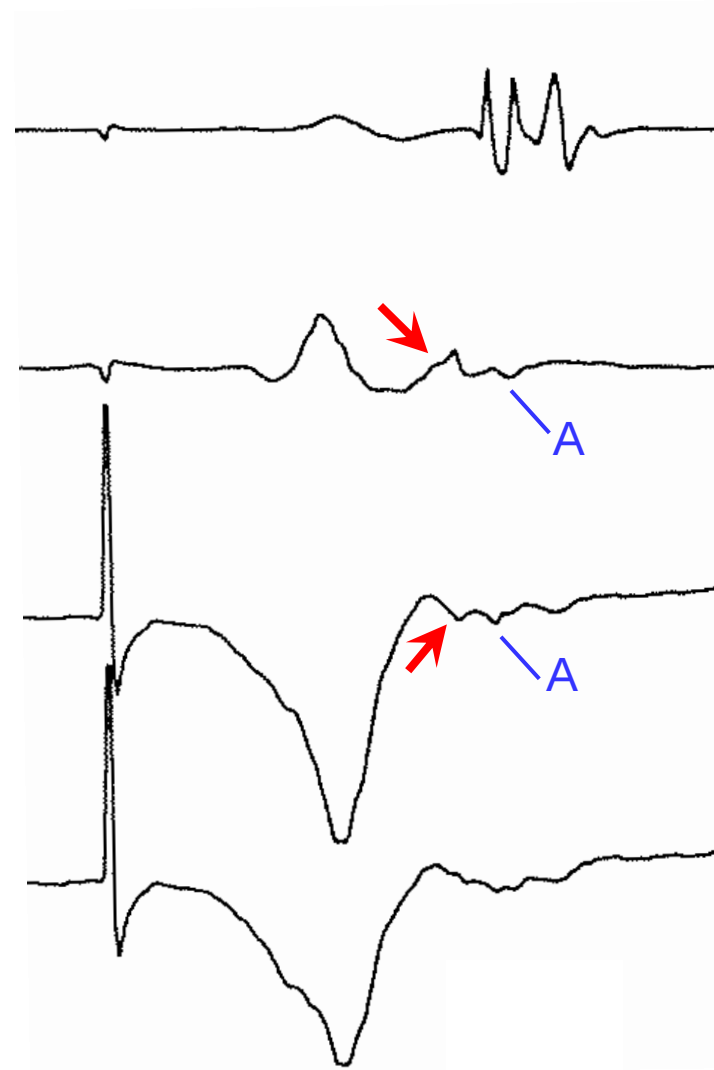
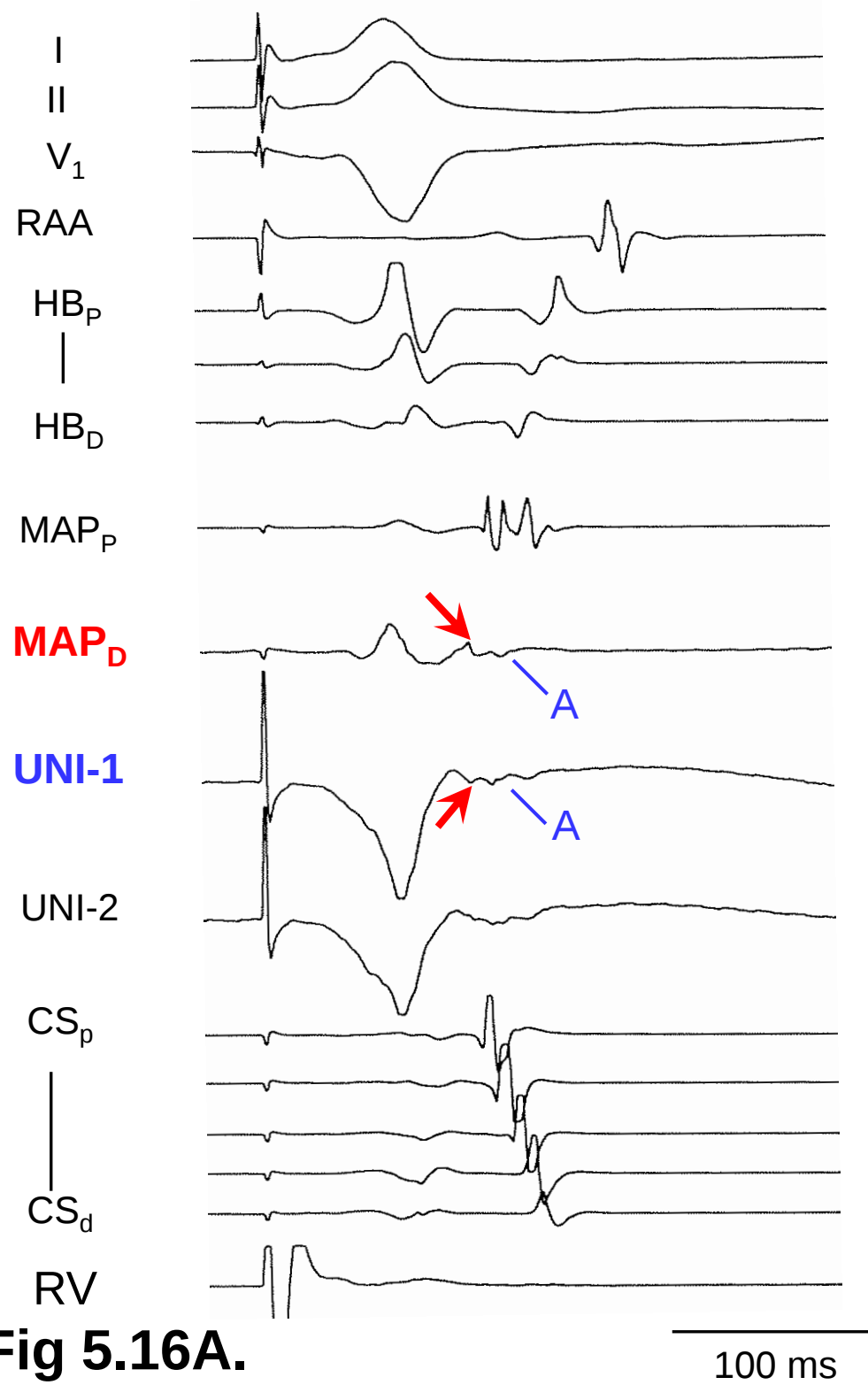


Fig 5.16A.

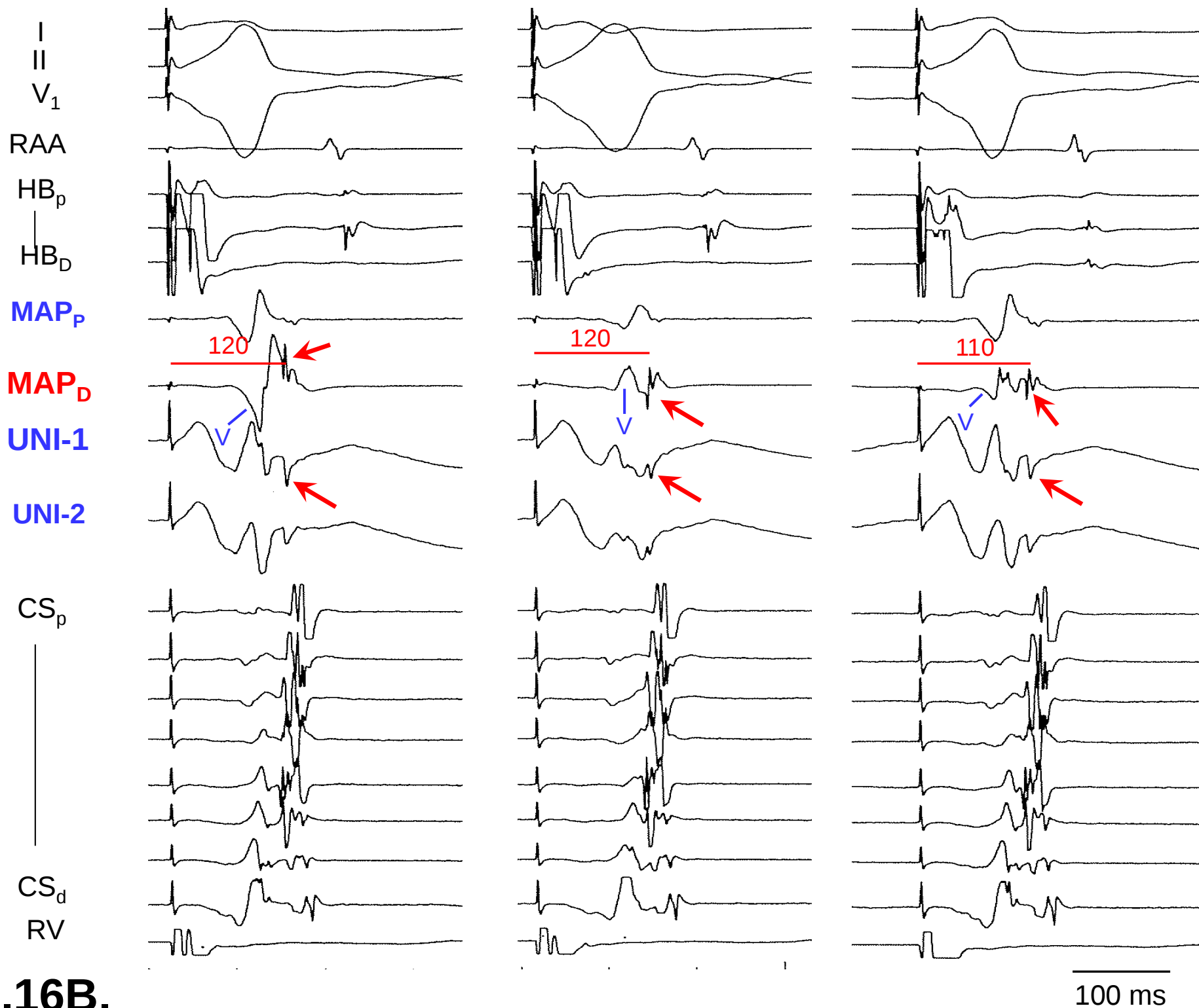


Fig 5.16B.

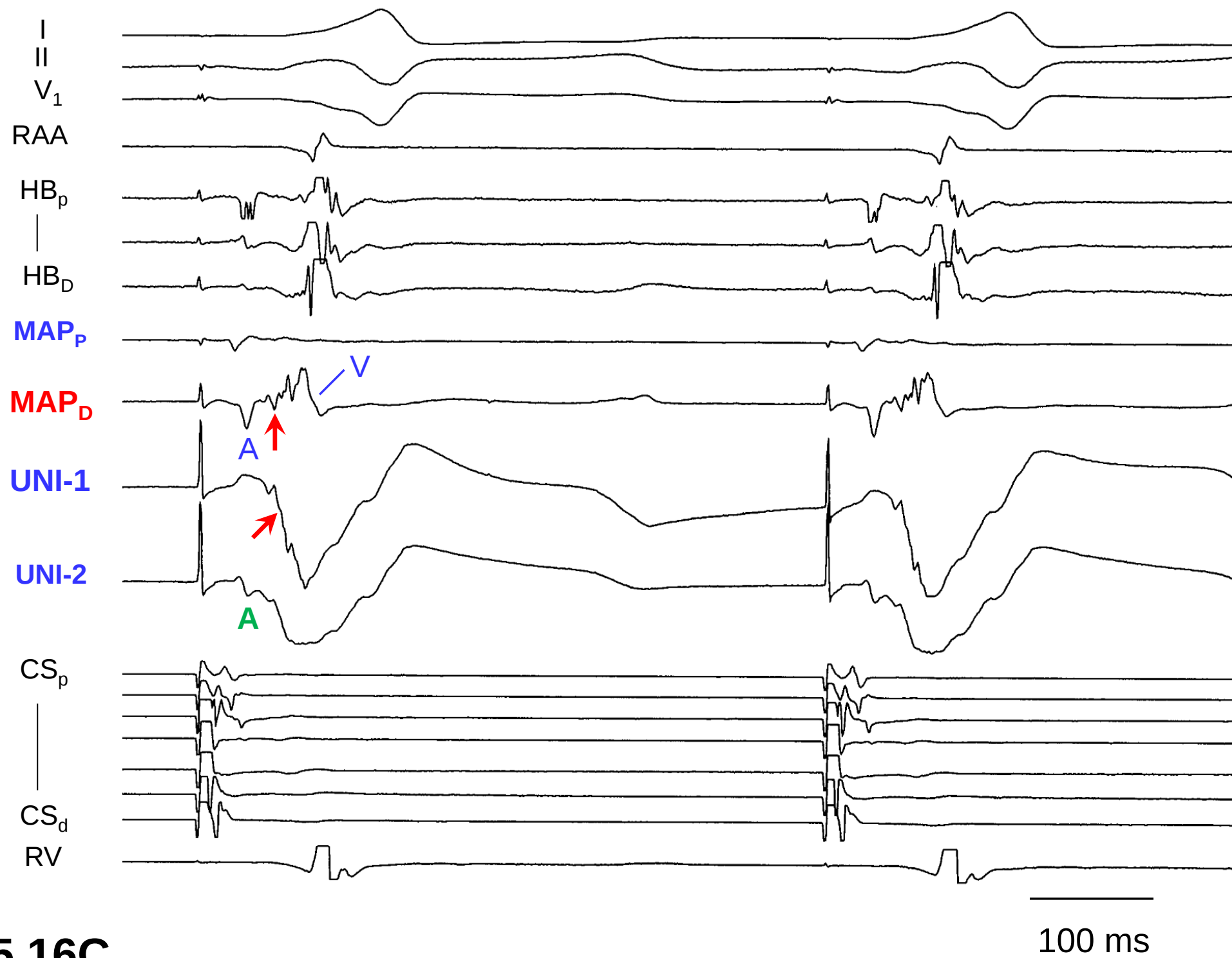


Fig 5.16C.

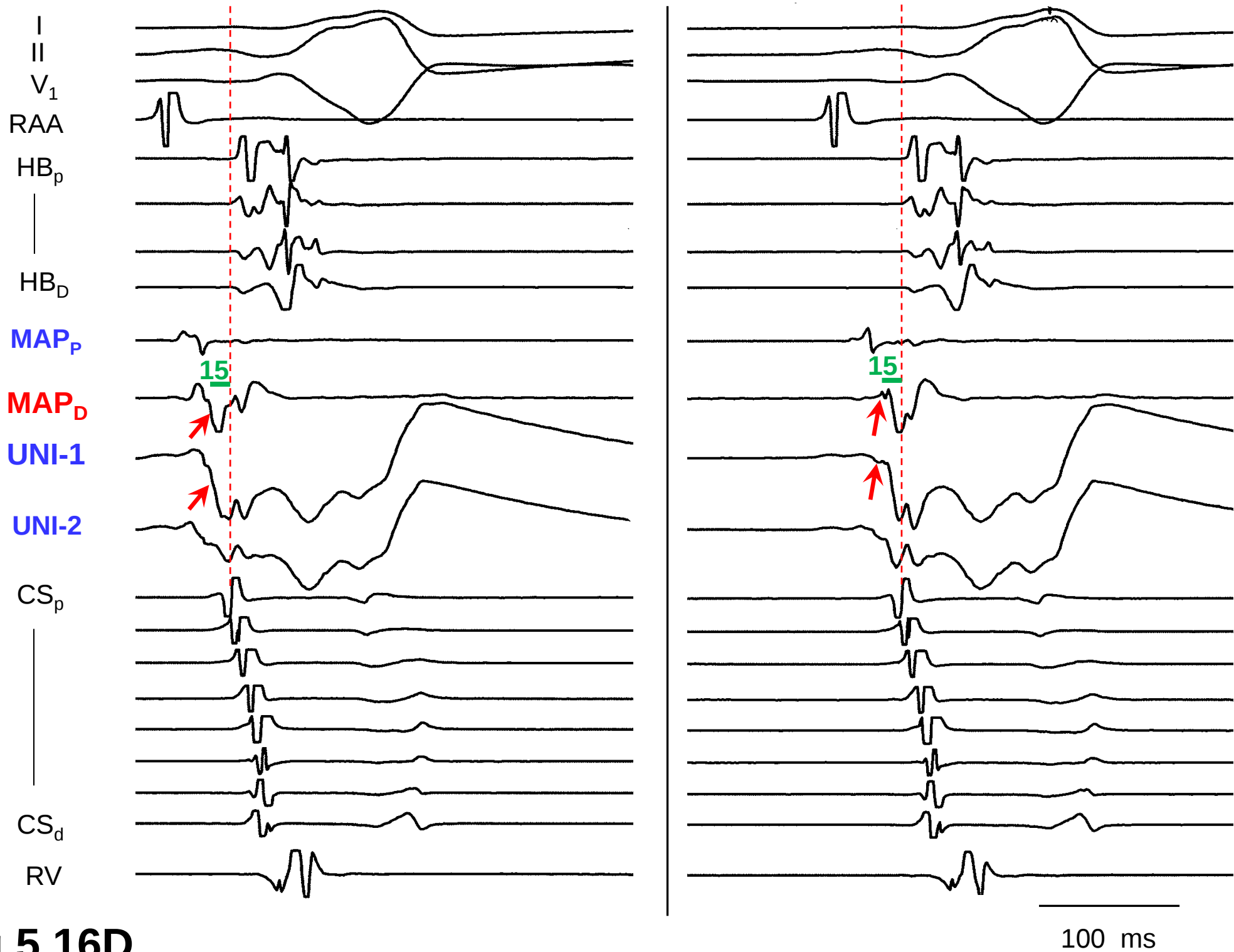


Fig 5.16D.

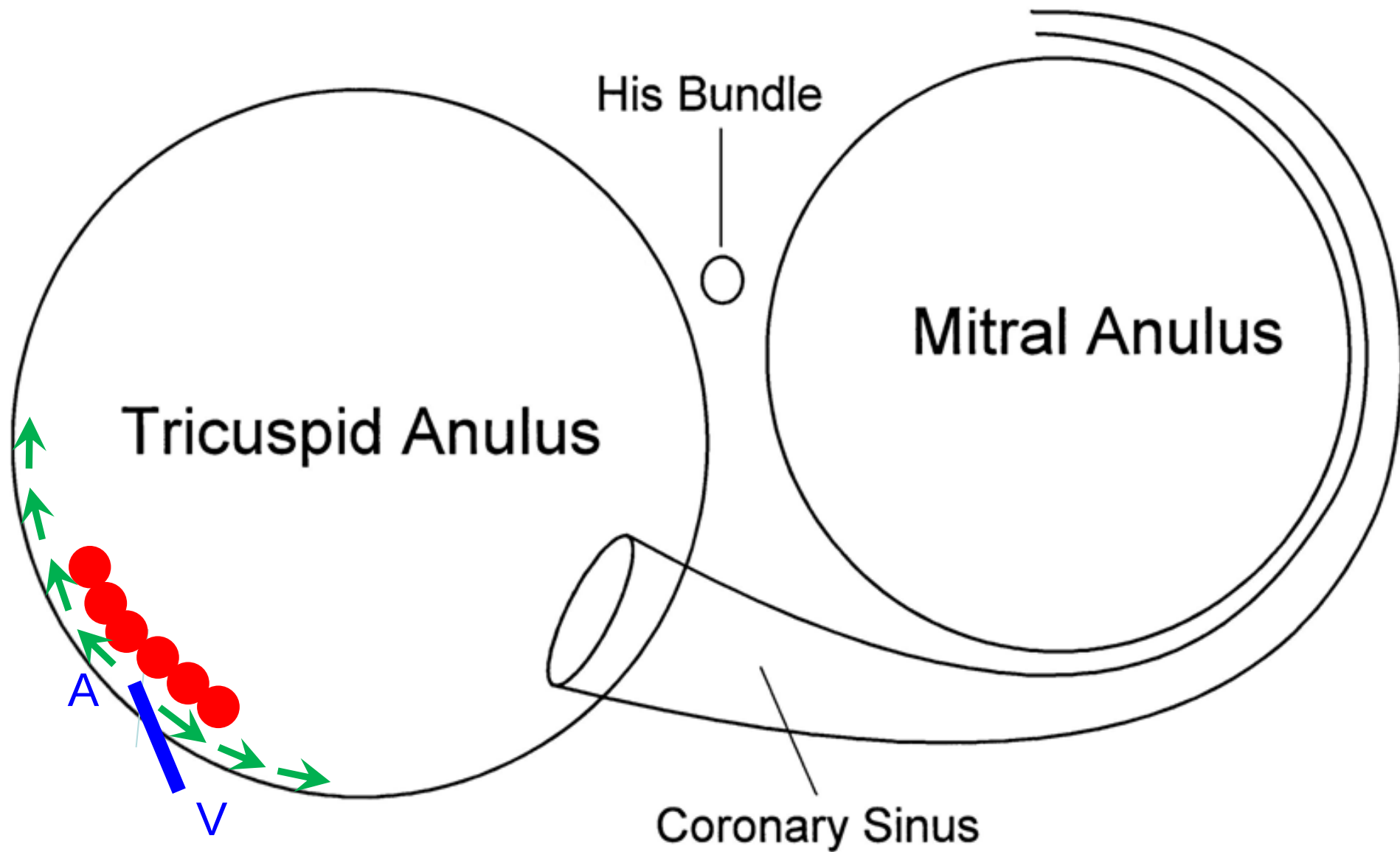


Fig 5.17A.



Fig 5.17B.

