

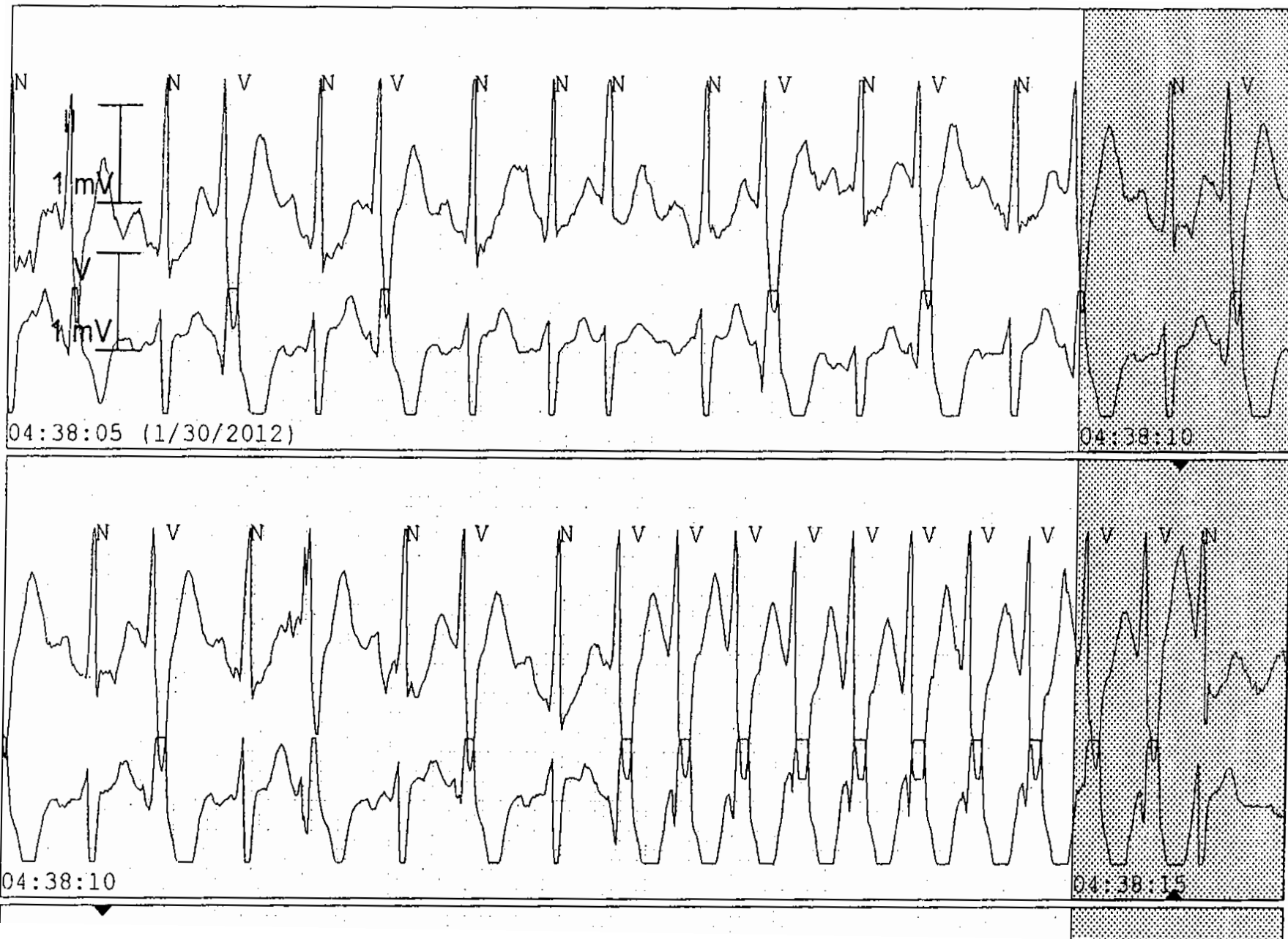


Figure 6.1A.