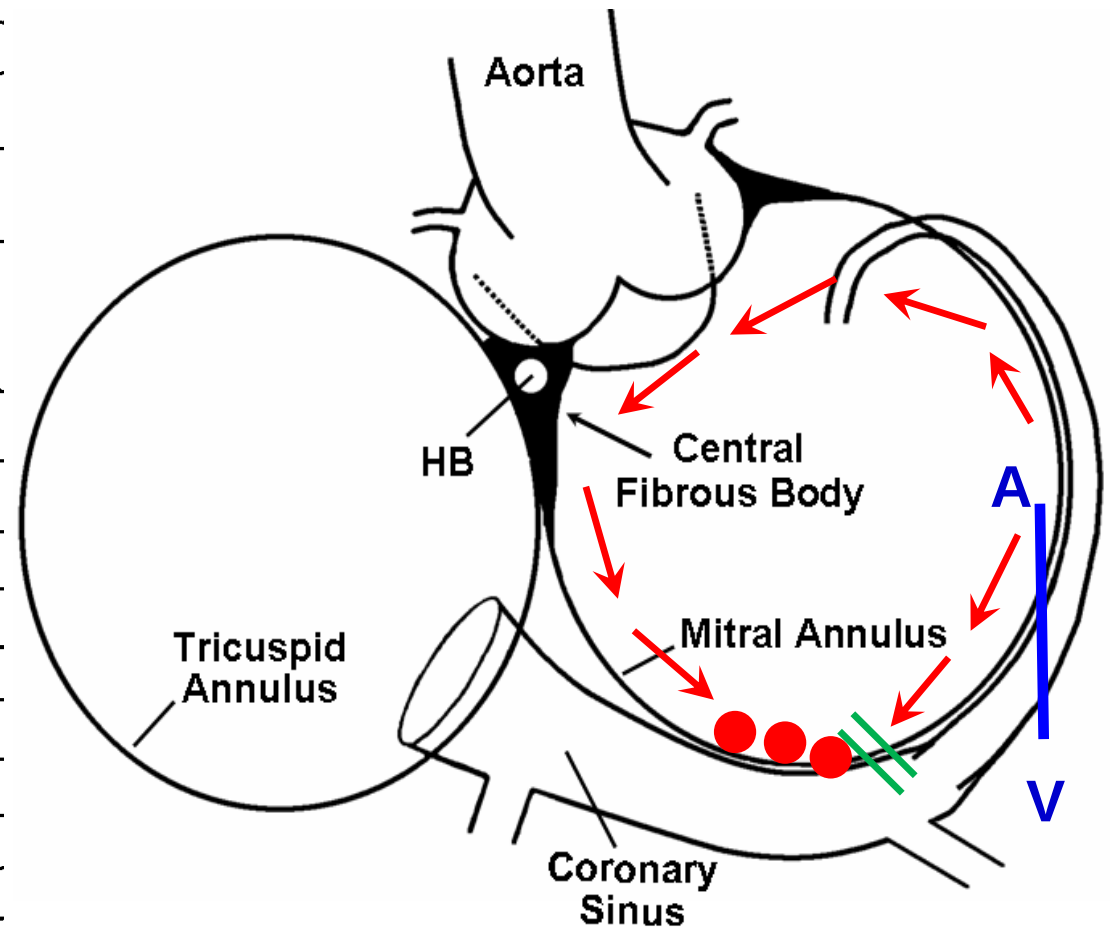
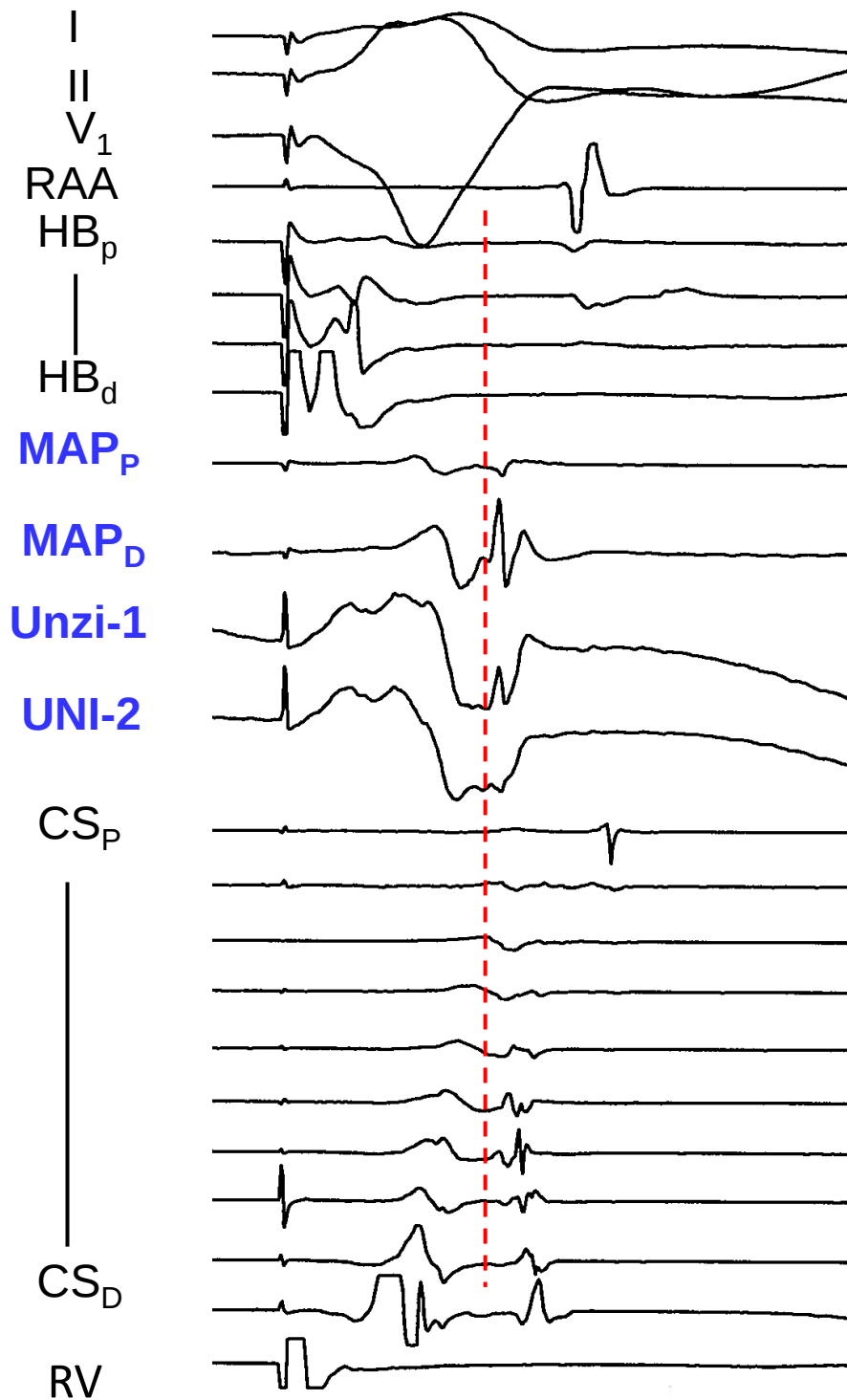


Fig 5.17C.

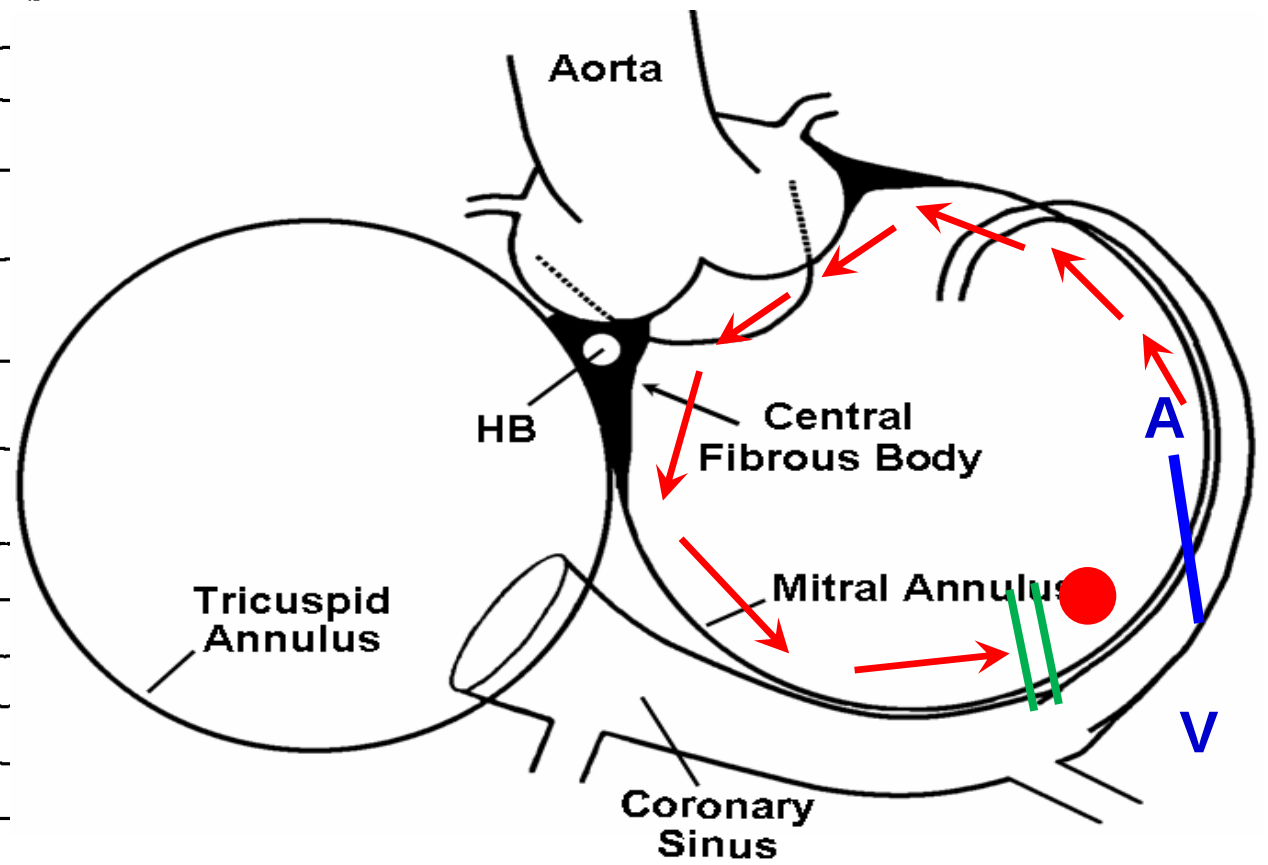
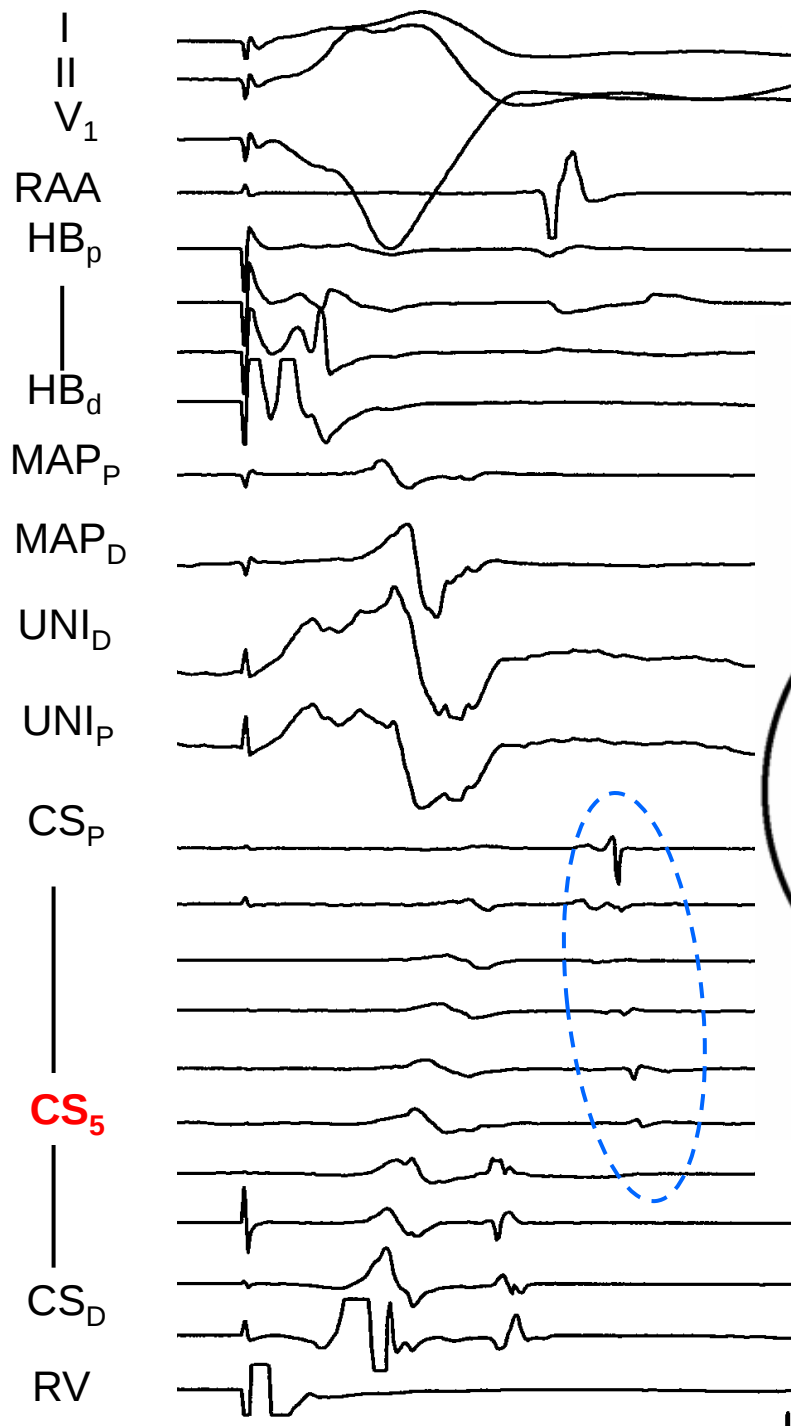


Fig 5.17D.

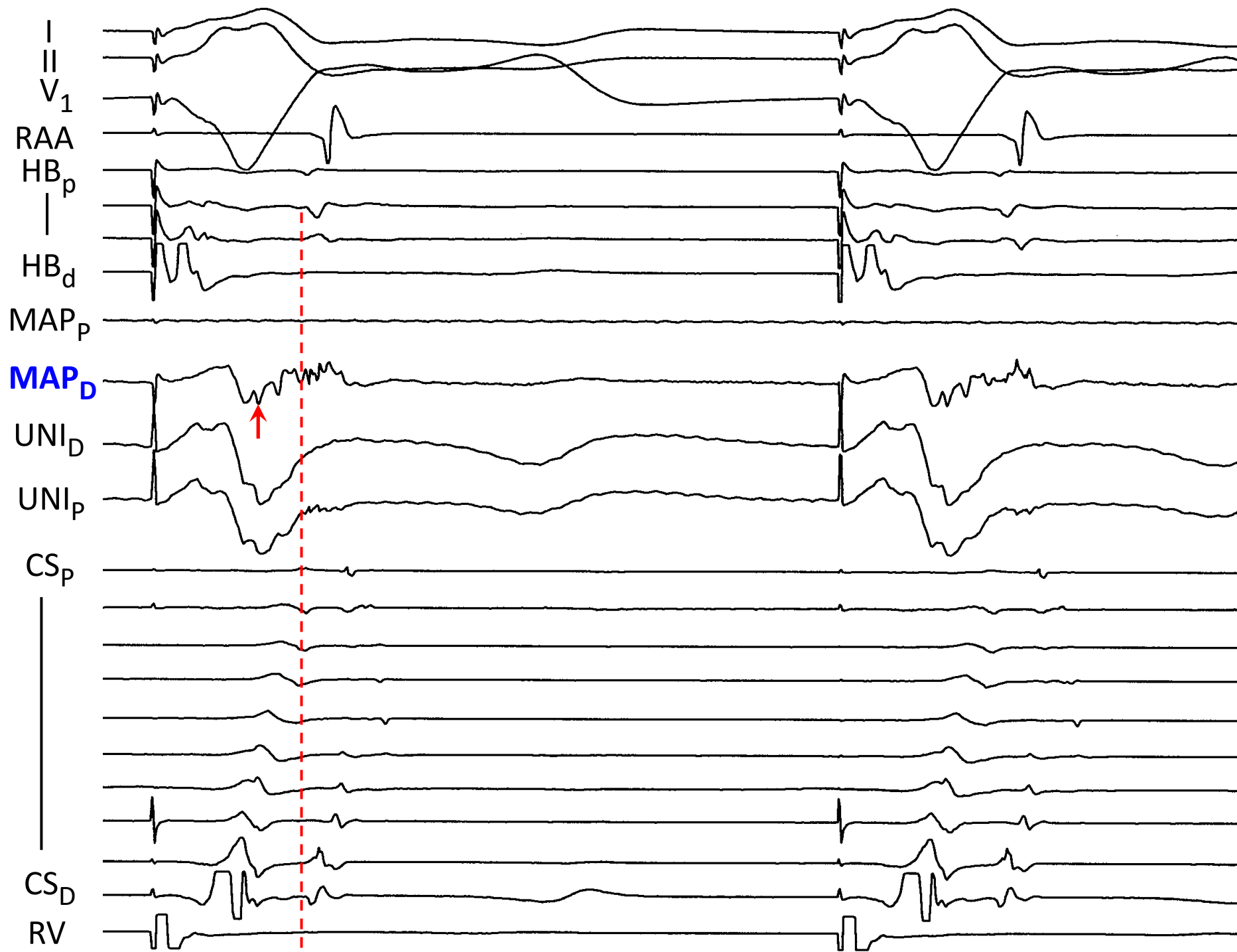


Fig 5.17E

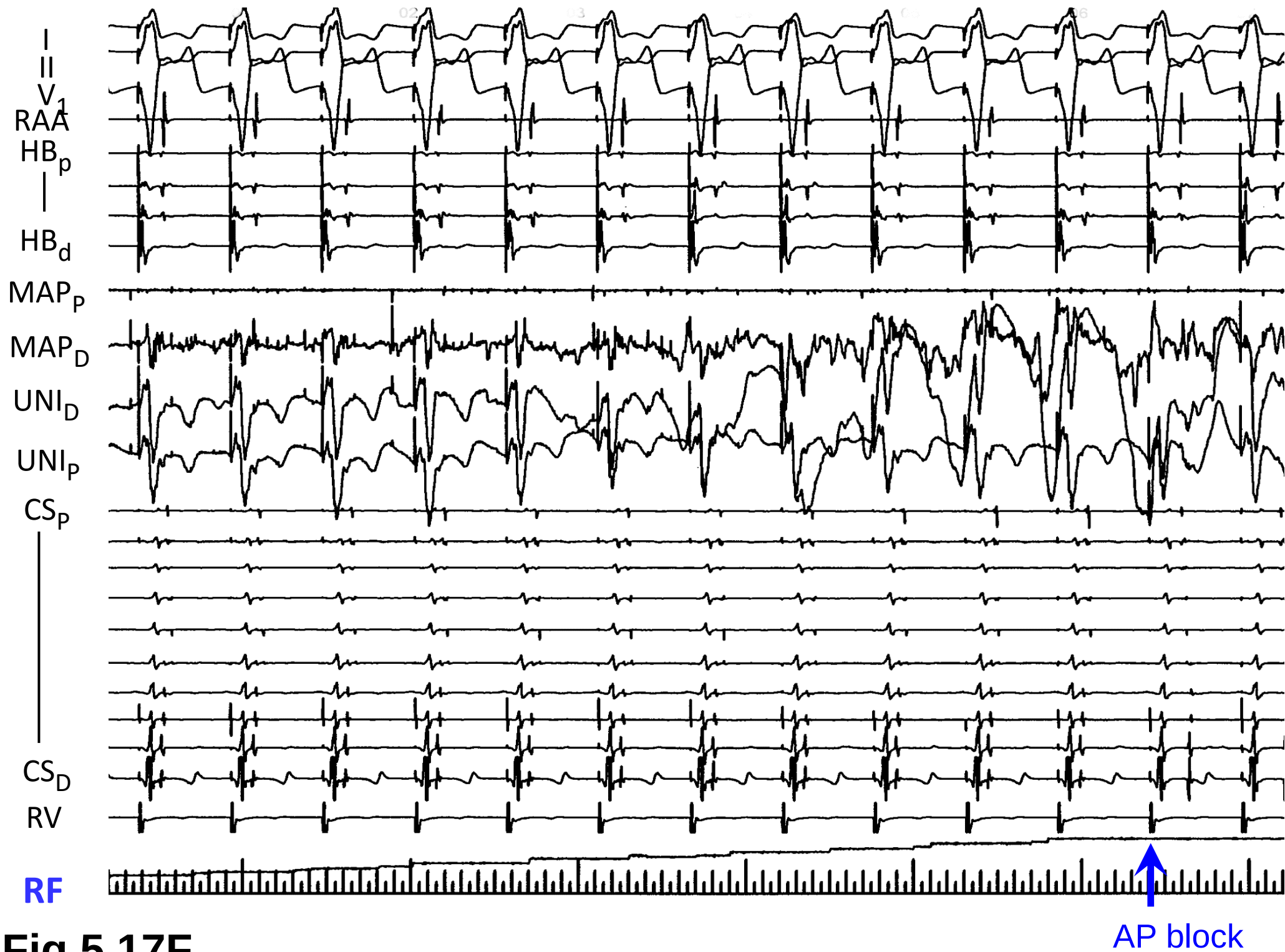


Fig 5.17F.