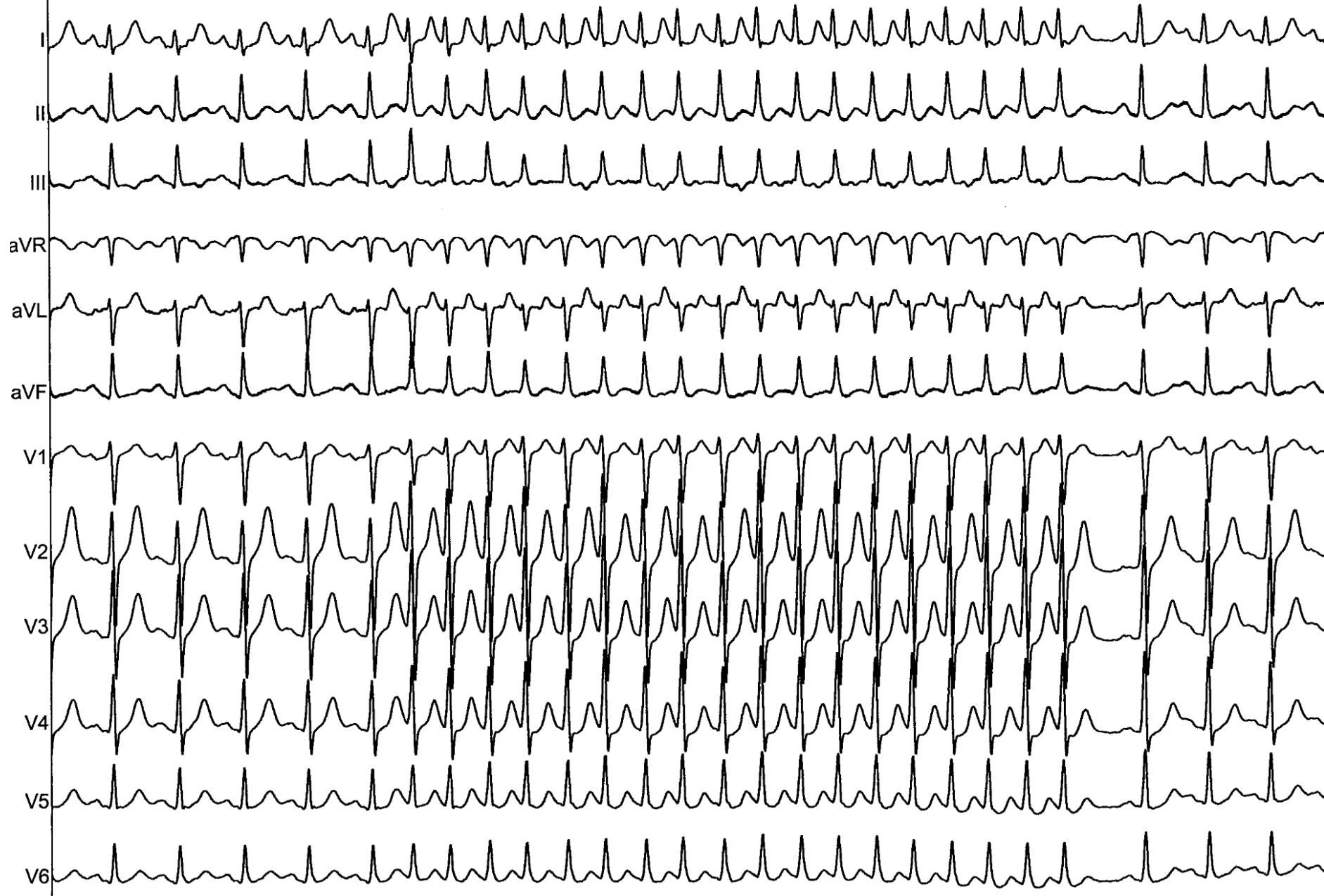
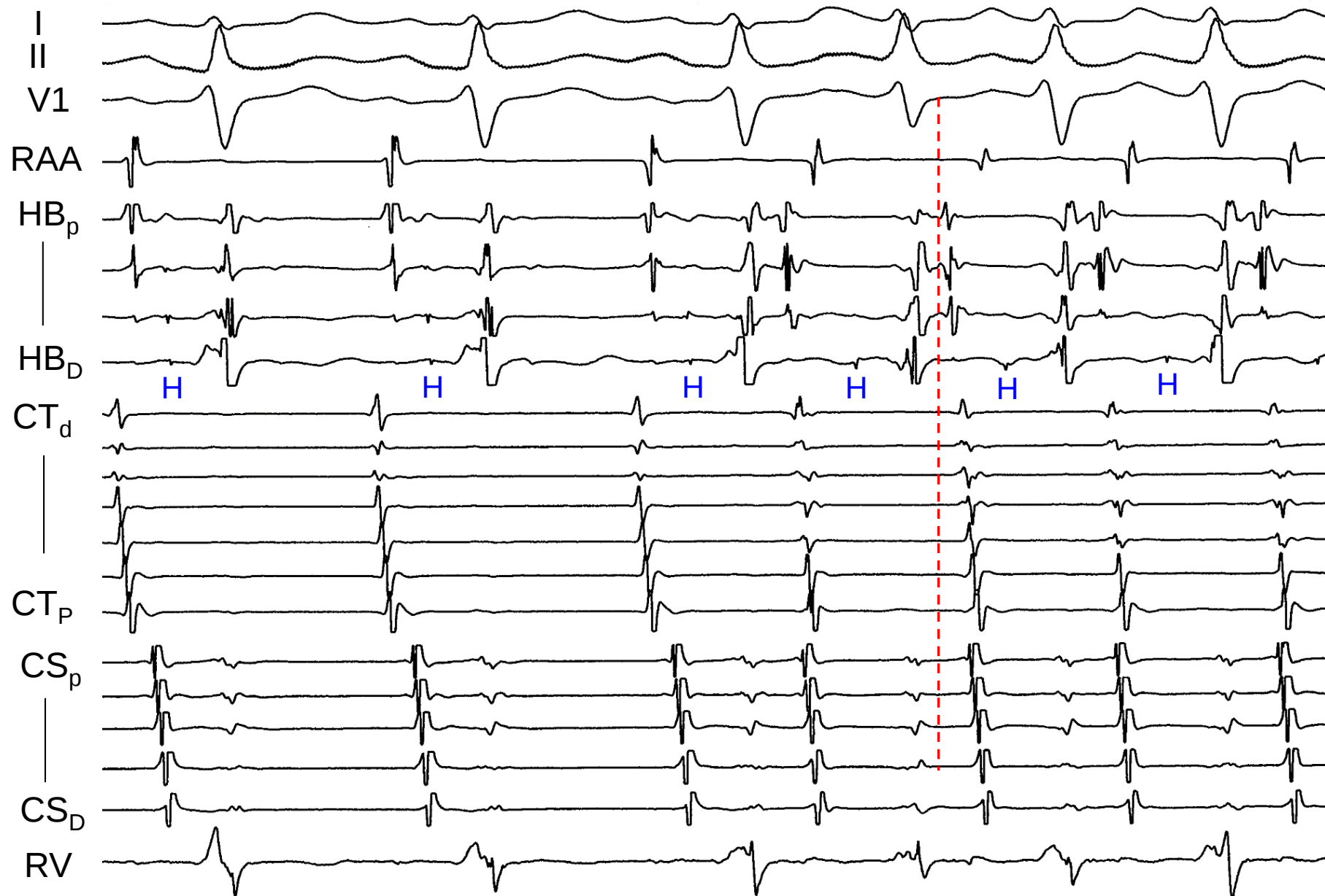


Figure 6.1B.



200 ms

Figure 6.1C.

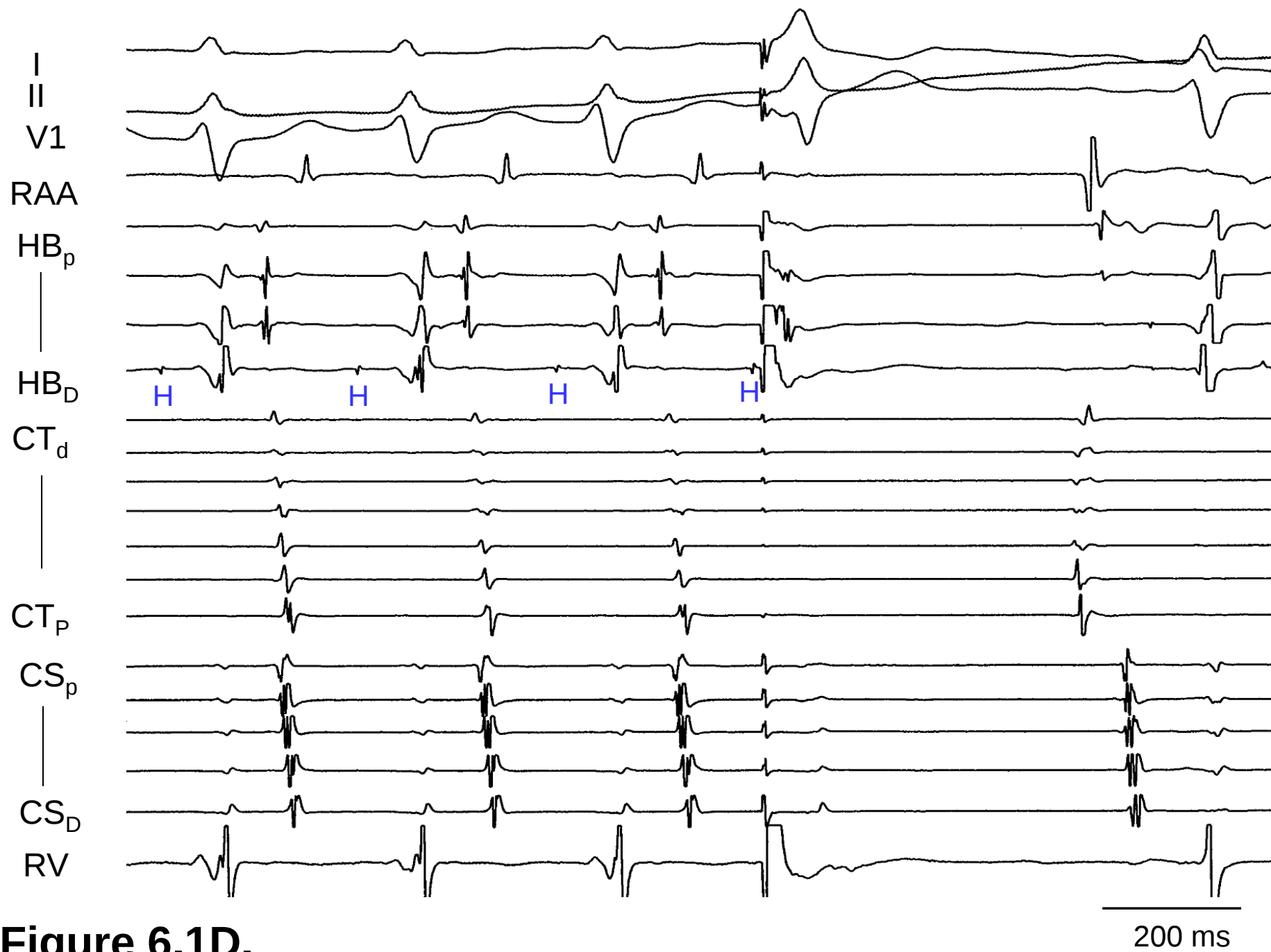


Figure 6.1D.