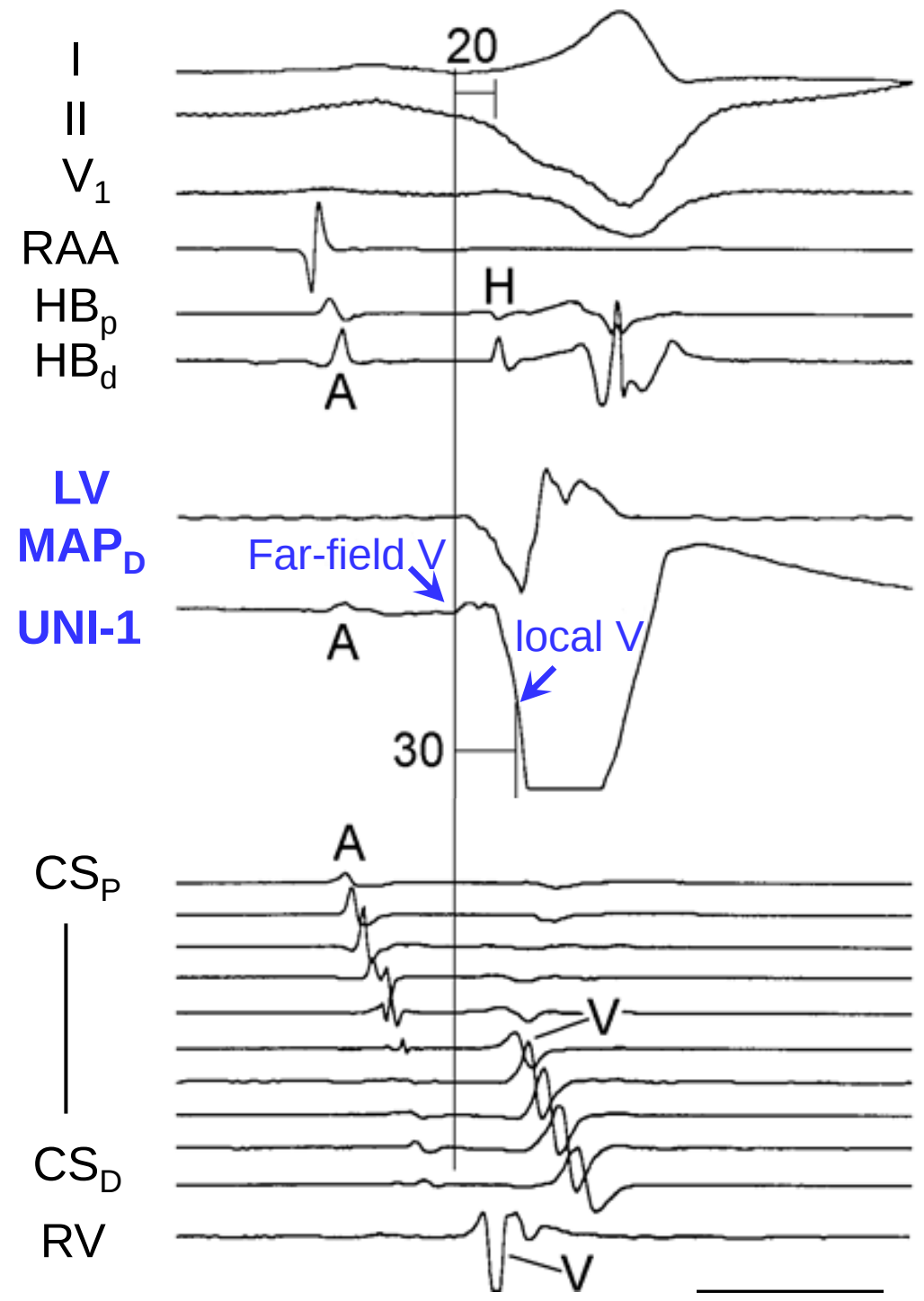
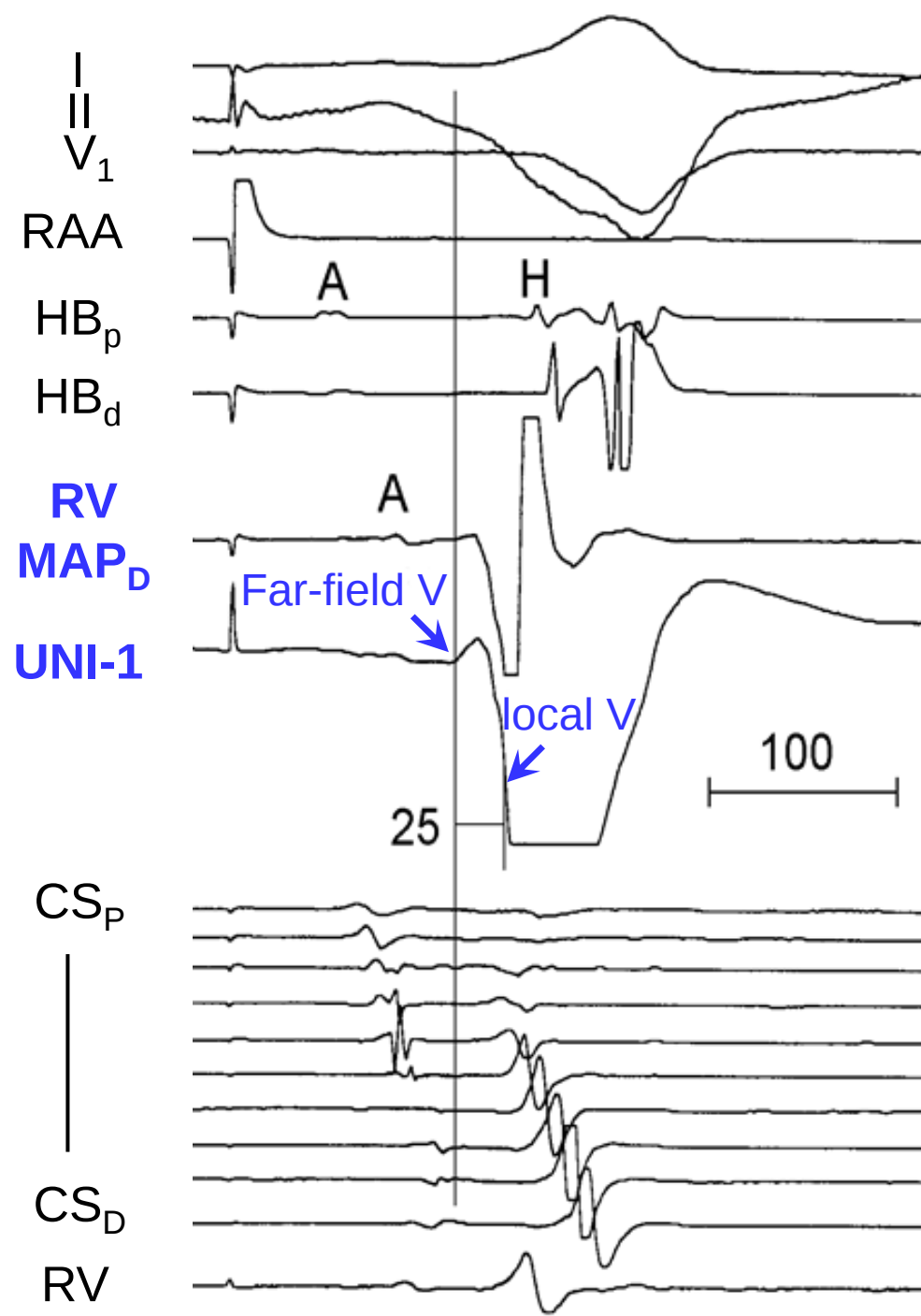


Fig 5.18A.

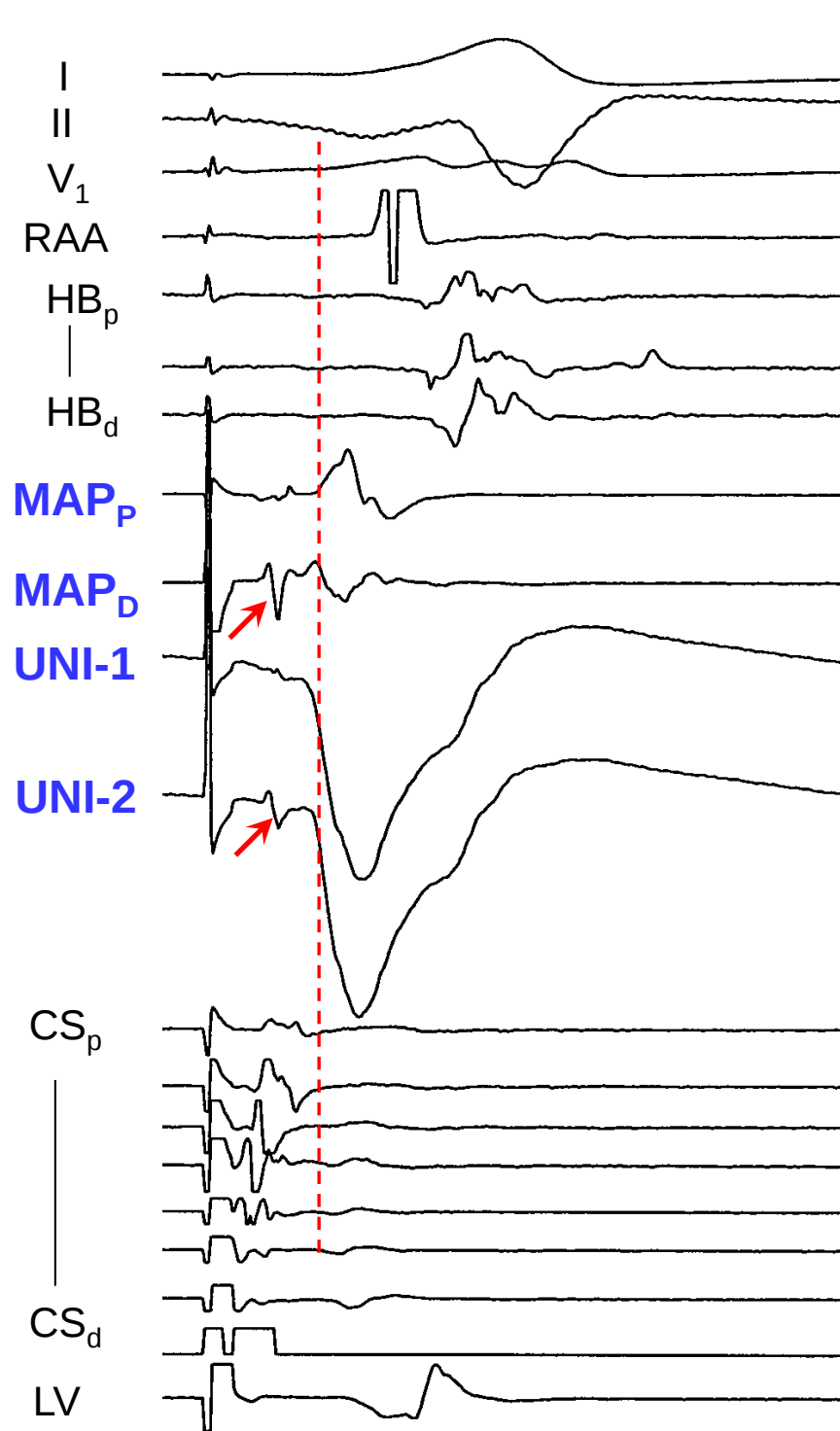
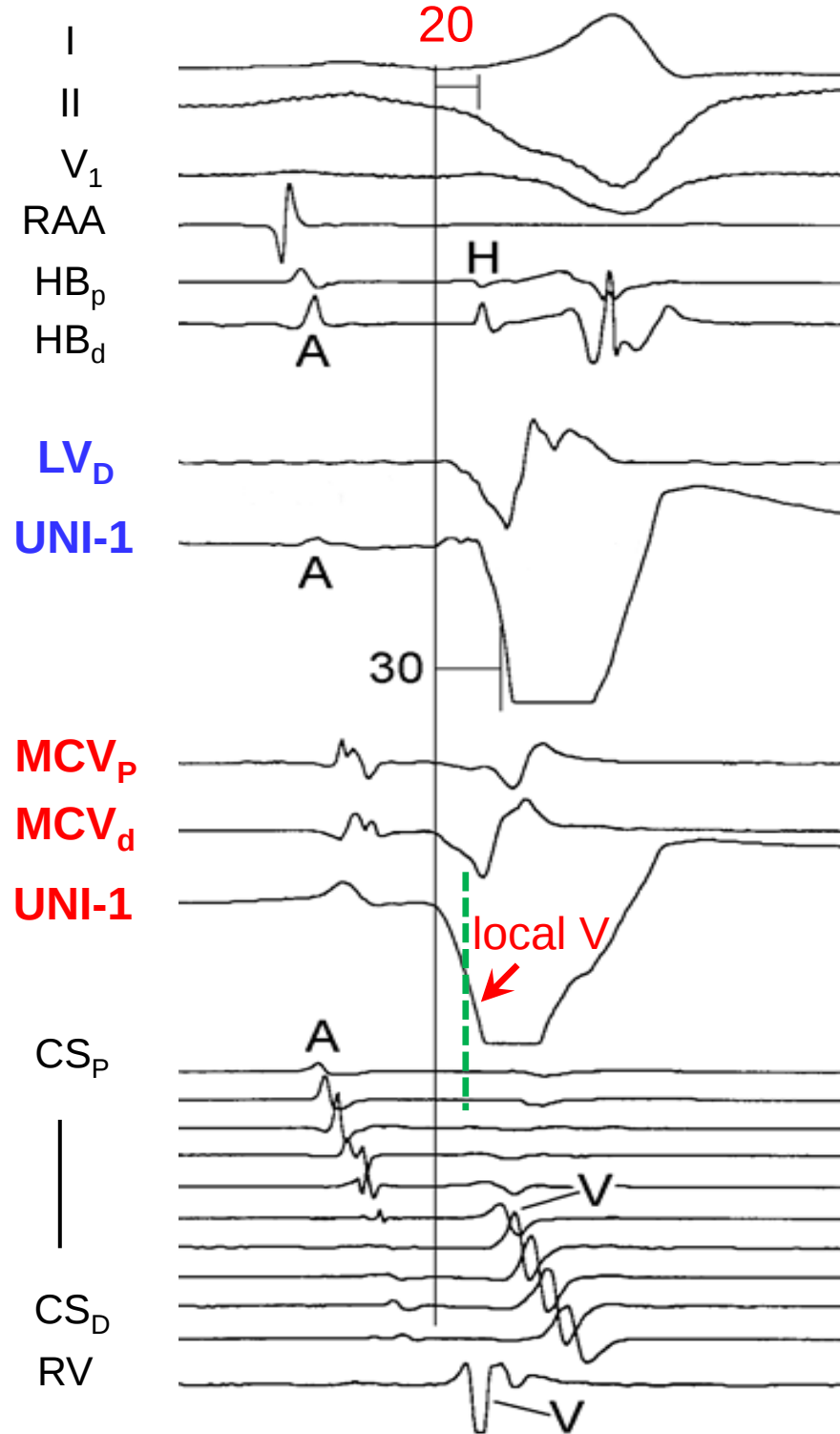


Fig 5.18B

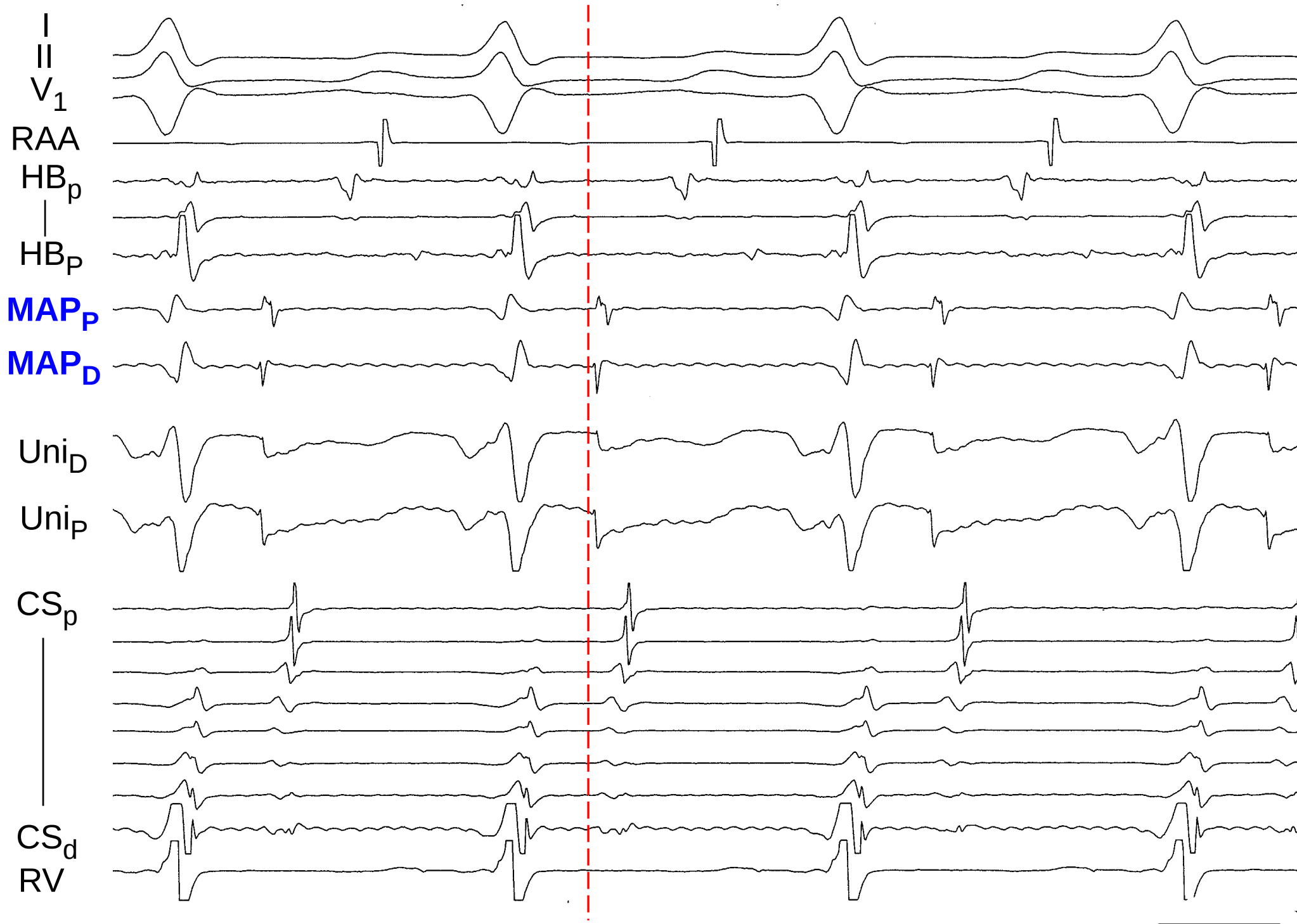


Figure 5.19A

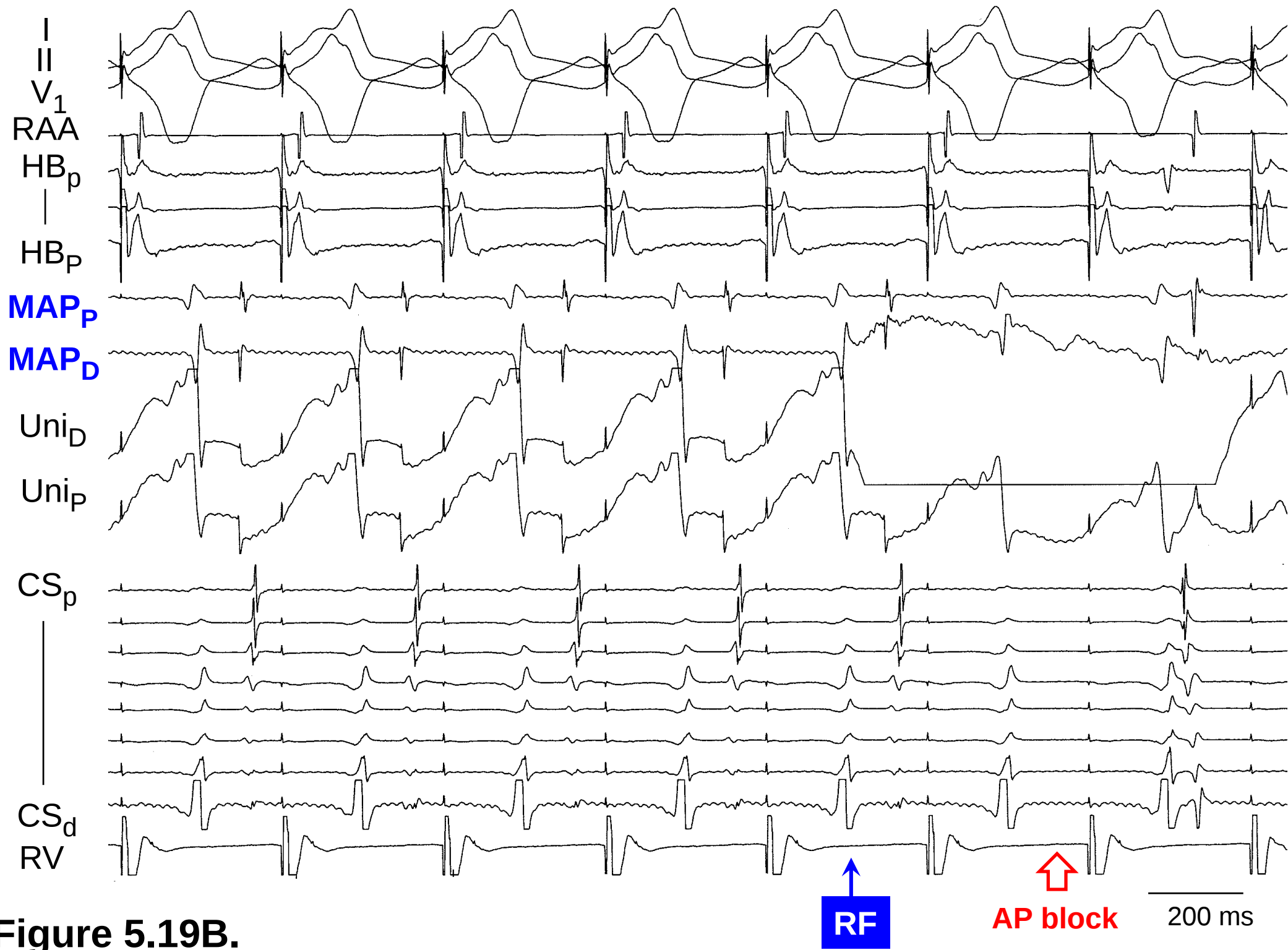


Figure 5.19B.