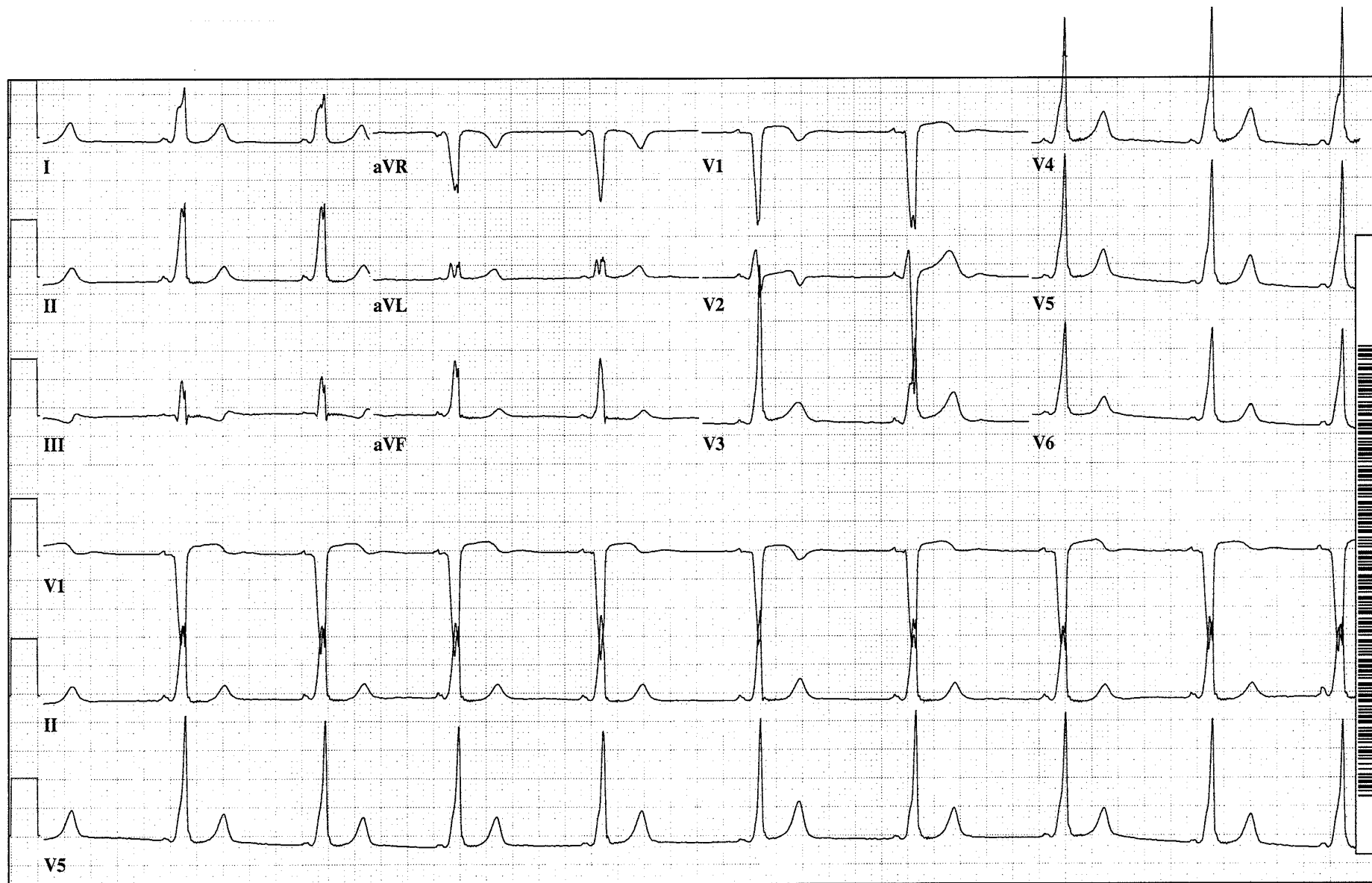


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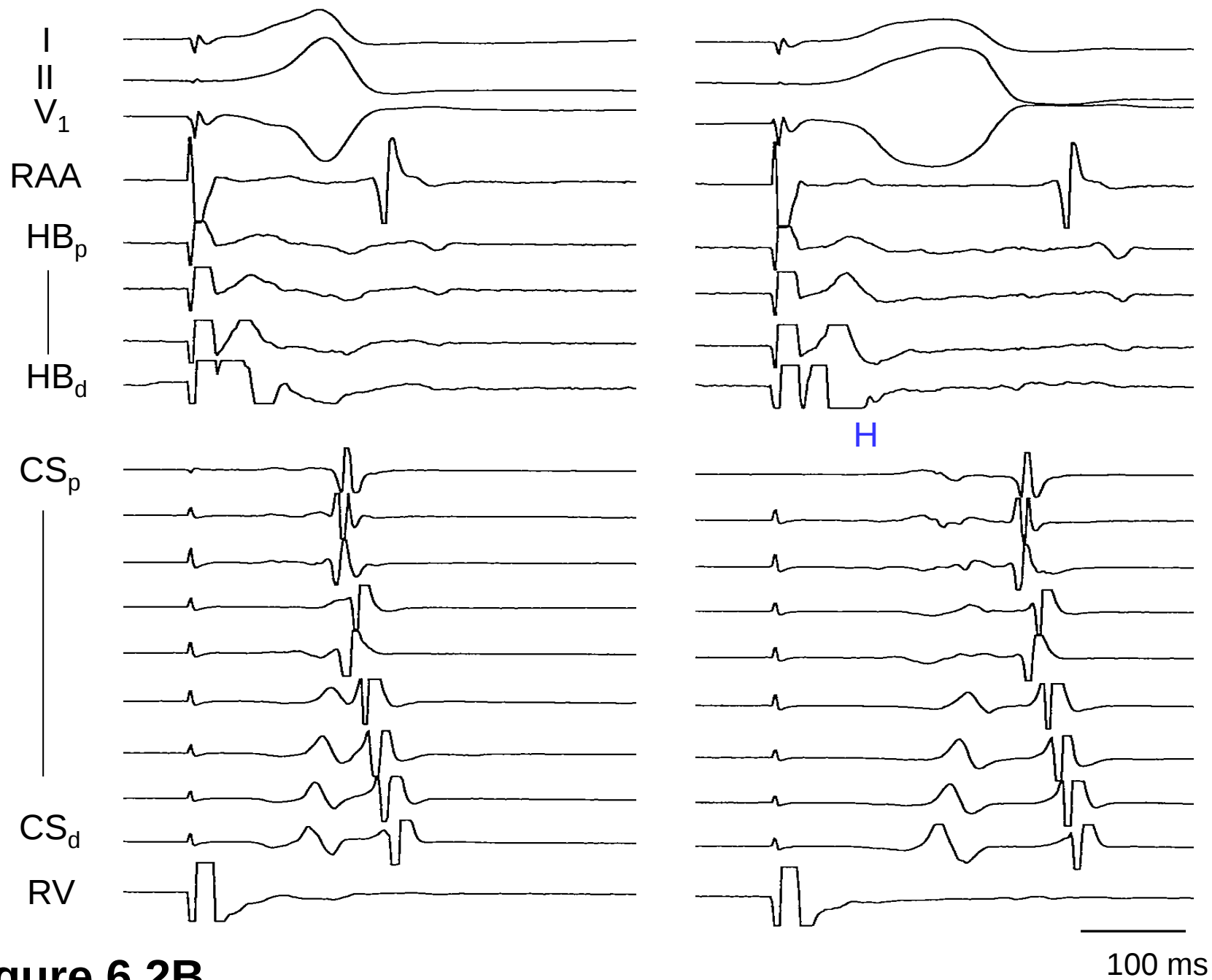


Figure 6.2B.

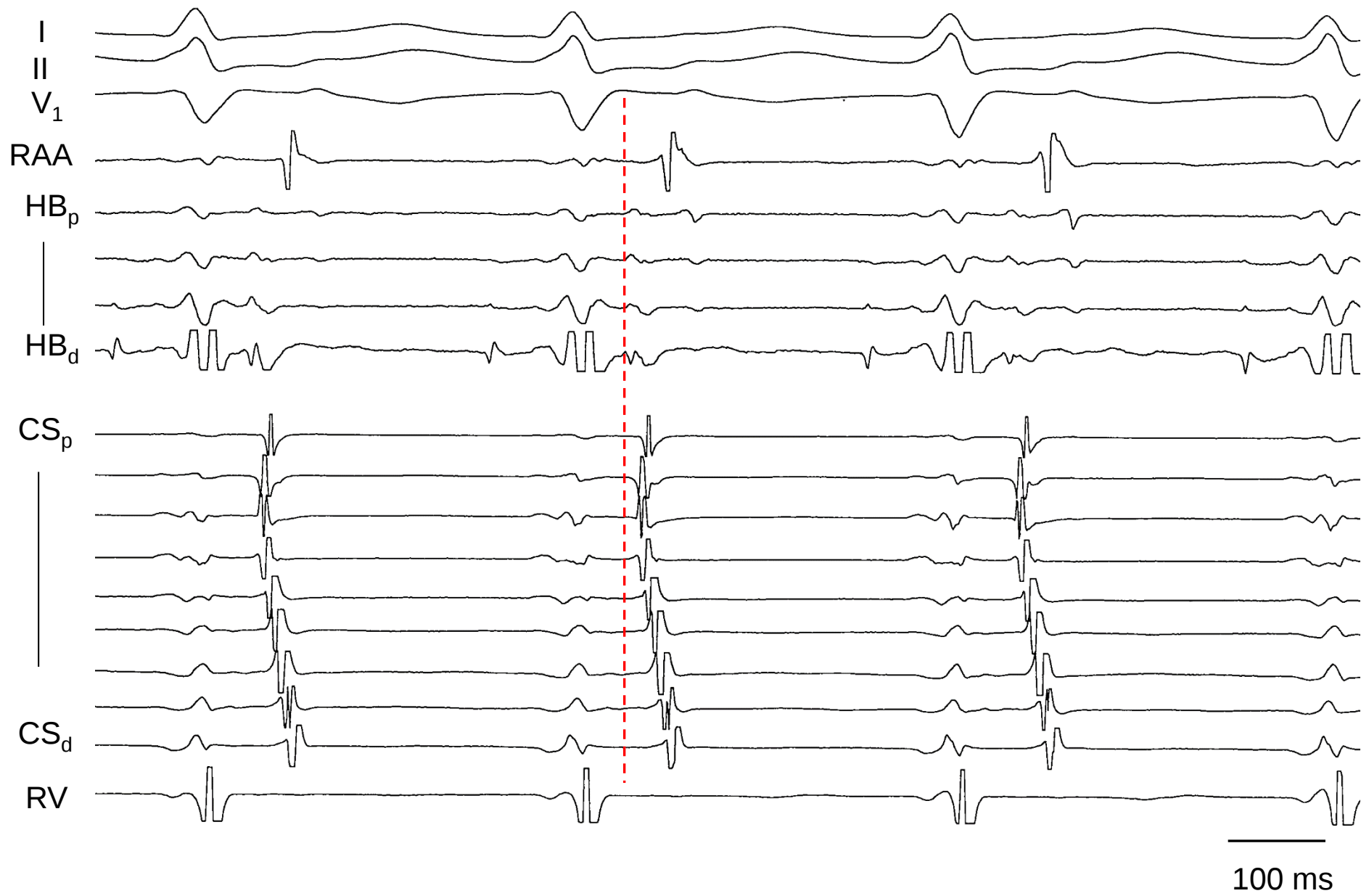


Figure 6.2C

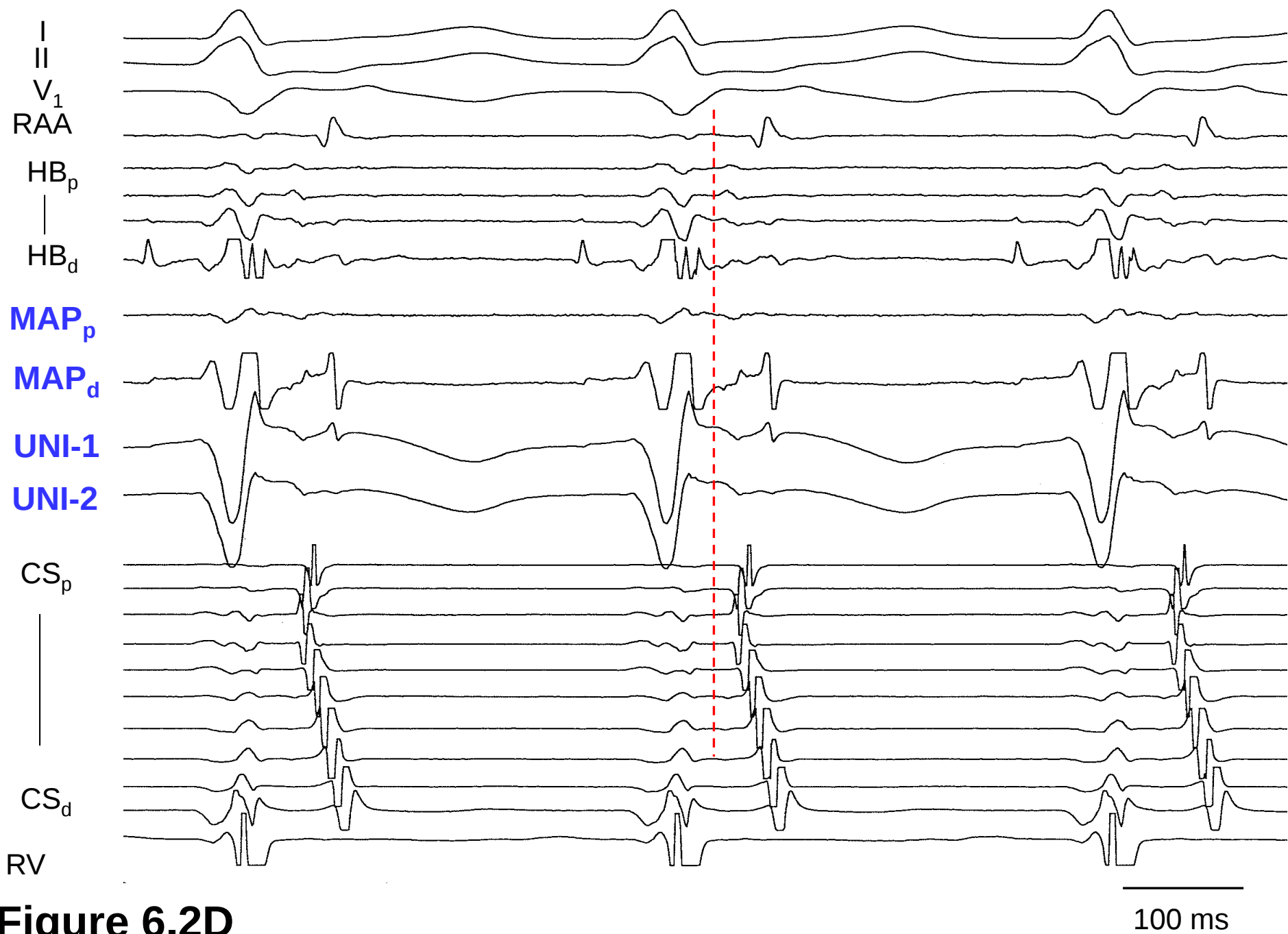


Figure 6.2D