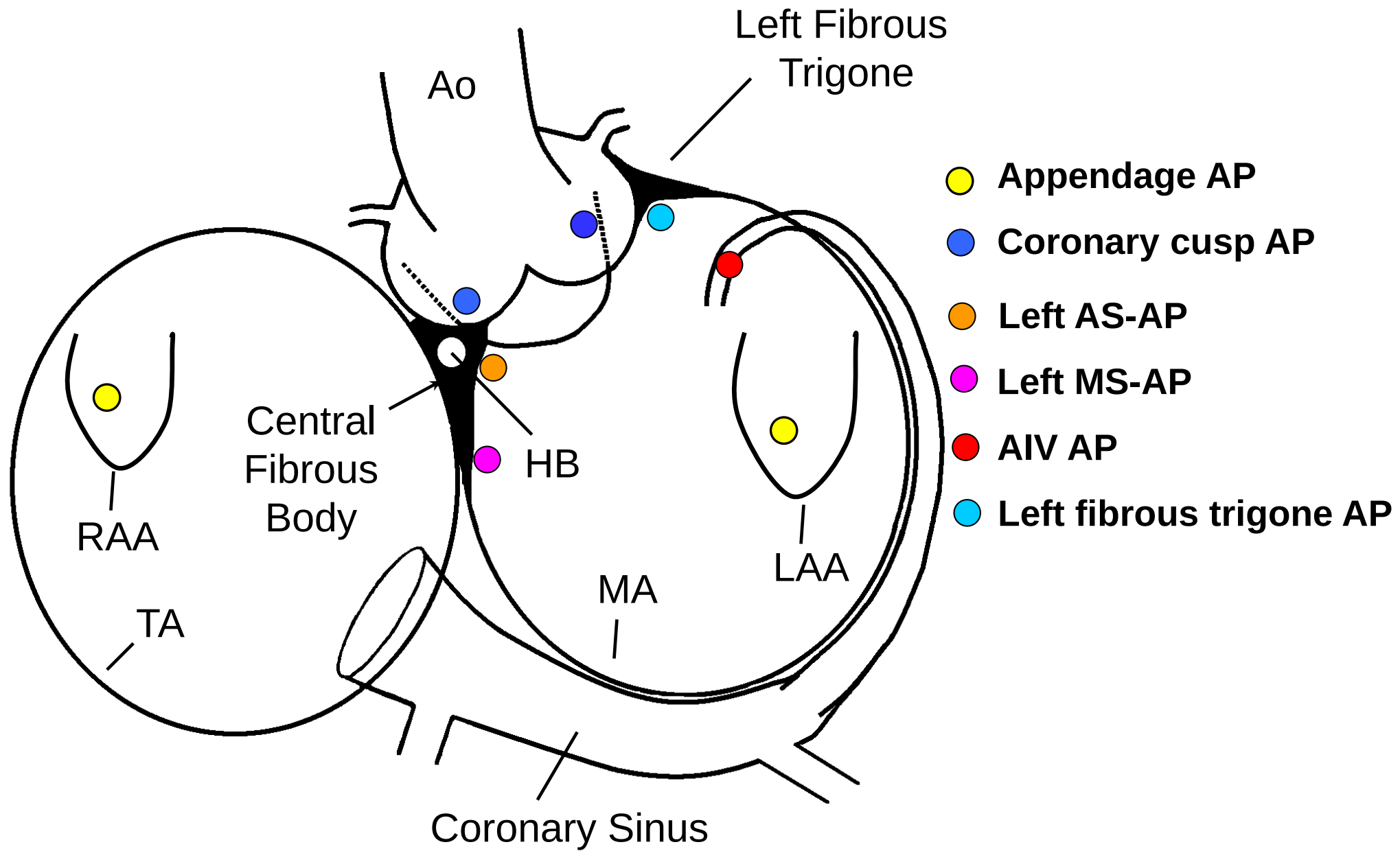


Fig 5.20A

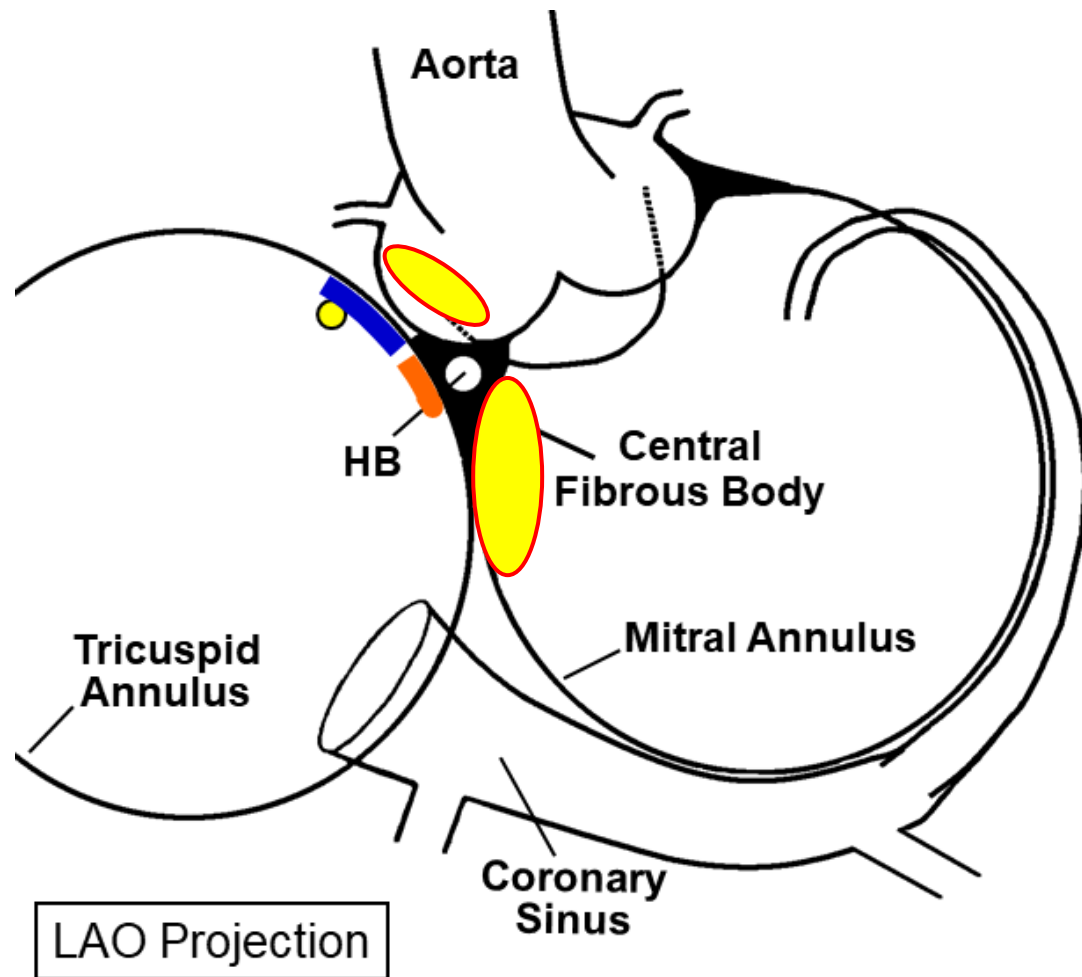
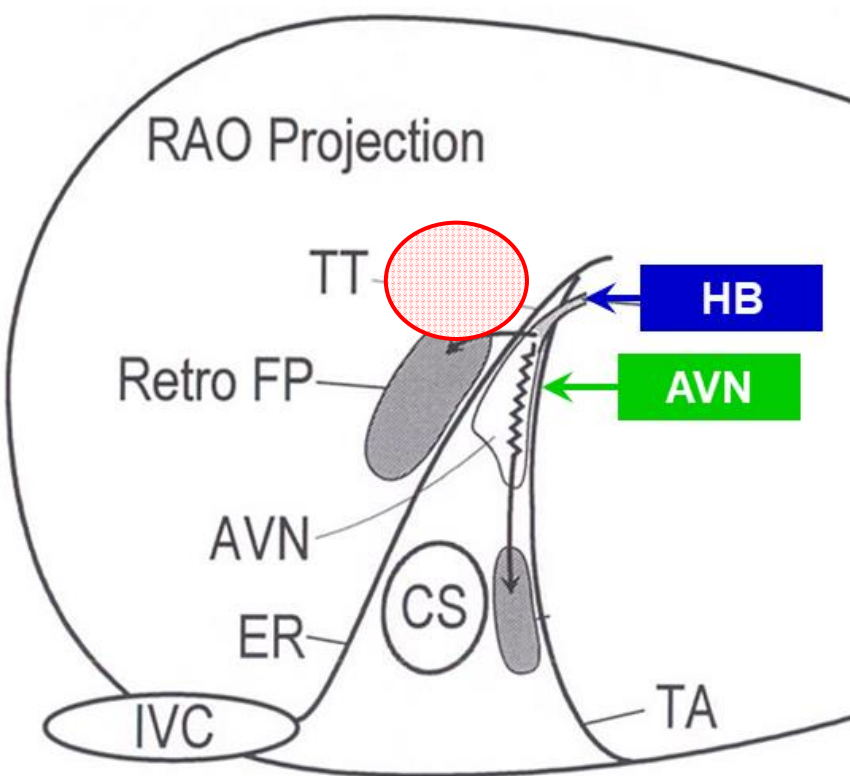