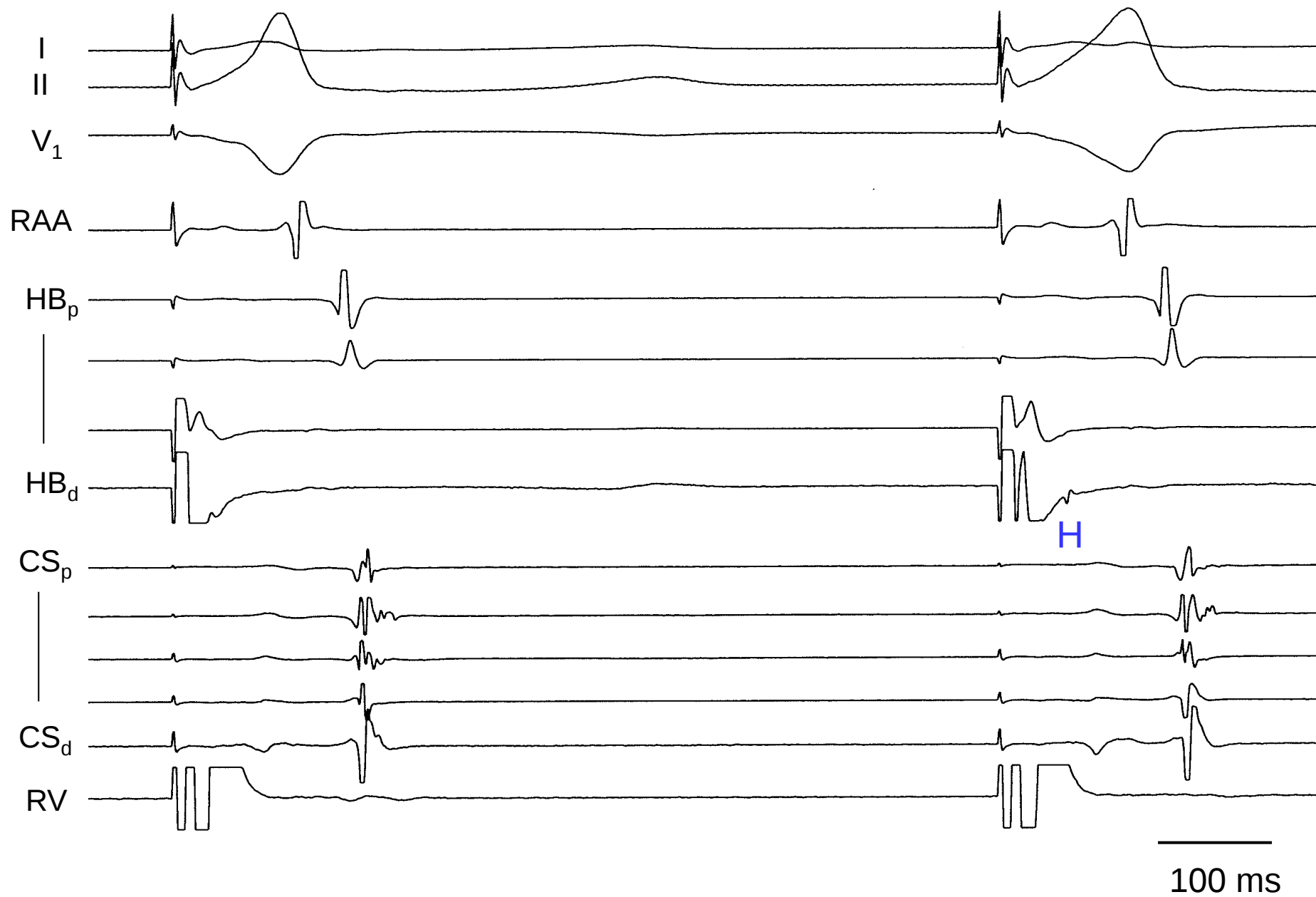


Figure 6.3A

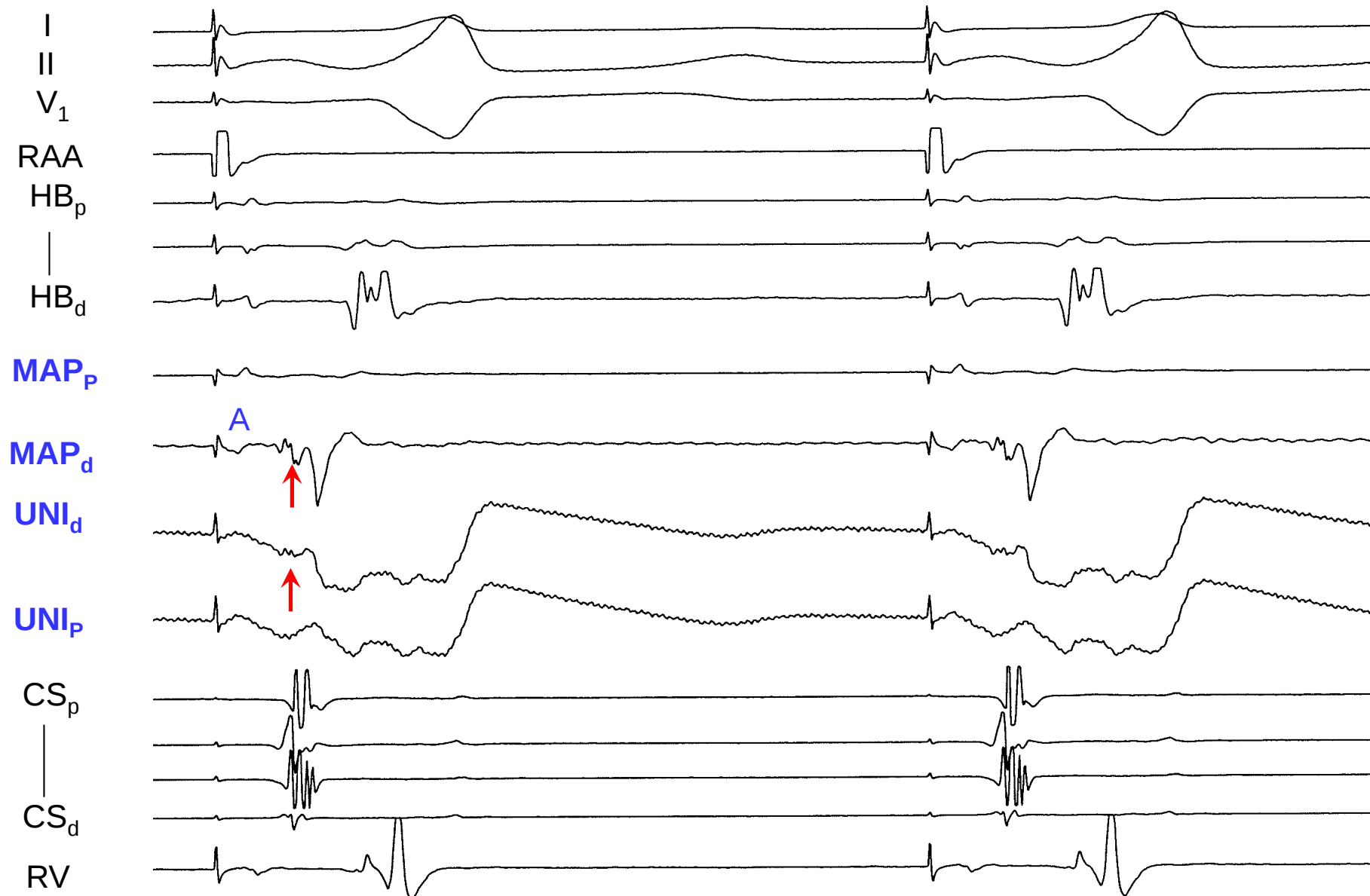


Figure 6.3B

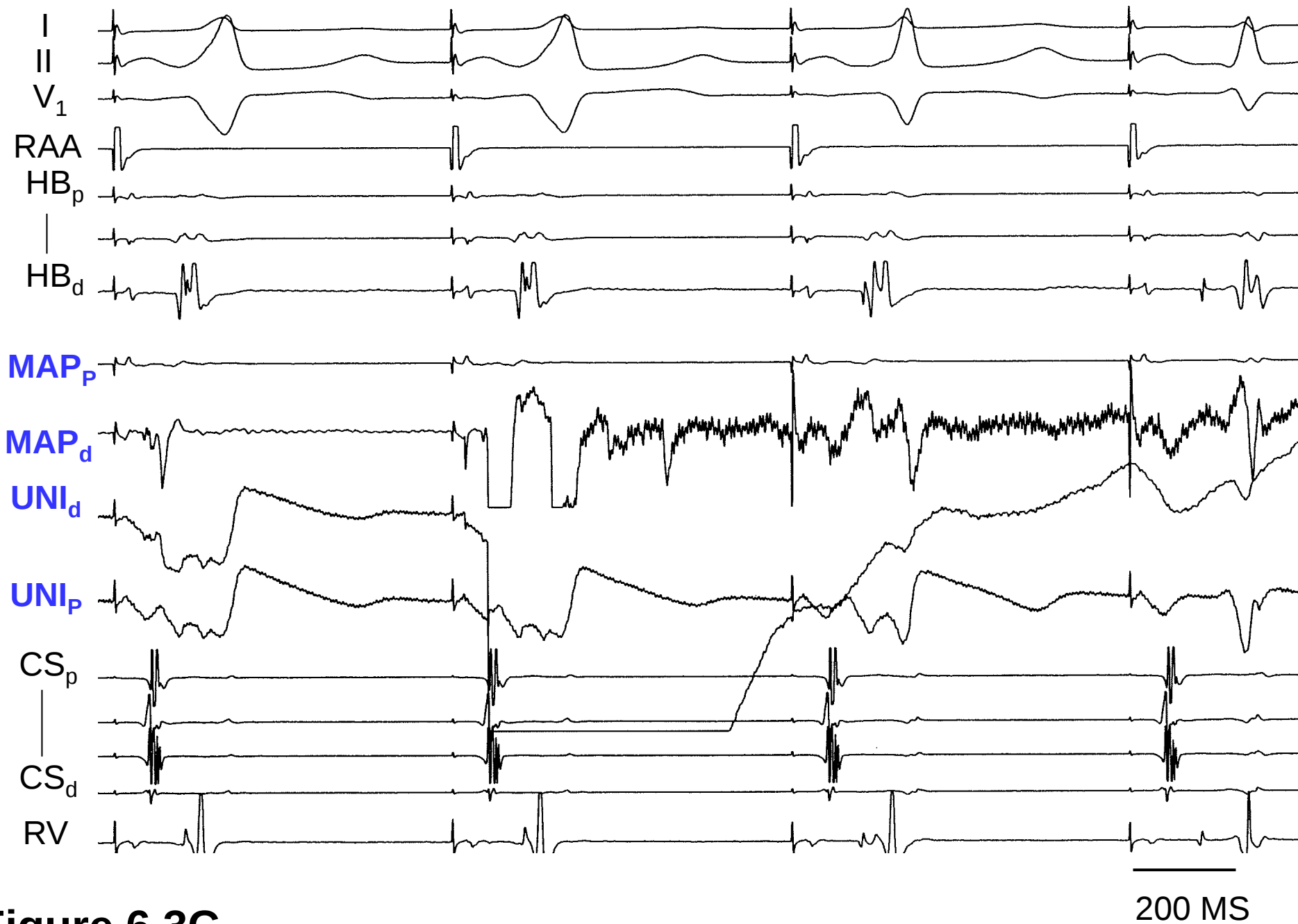


Figure 6.3C

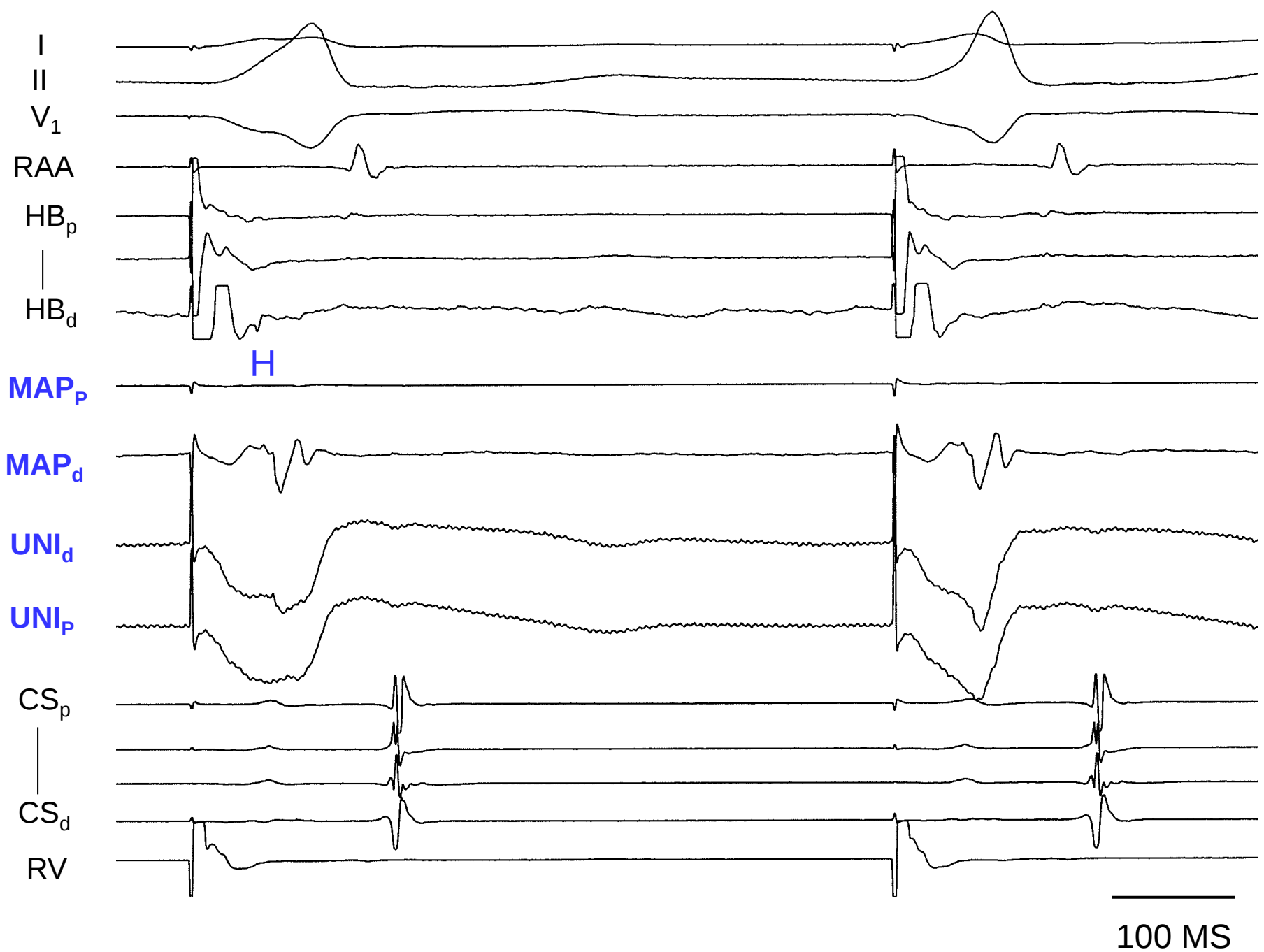


Figure 6.3D