Fig. 5.-20B

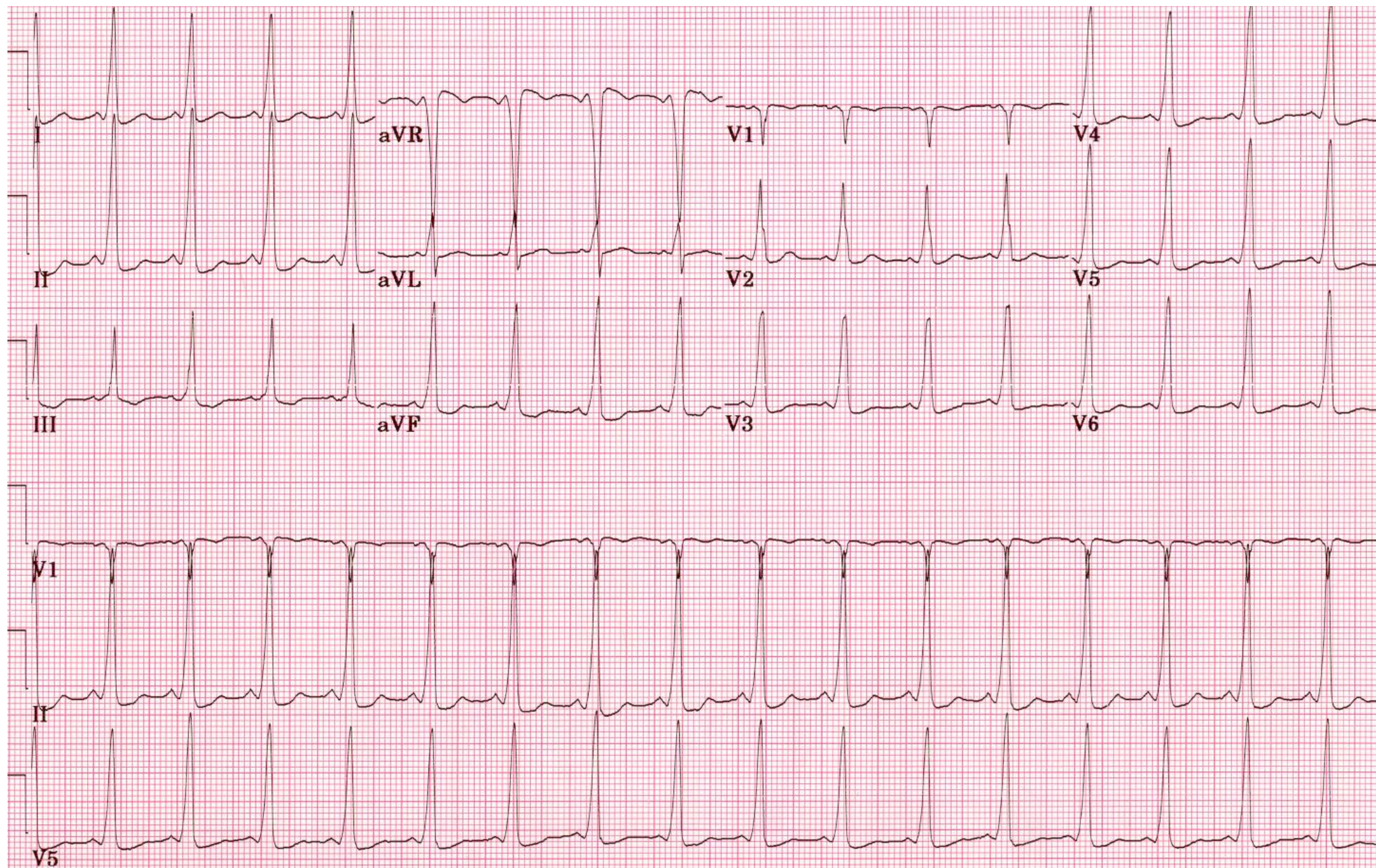


Fig 5.21A

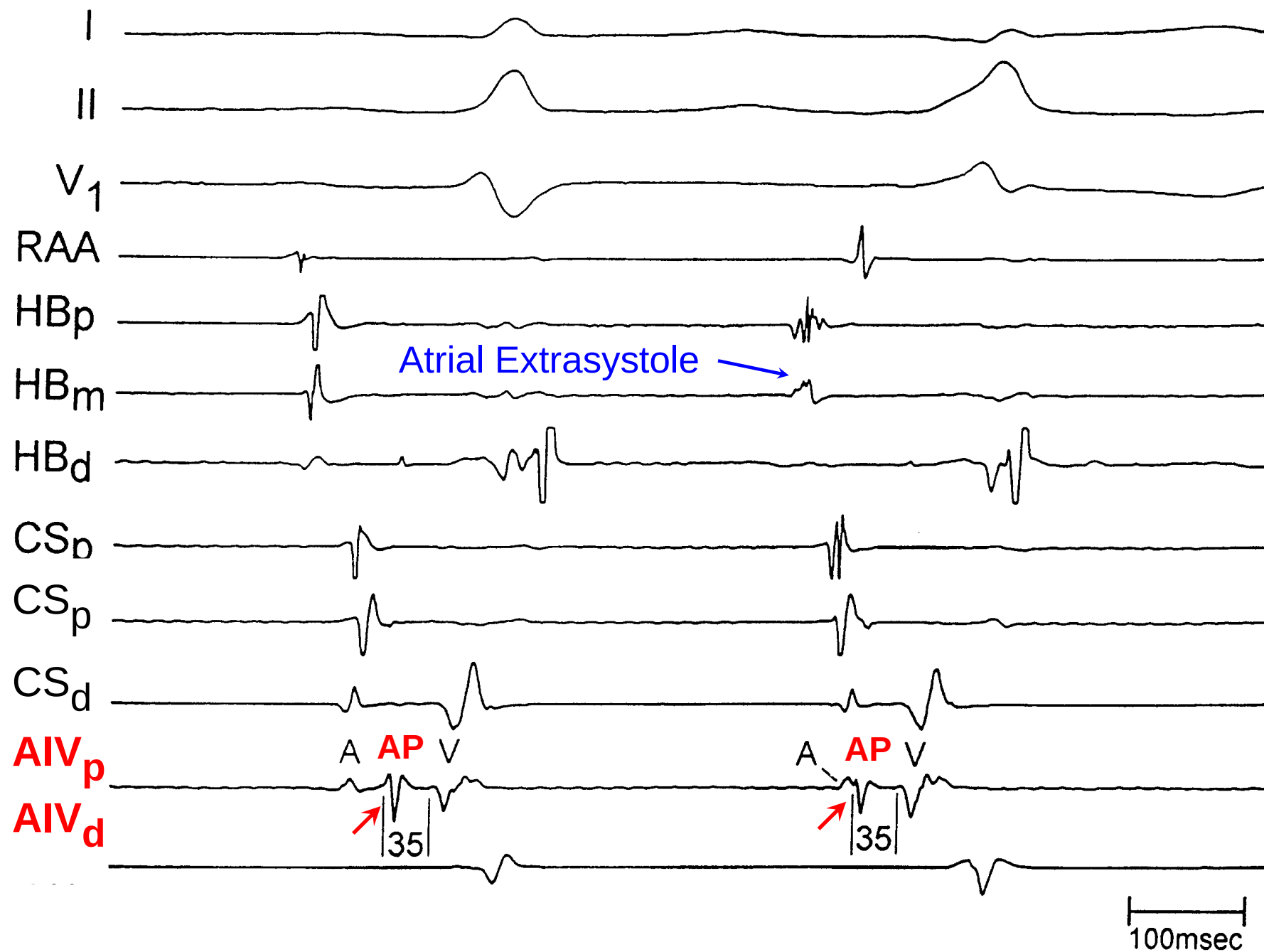


Figure 5.21B

Courtesy of Dr. Jackman

AP at the junction of great cardiac vein
and anterior interventricular vein

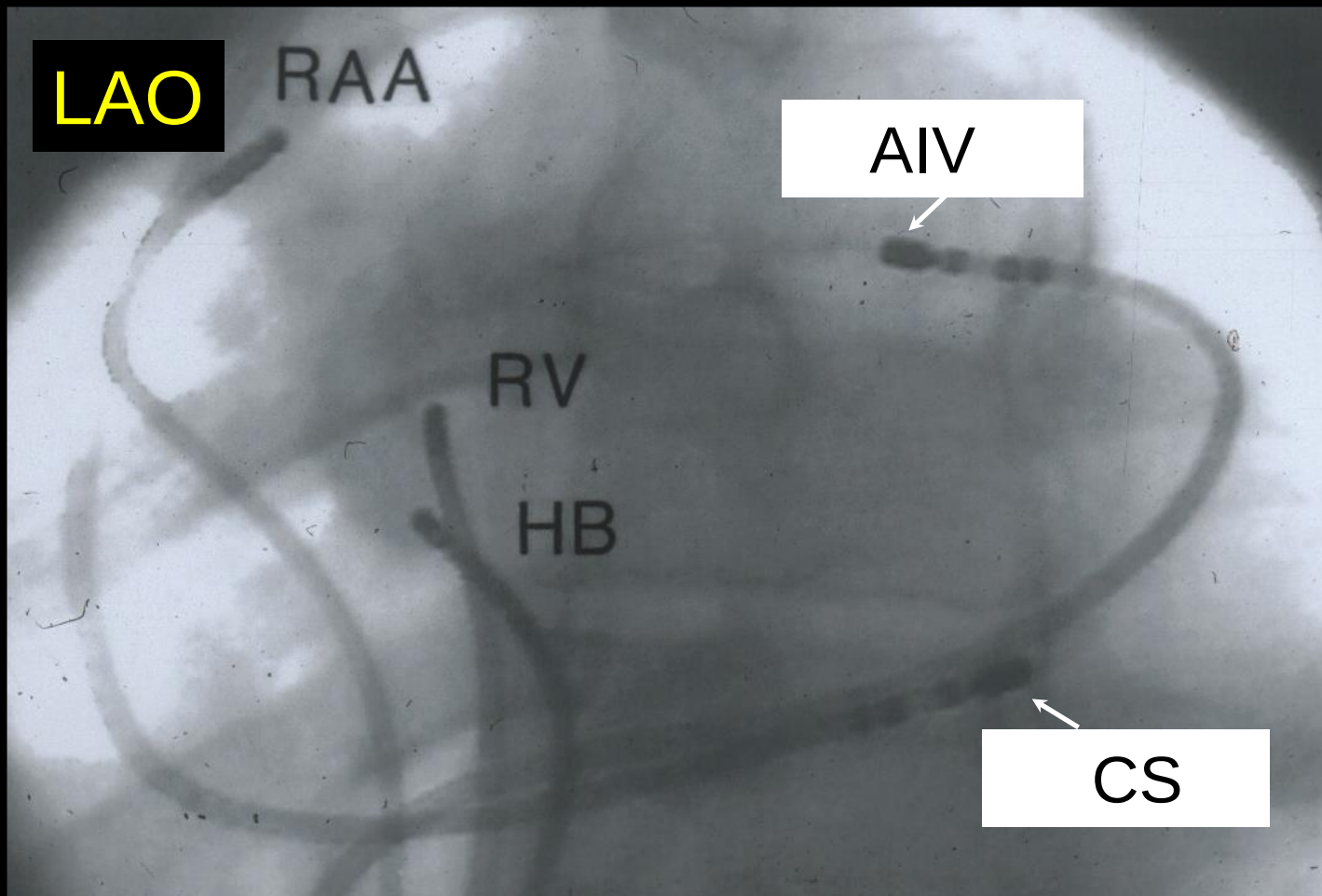


Figure 5.21C

Preexcitation Pattern Suggesting Left Anterolateral AP

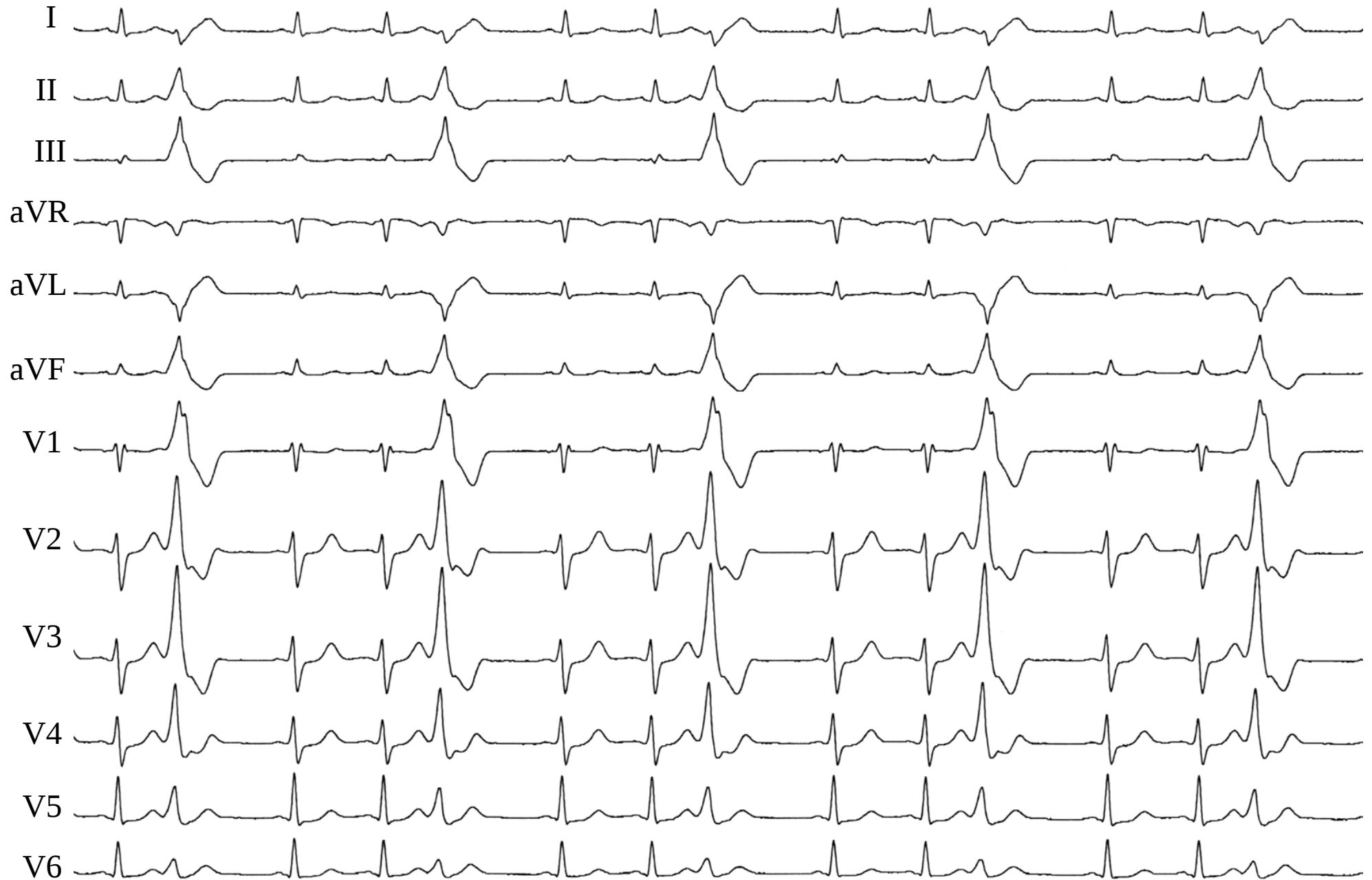


Figure 5.21D

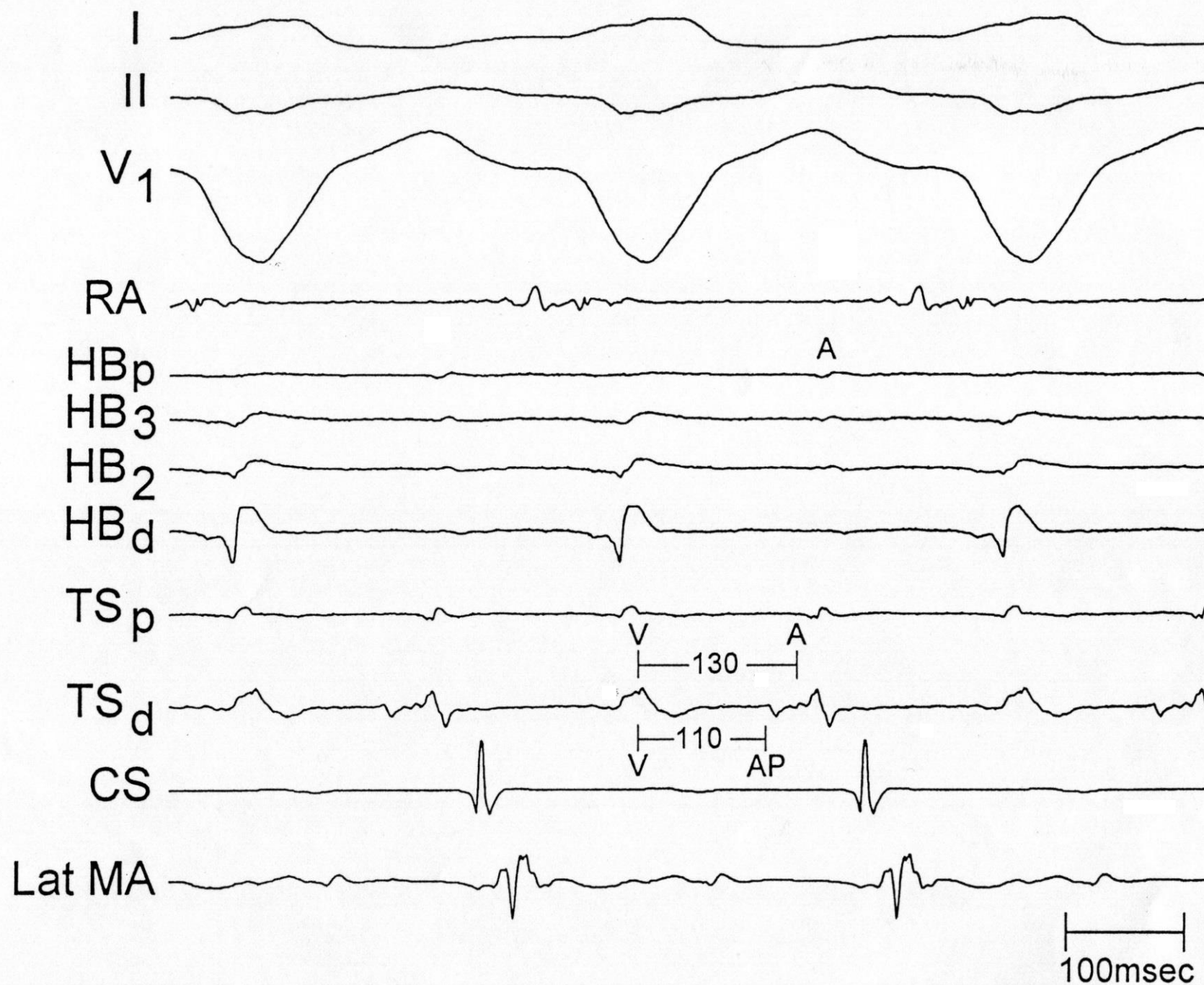


Figure 5.21E

Courtesy of Dr. Jackman

Left Coronary Cusp

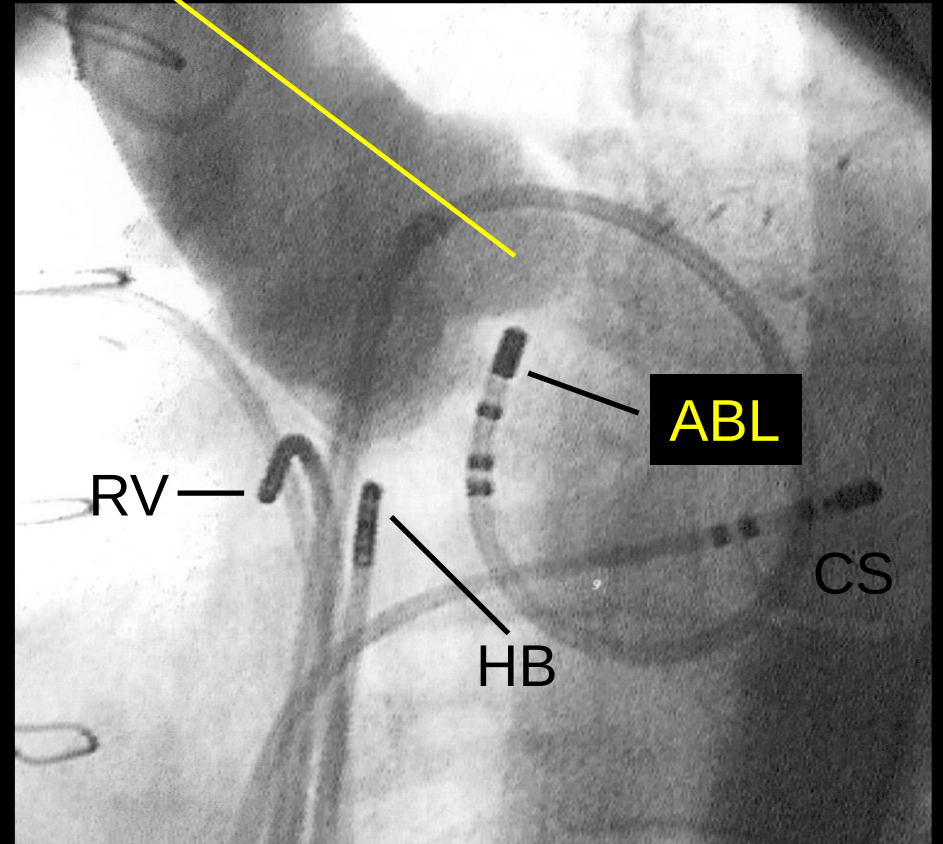
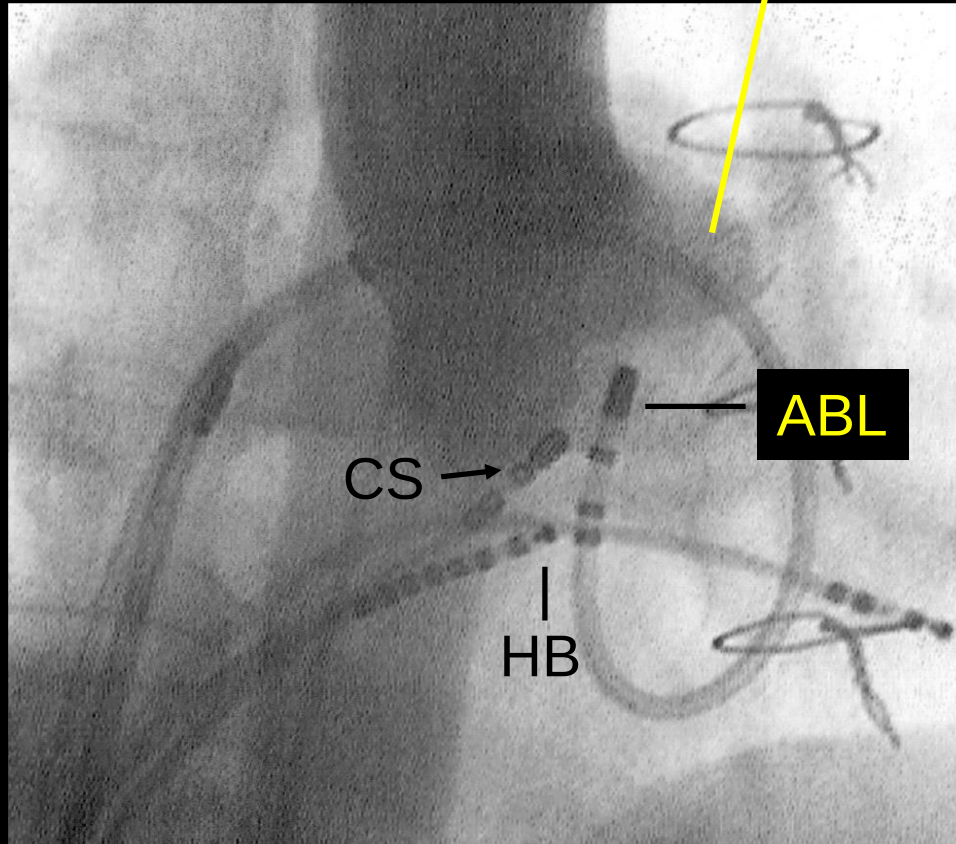


Figure 5.21F

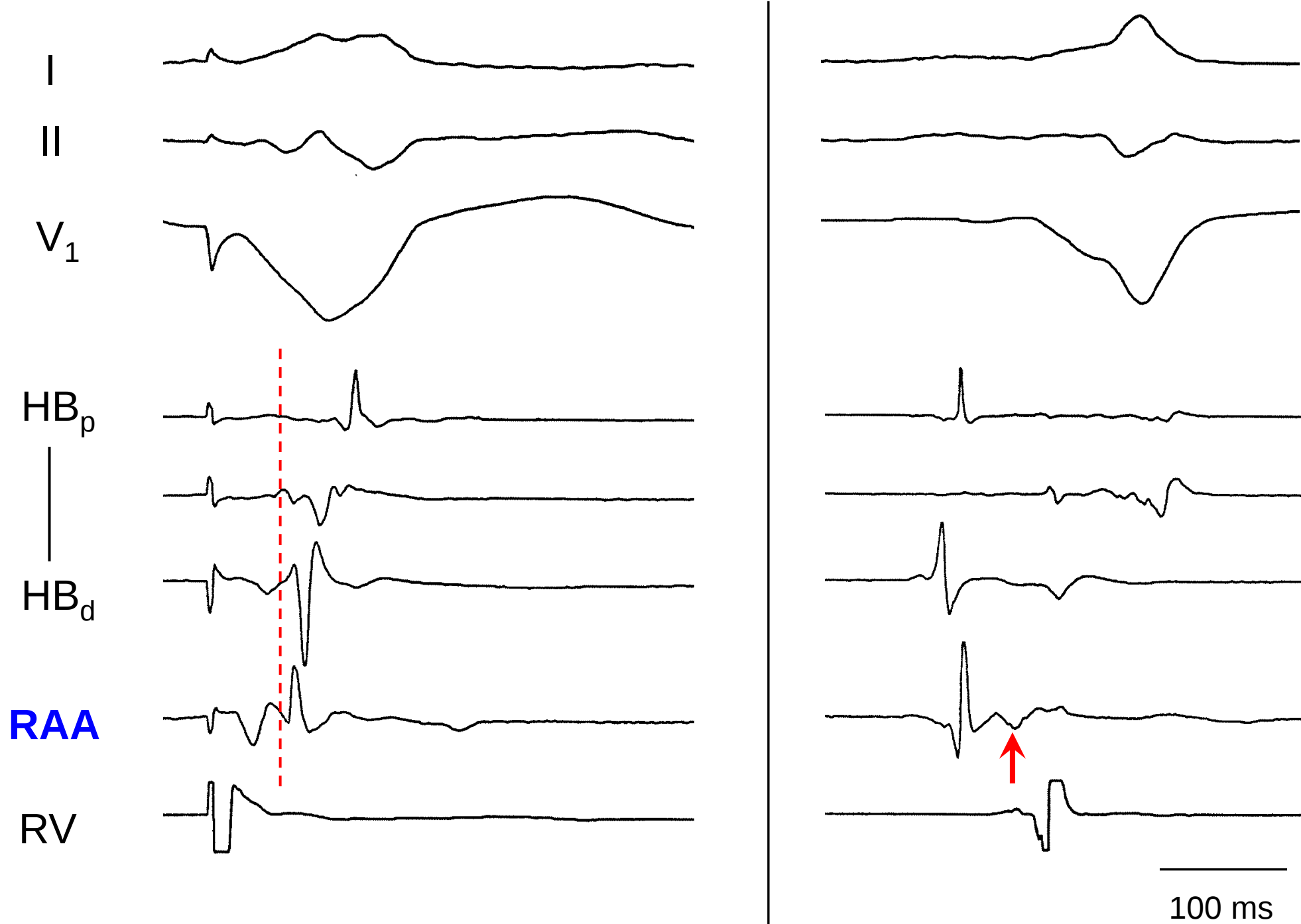


Fig 5.22

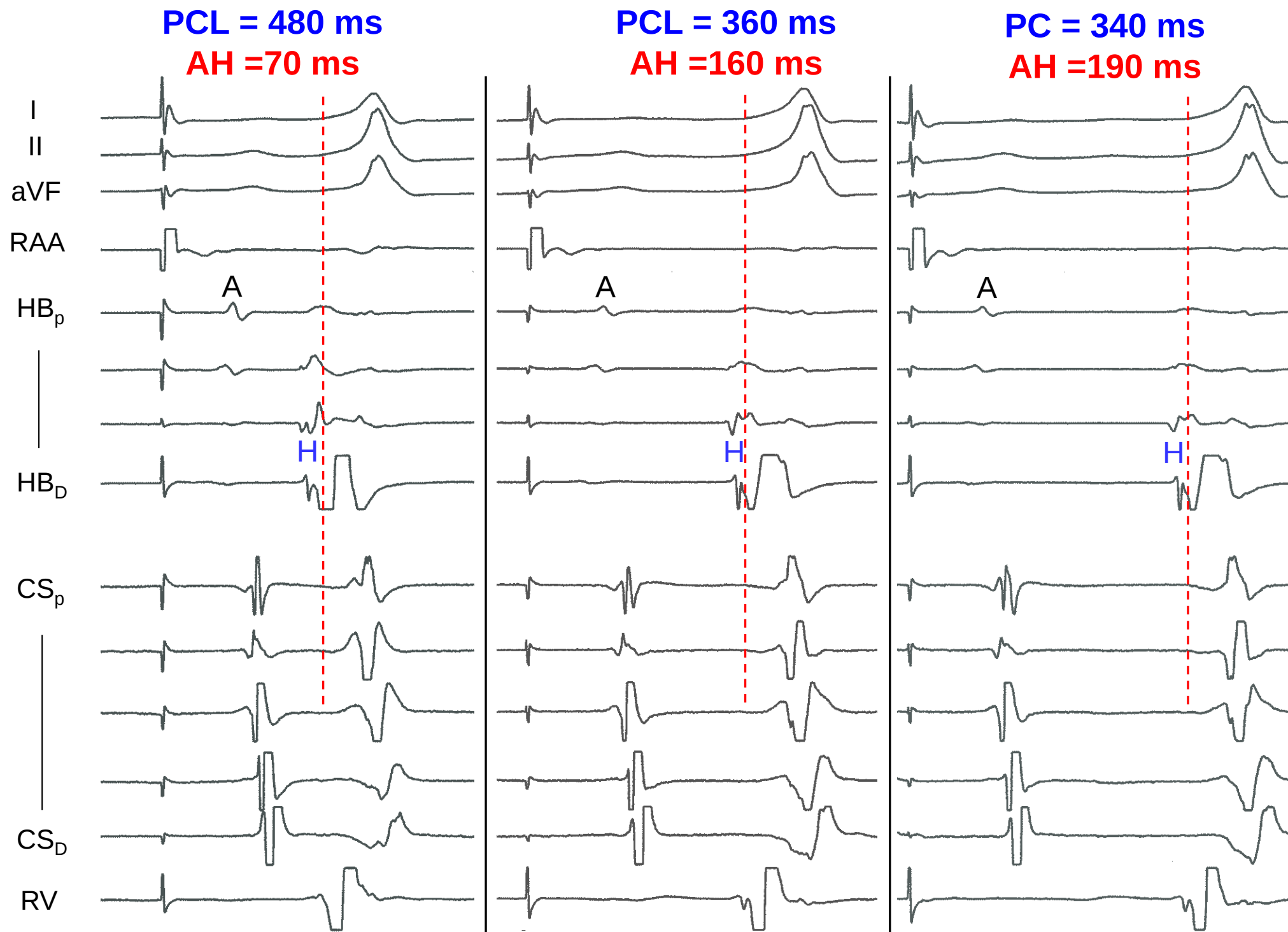


Figure 5.23A

PCL = 580 ms

HV = 0 ms

PCL = 460 ms

HV = - 10 ms

PCL = 300 ms

HV = - 40 ms

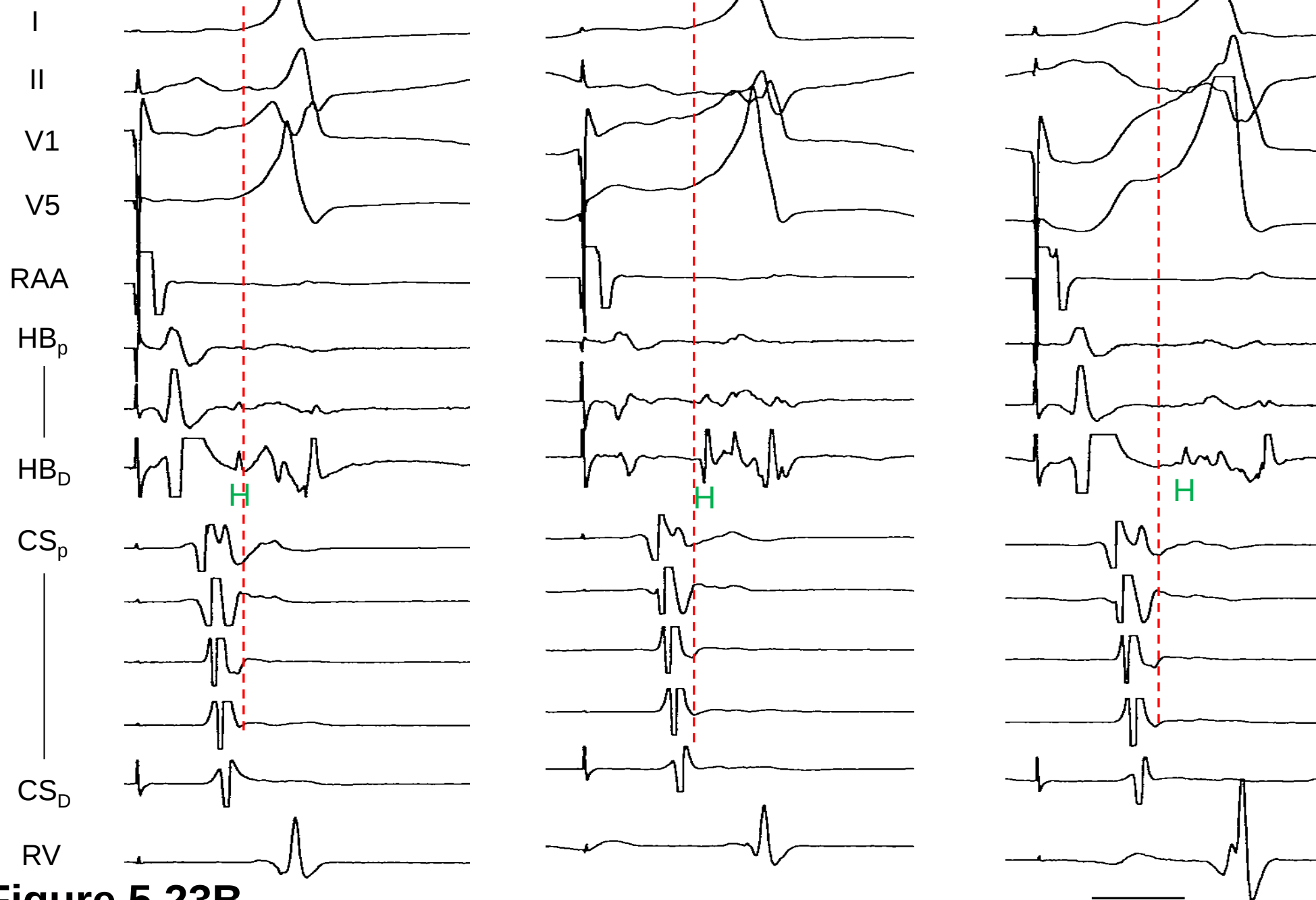


Figure 5.23B

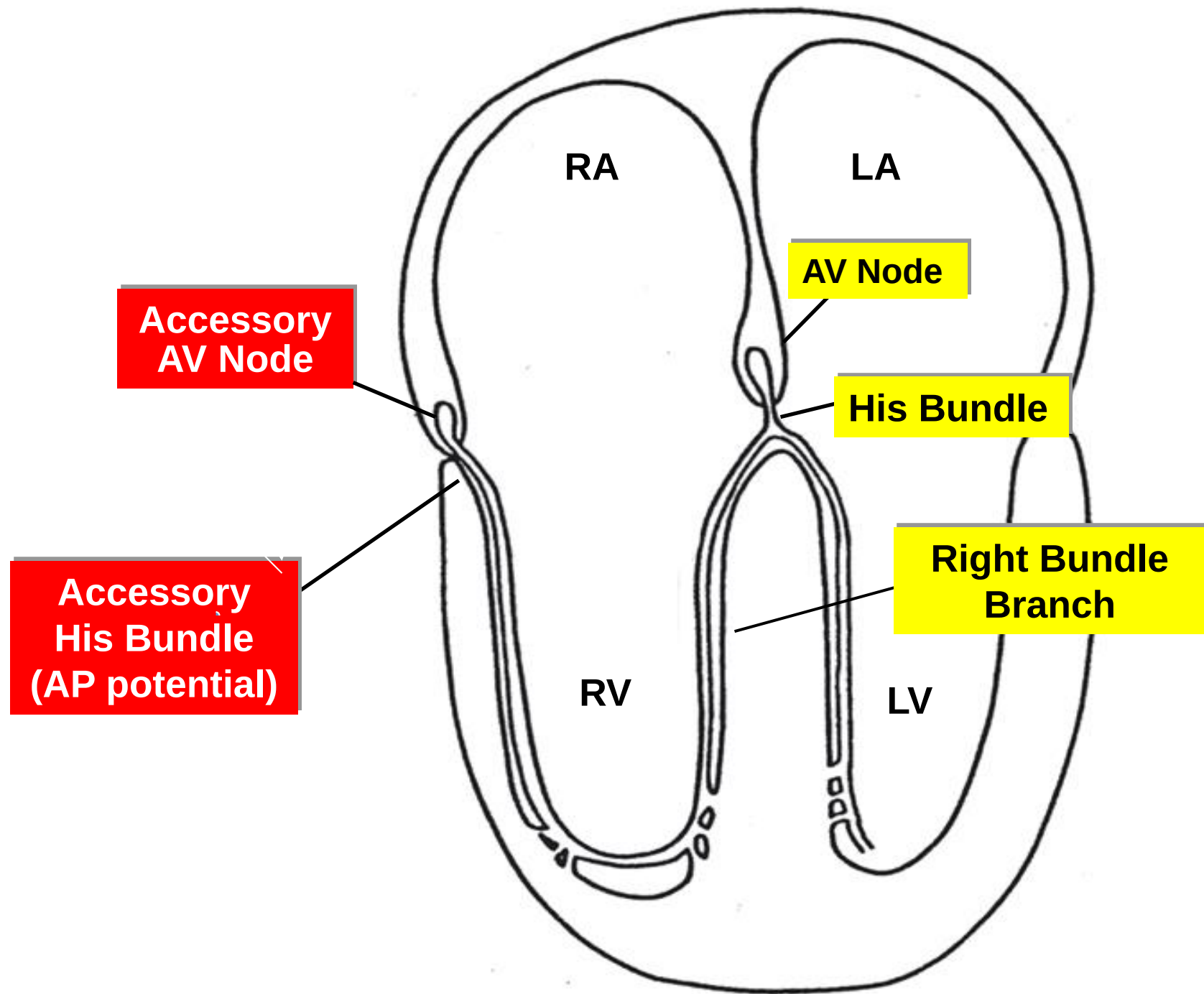


Figure 5.24A

Decremental Atrial Pacing

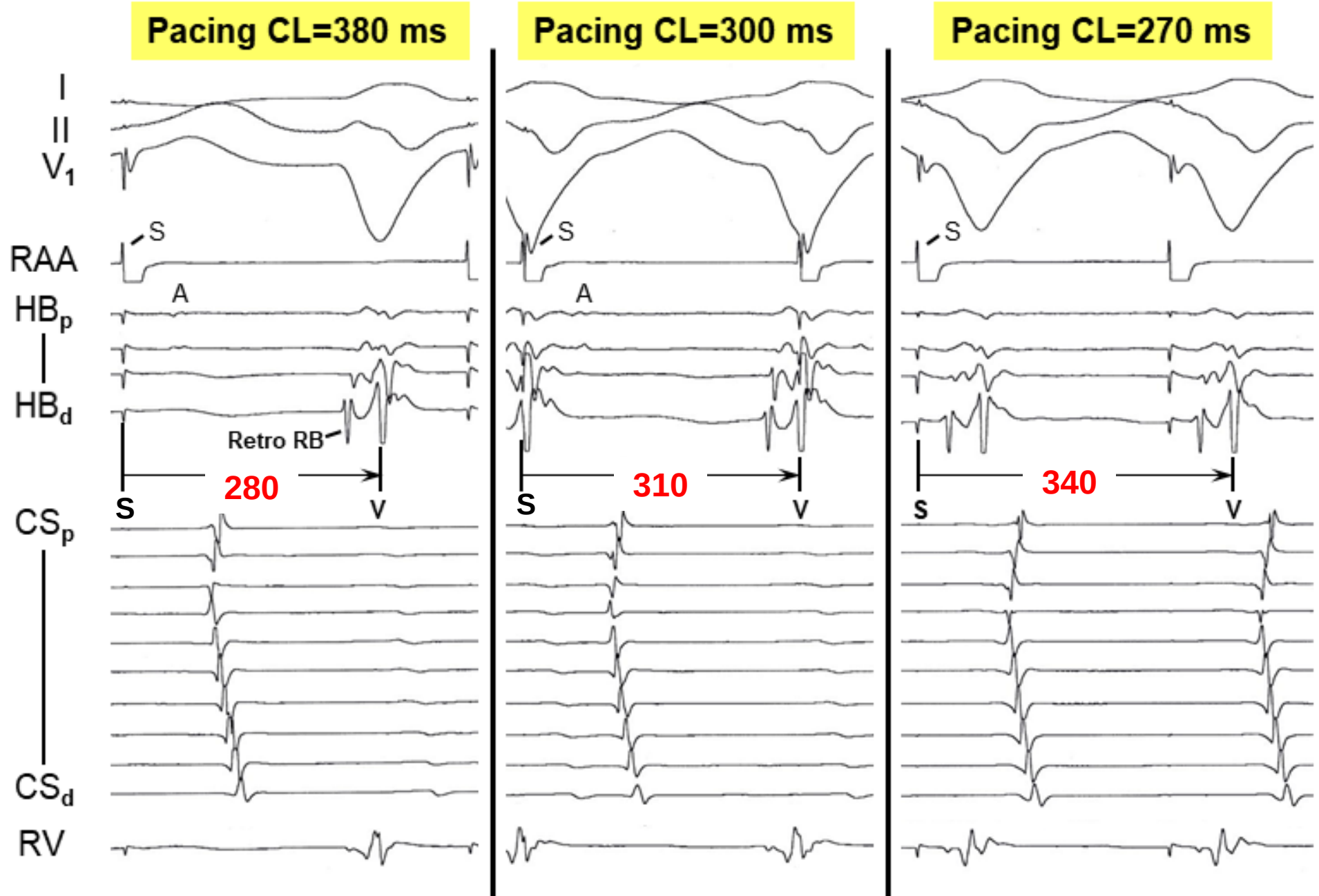


Figure 5.24B

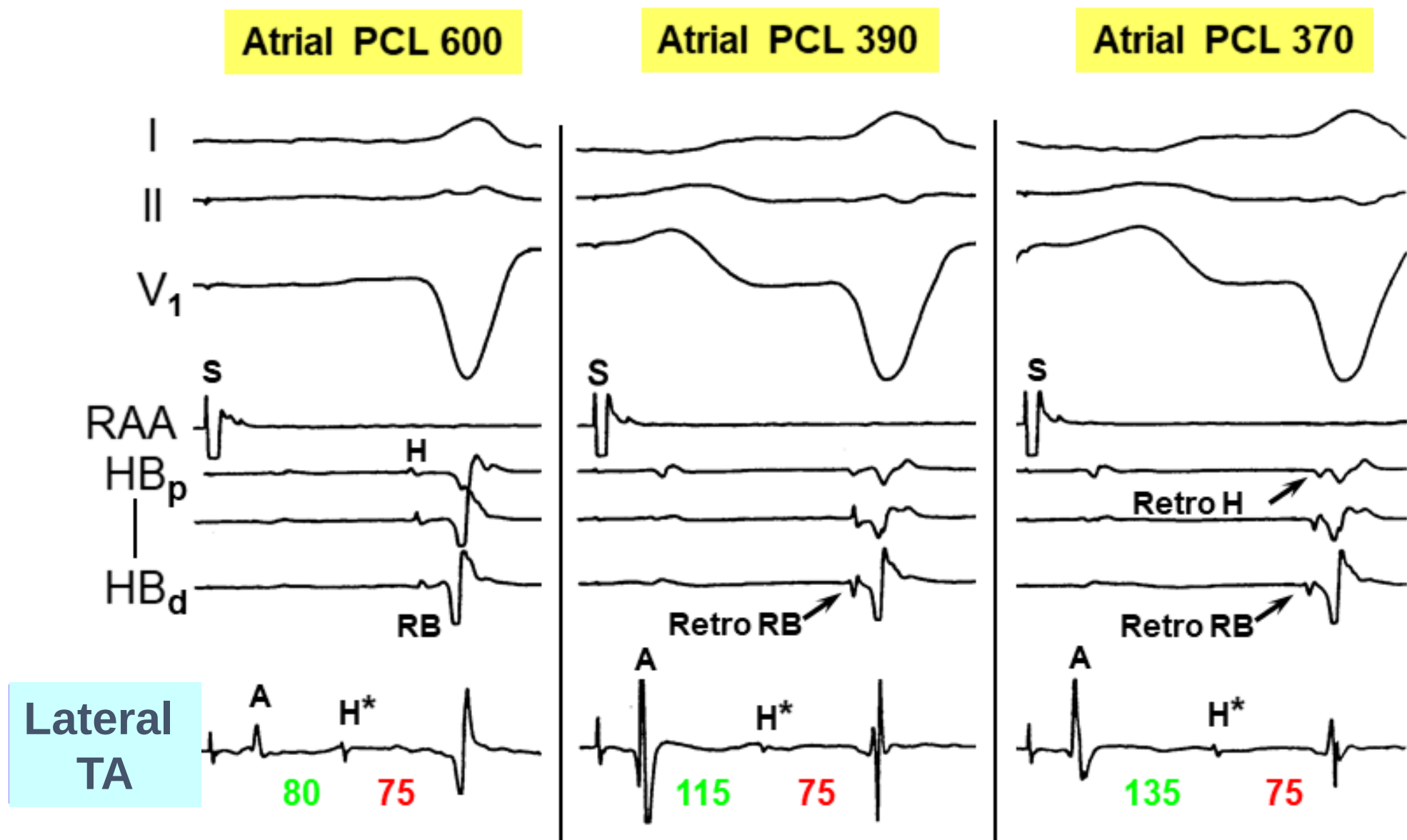


Figure 5.24C

Adenosine 12 mg

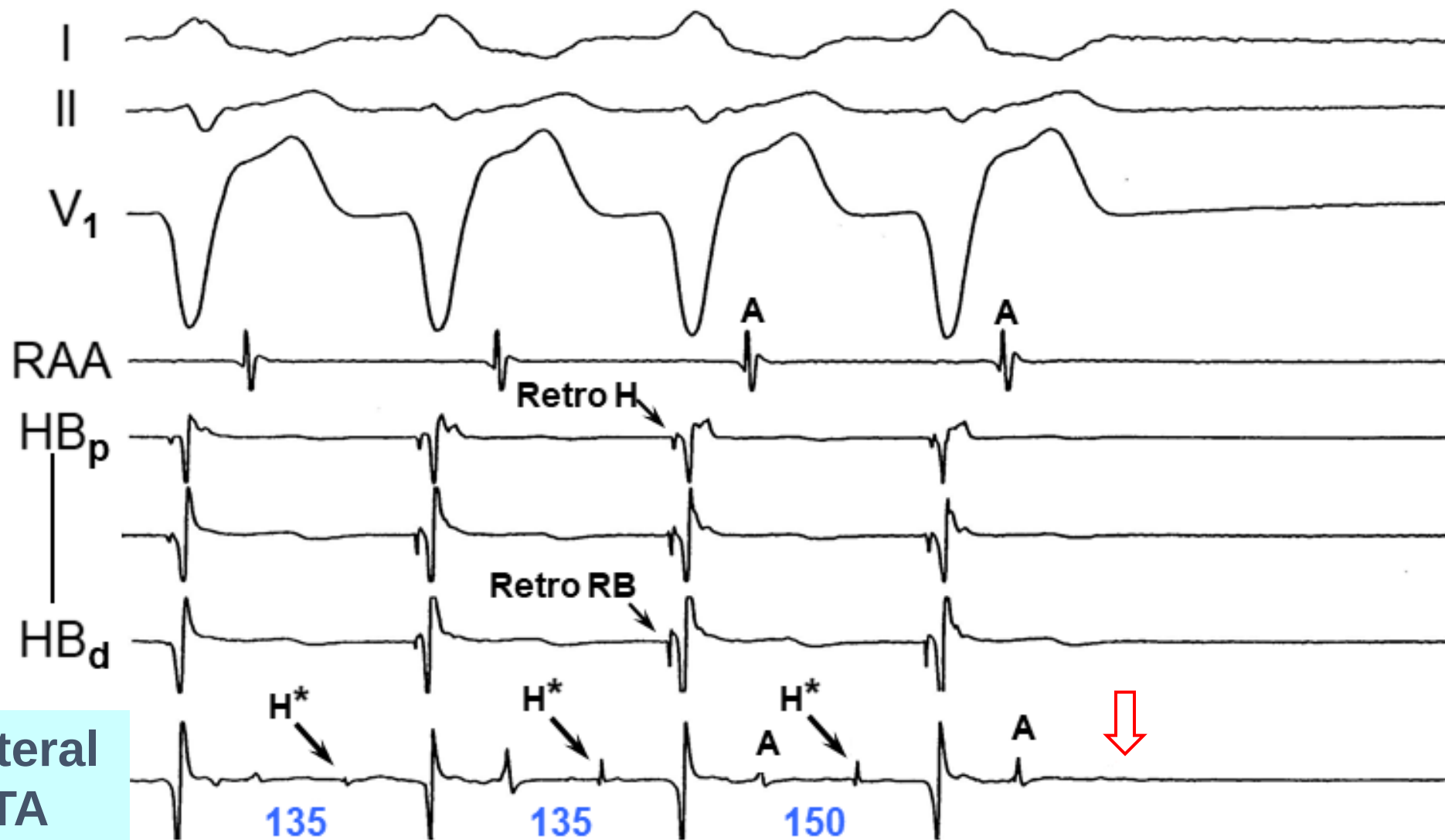
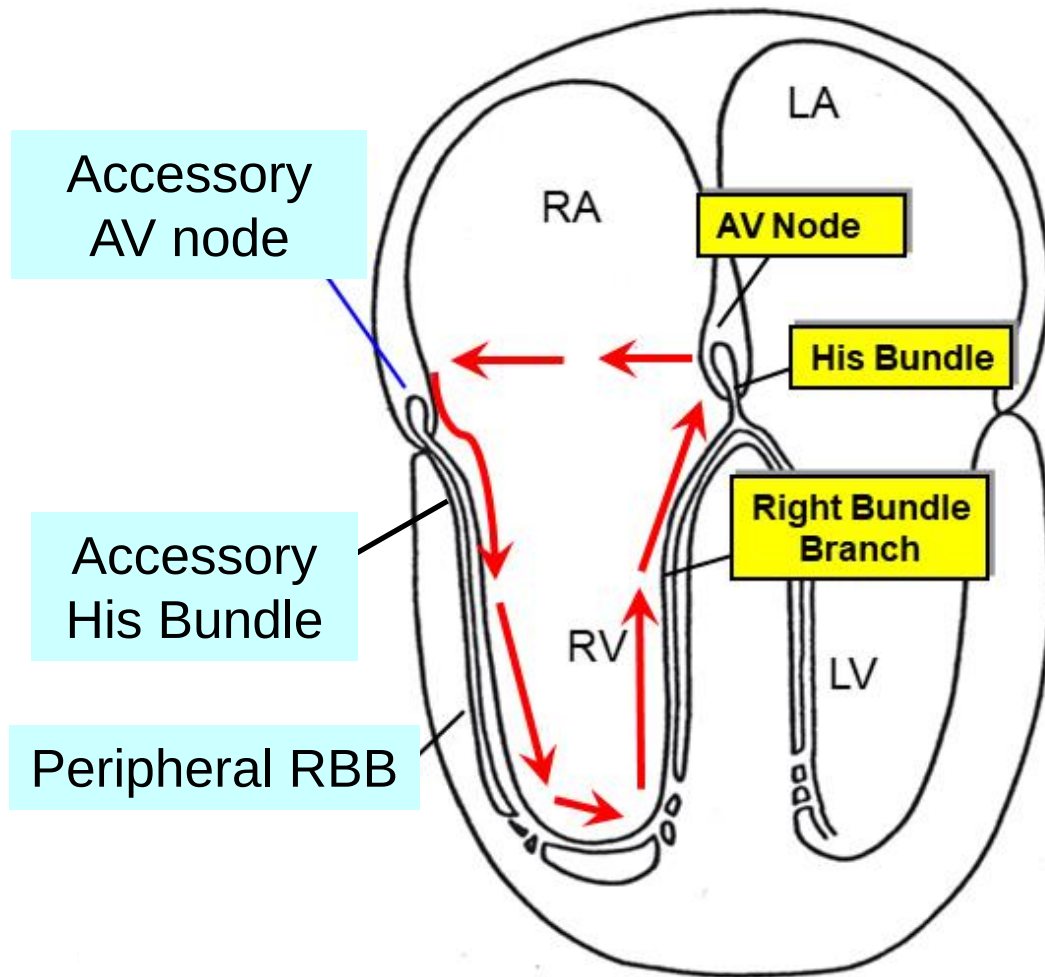
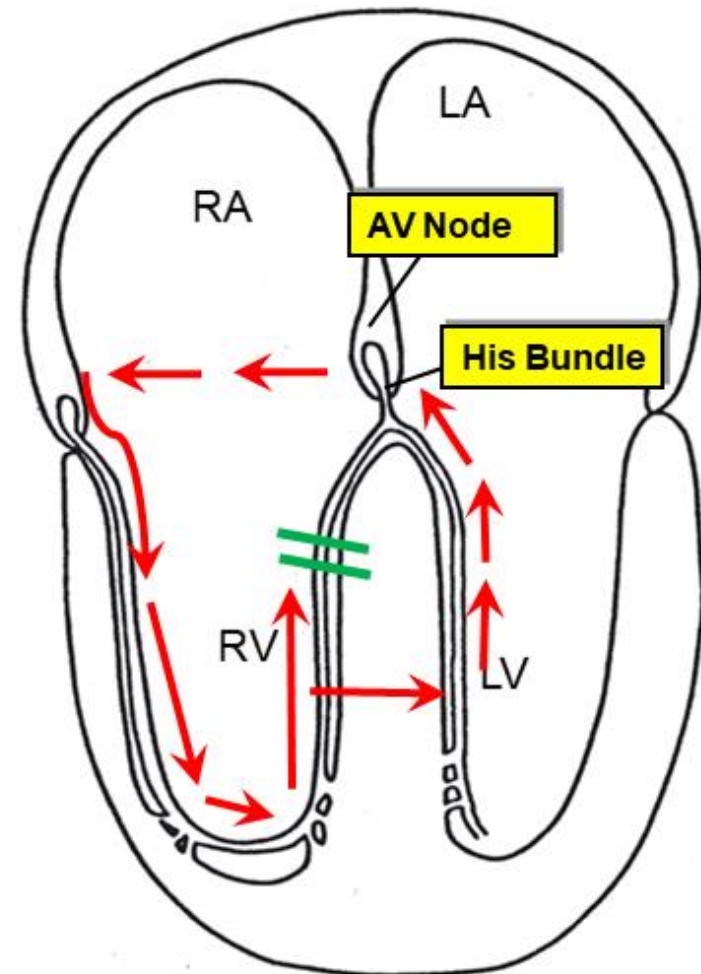


Figure 5.24D

Antidromic AVRT



Antidromic AVRT with RBBB



- Longer VH interval
- Longer VA interval

Figure 5.25A

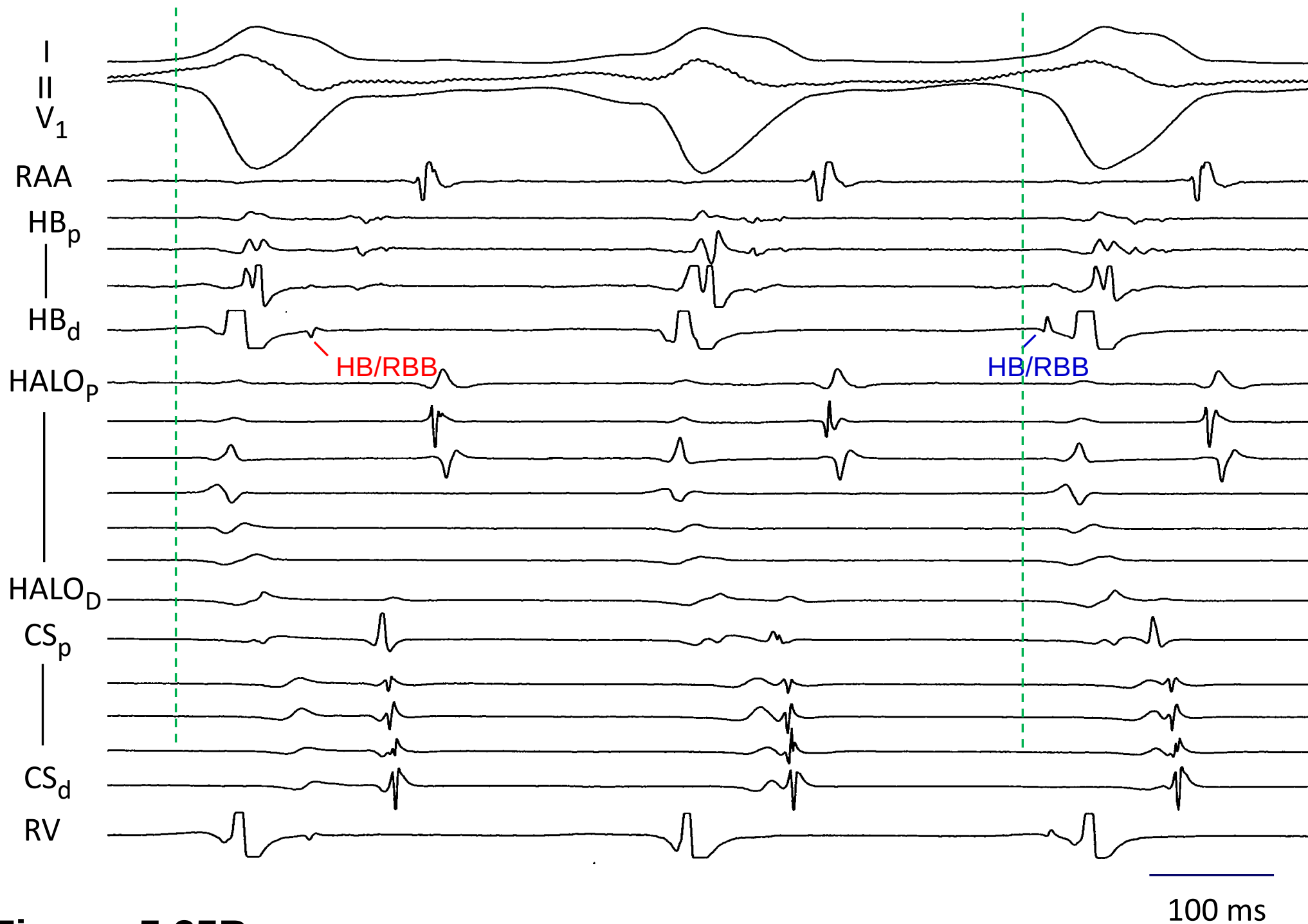


Figure 5.25B

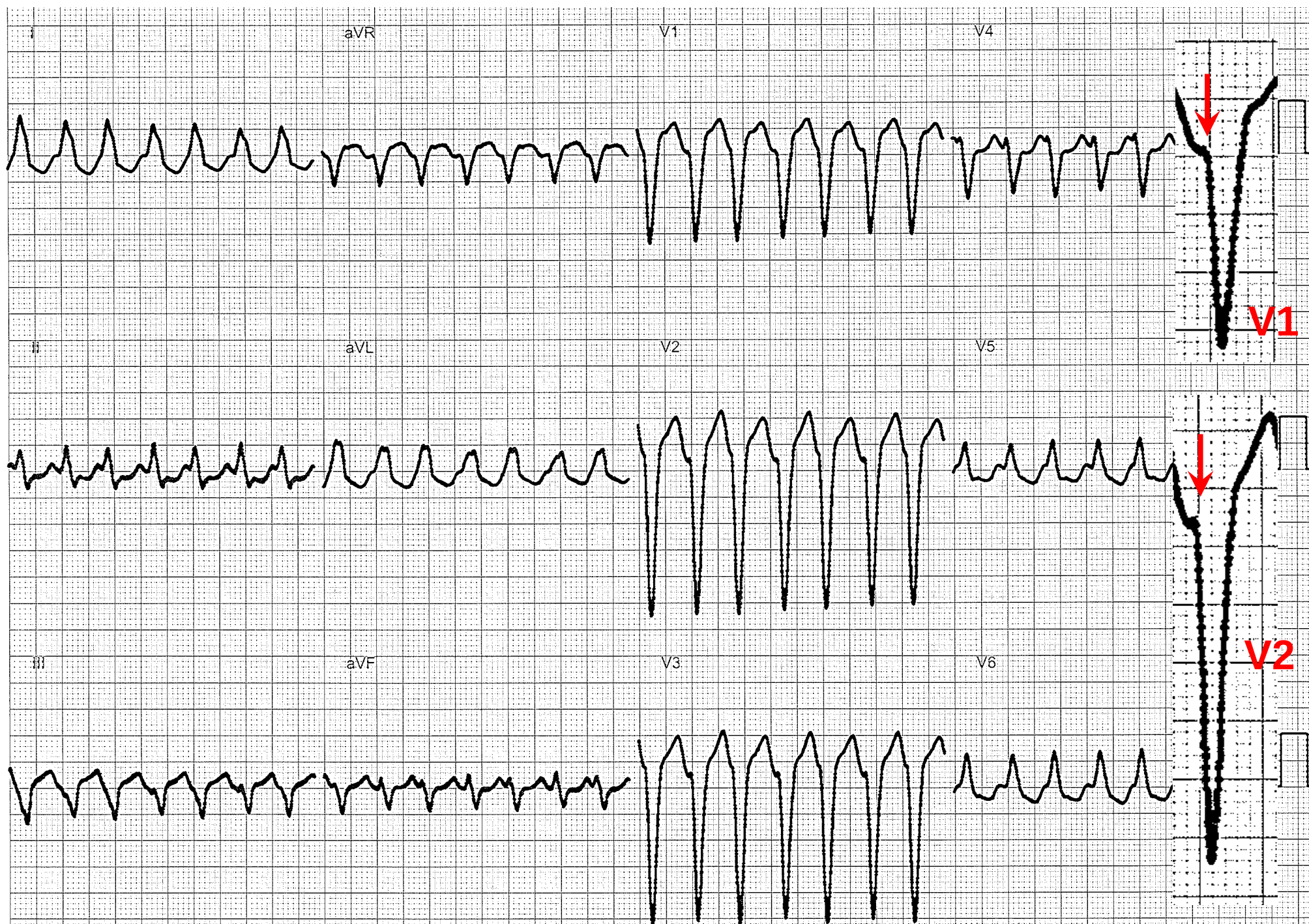


Figure 5.26A

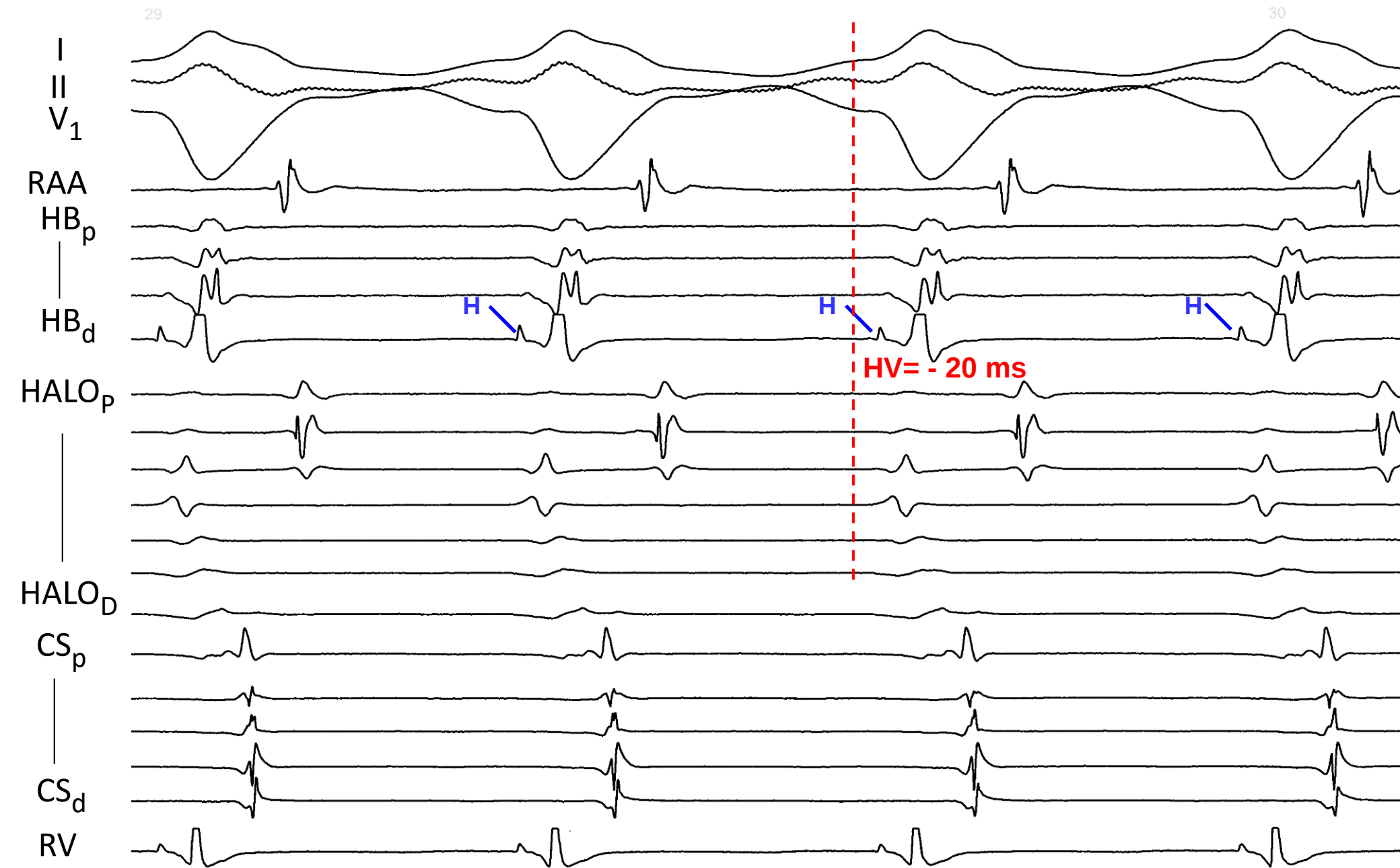
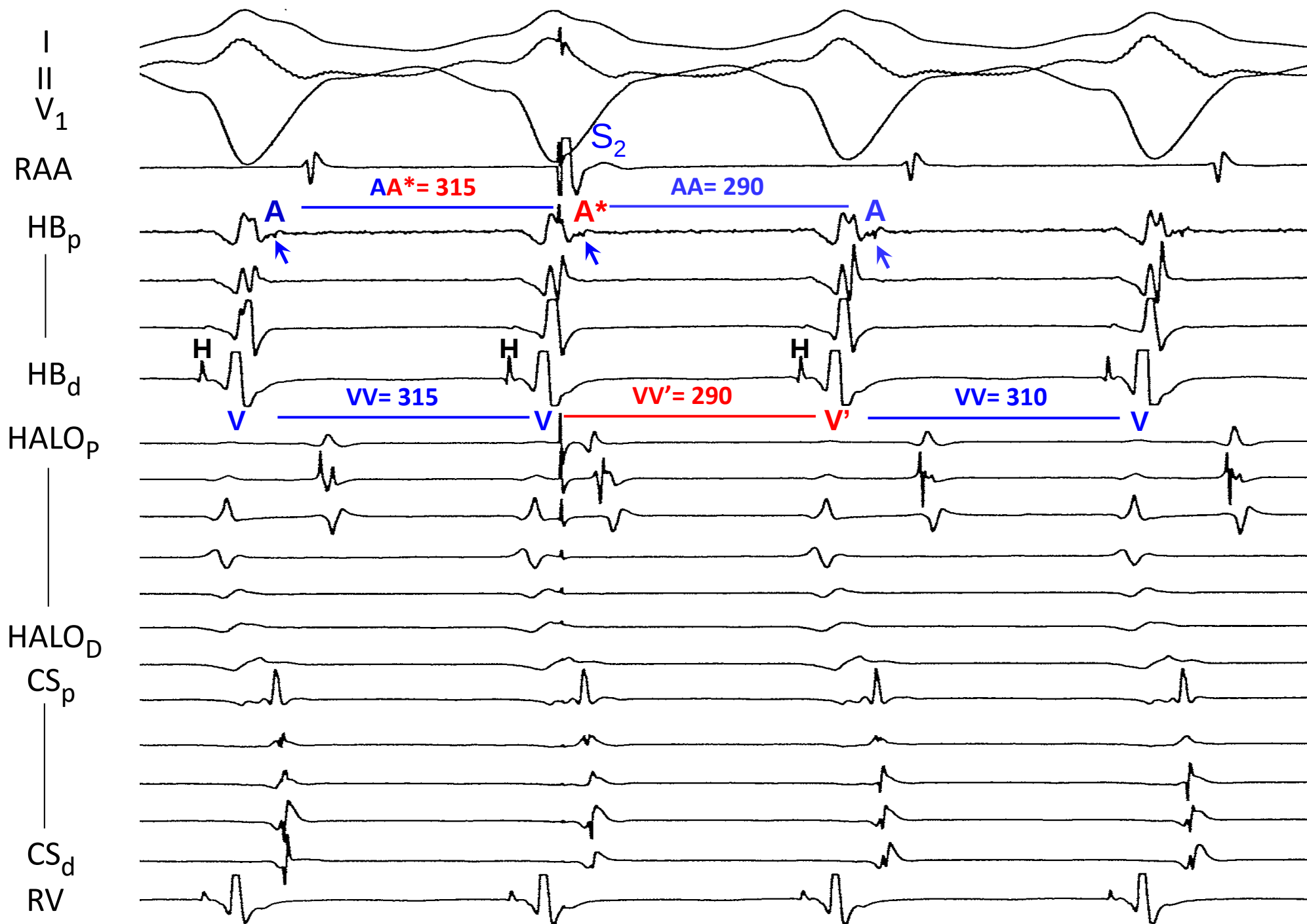
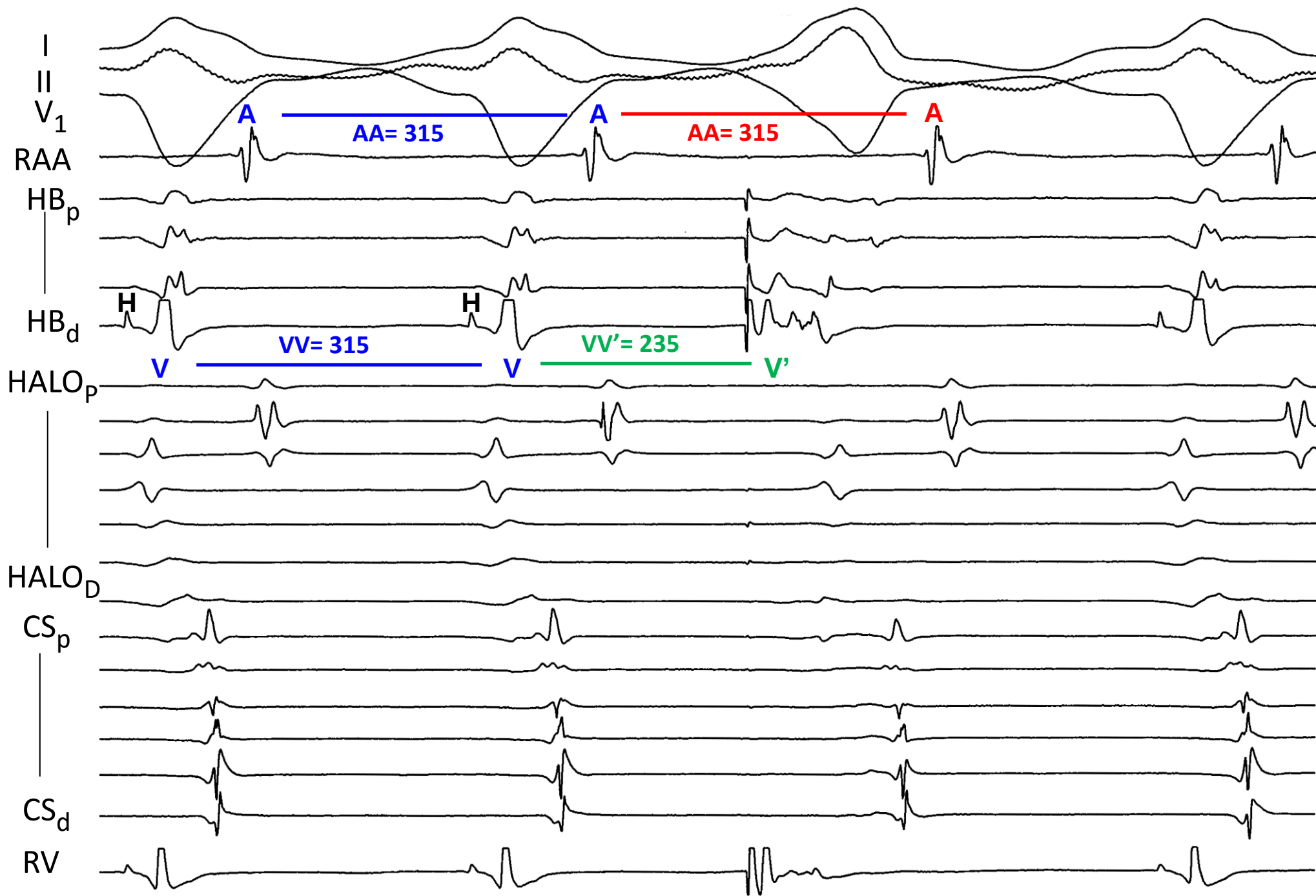


Figure 5.26B.



200 ms

Figure 5.26C.



100 ms

Figure 5.26D.

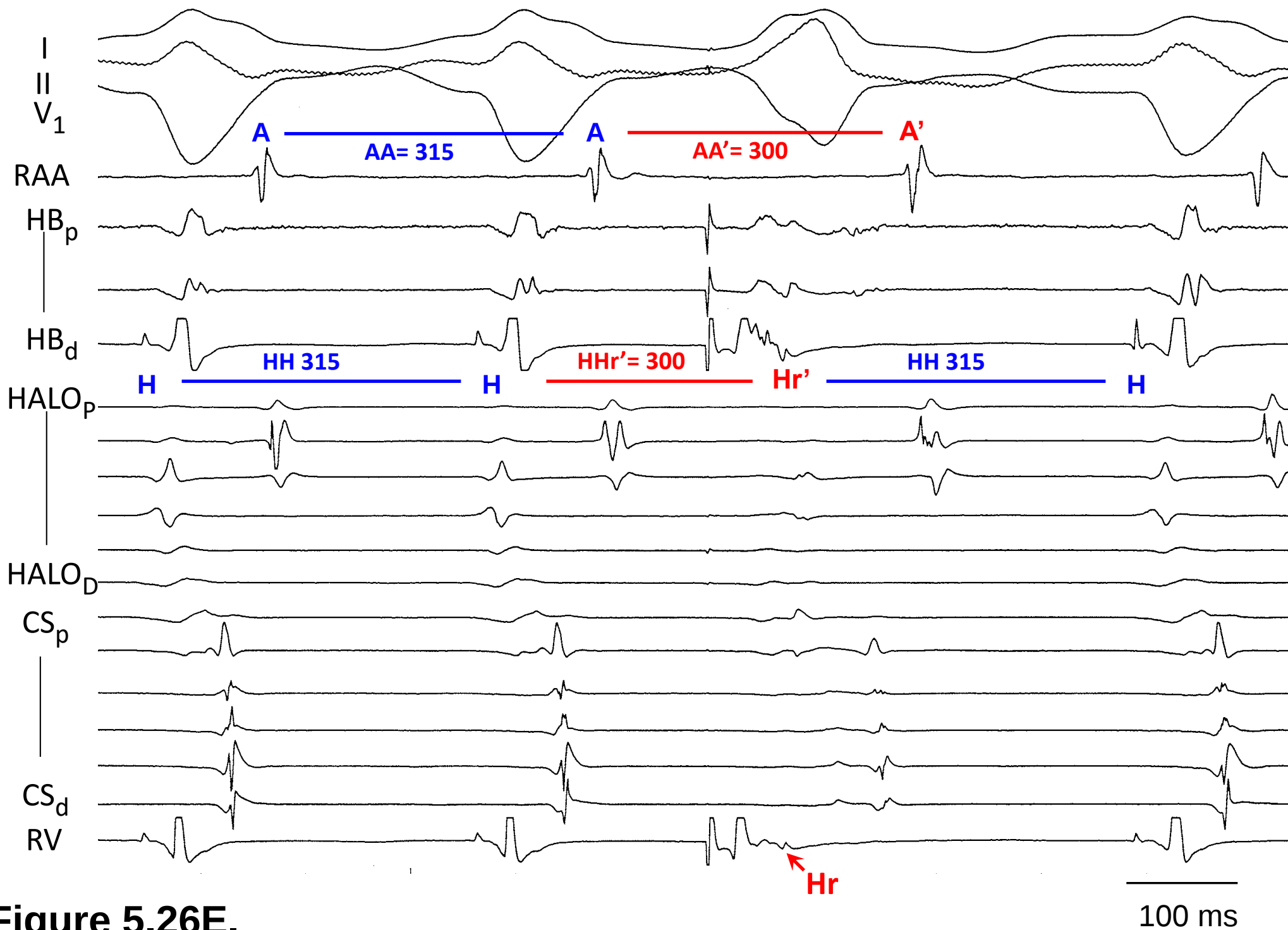


Figure 5.26E.

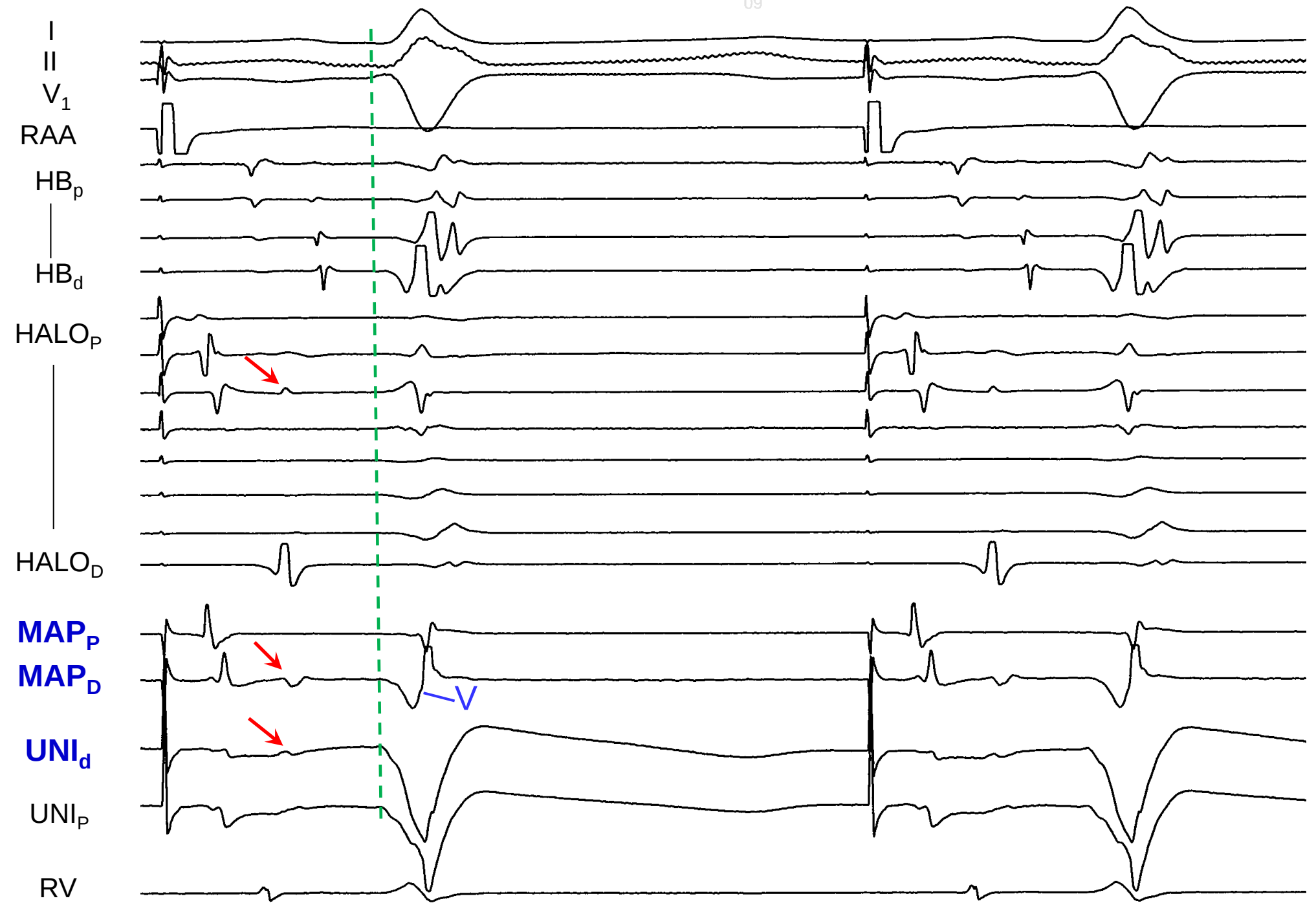


Figure 5.26F.



Figure 5.27A.

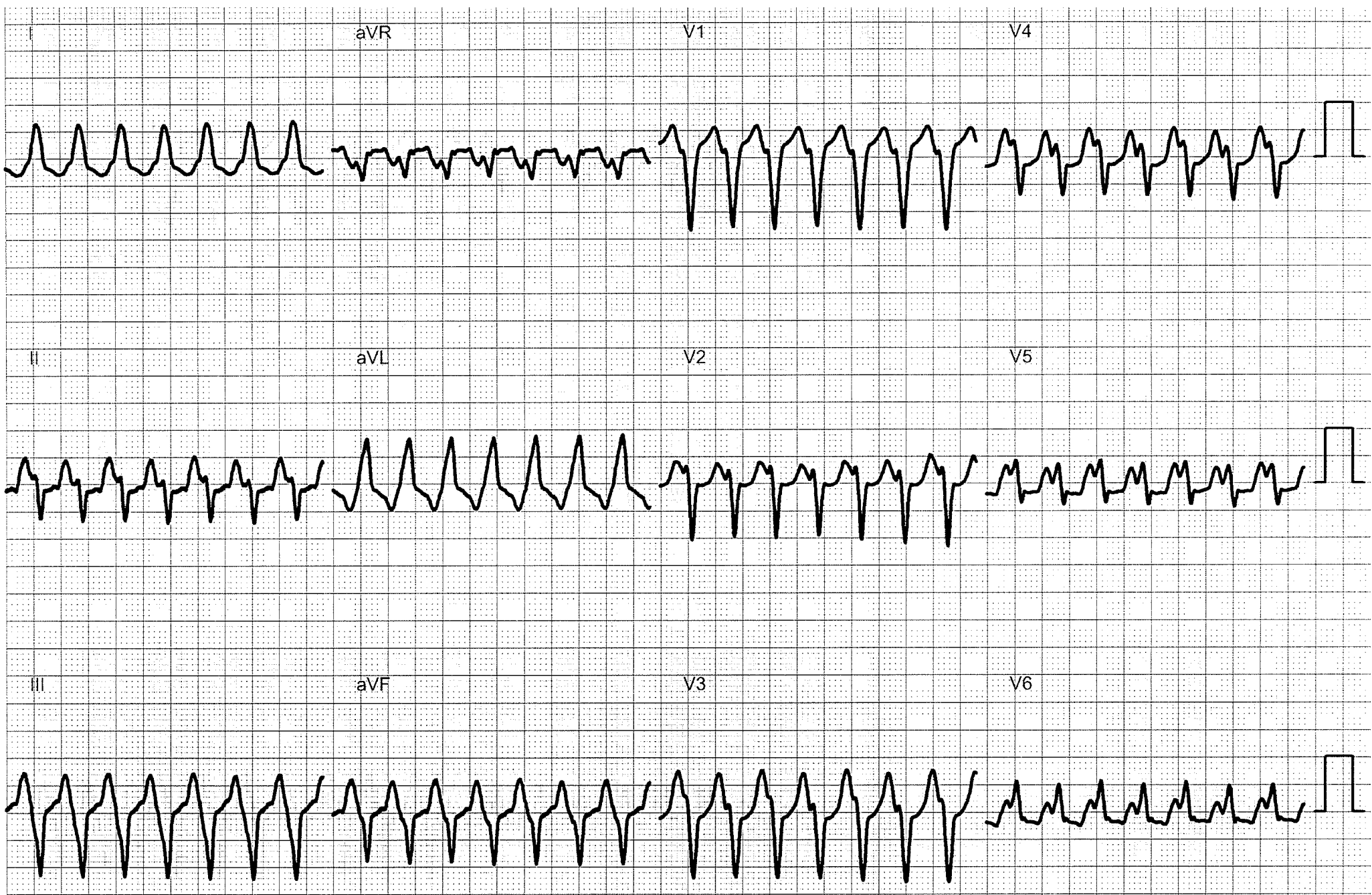


Figure 5.27B.

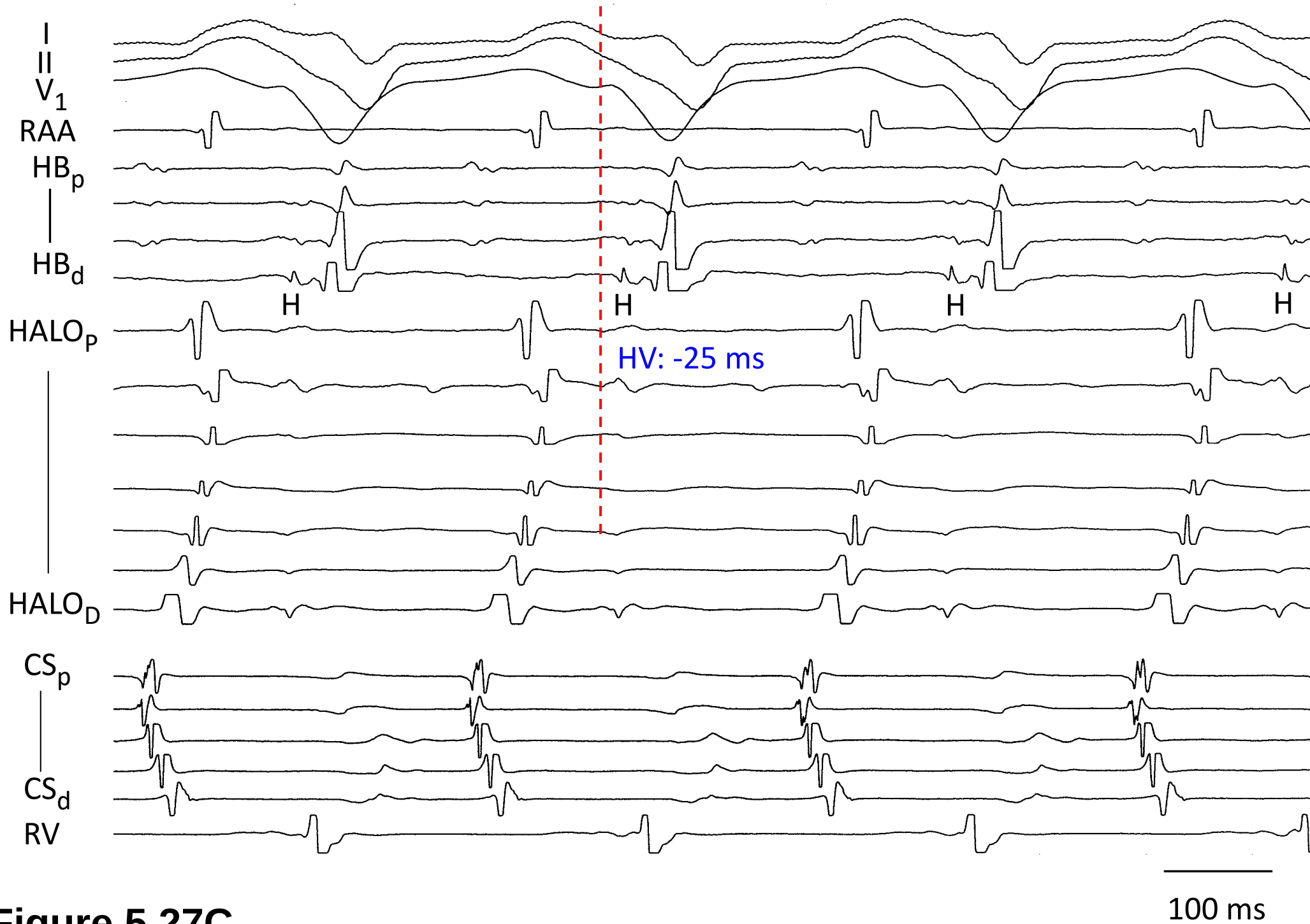
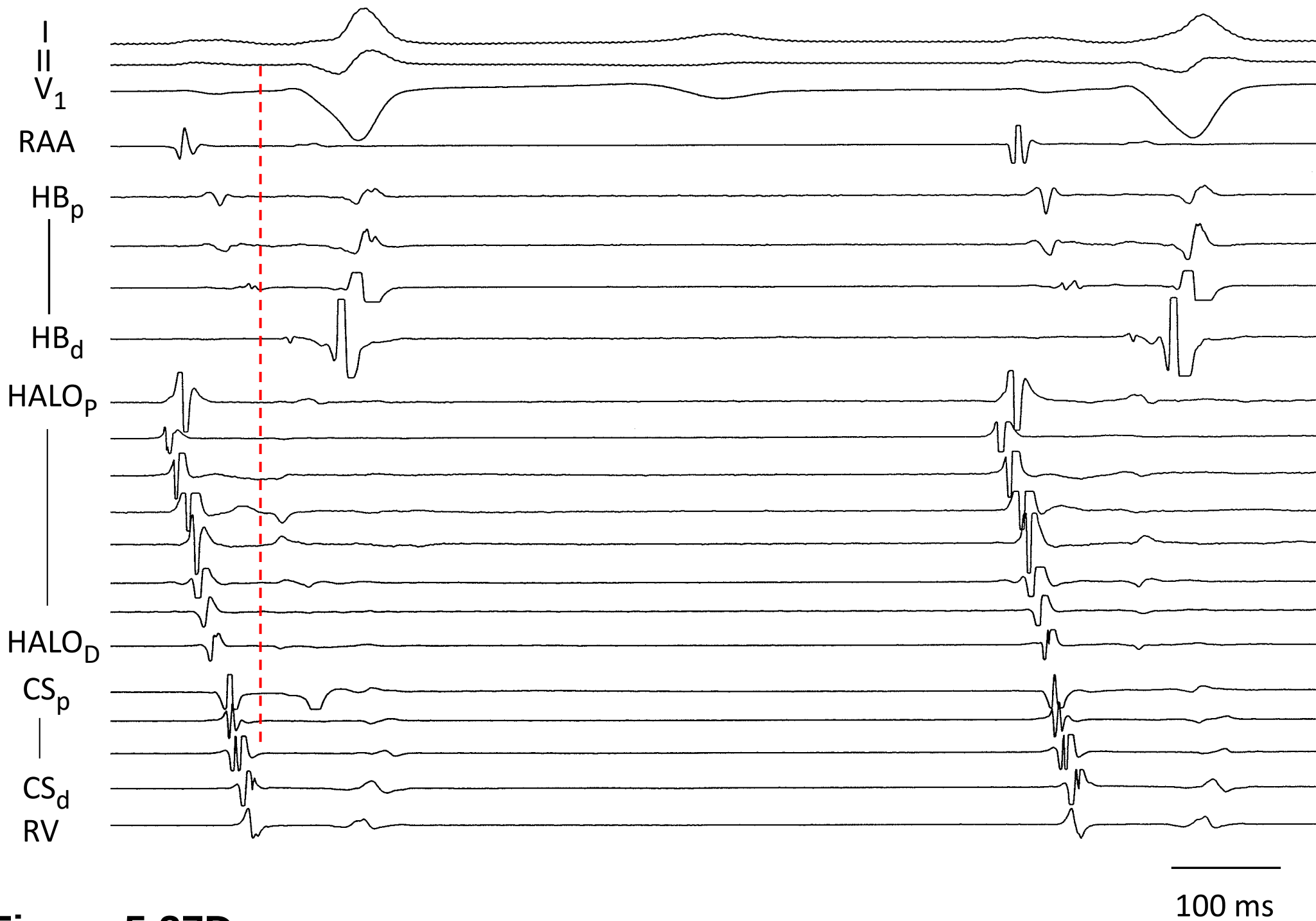


Figure 5.27C.



100 ms

Figure 5.27D.

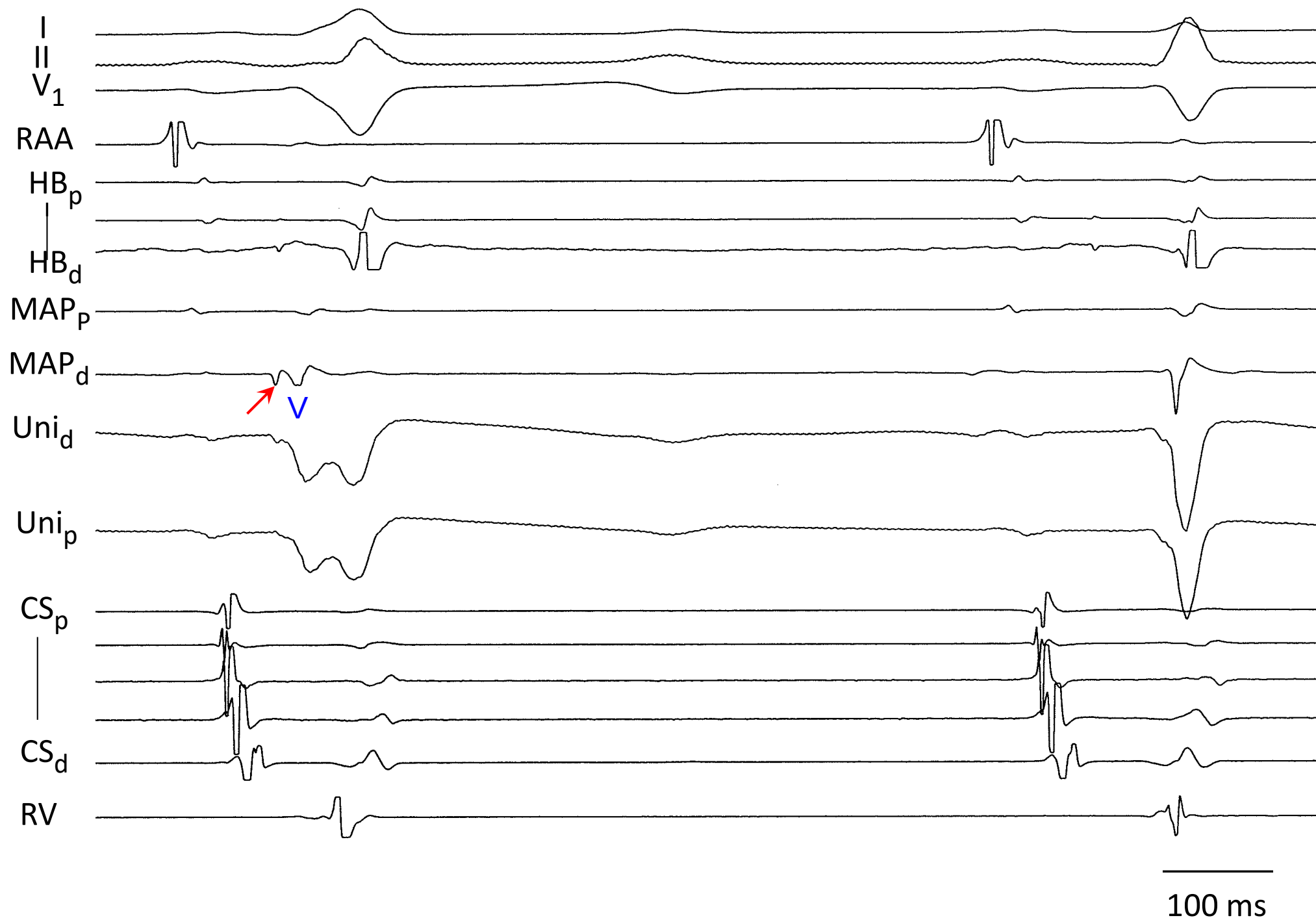


Figure 5.27E.

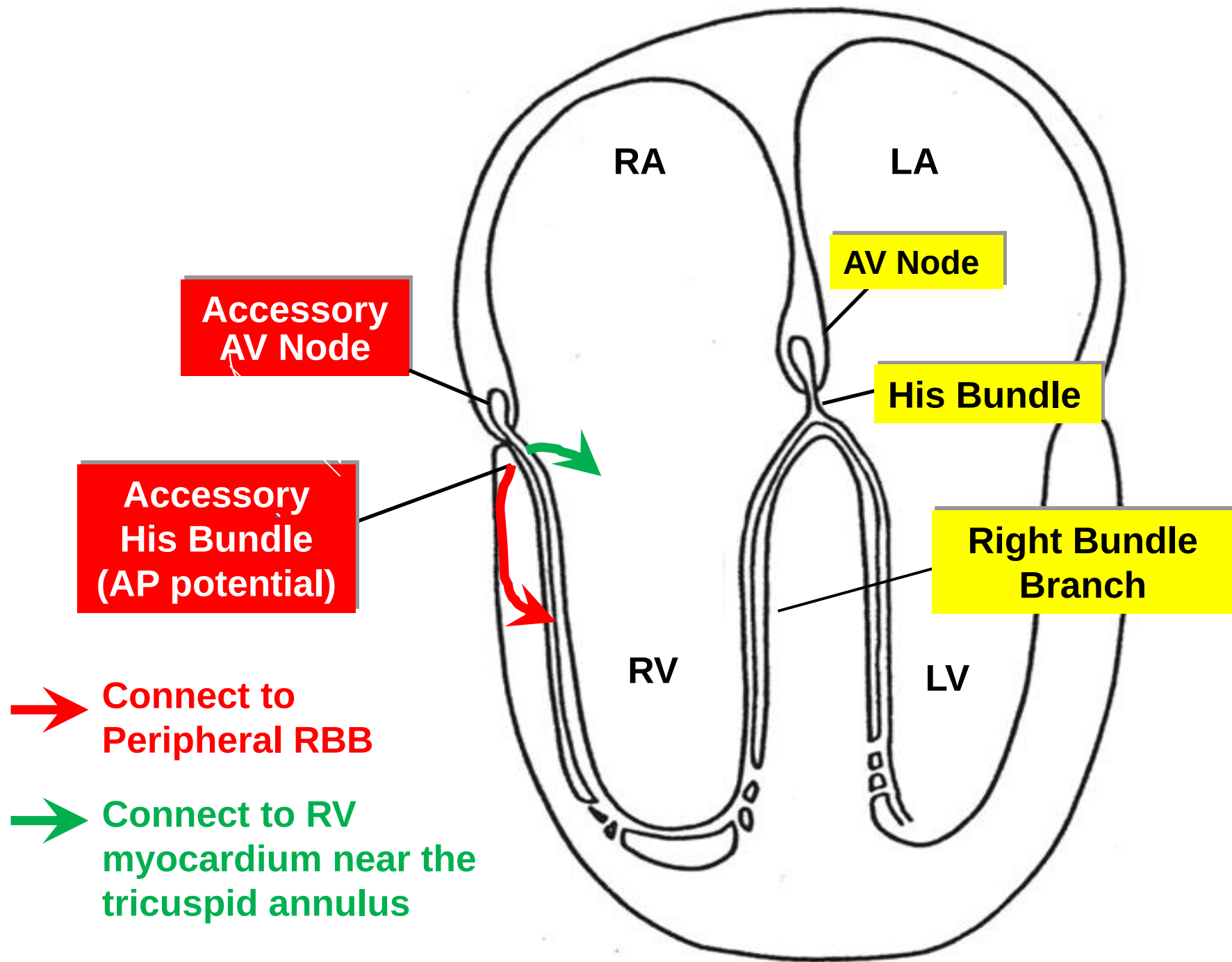


Figure 5.27F.