Figure 6.3E

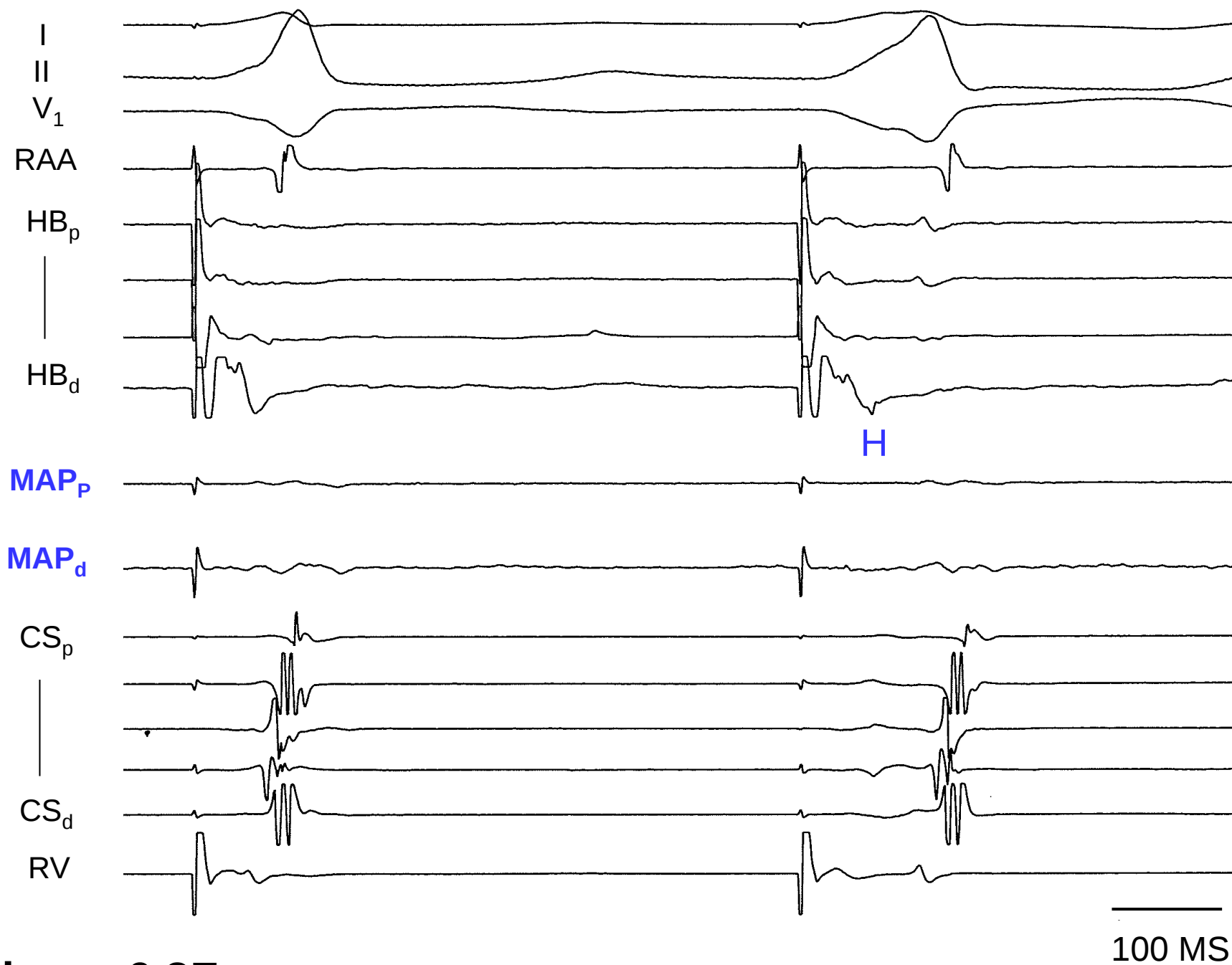


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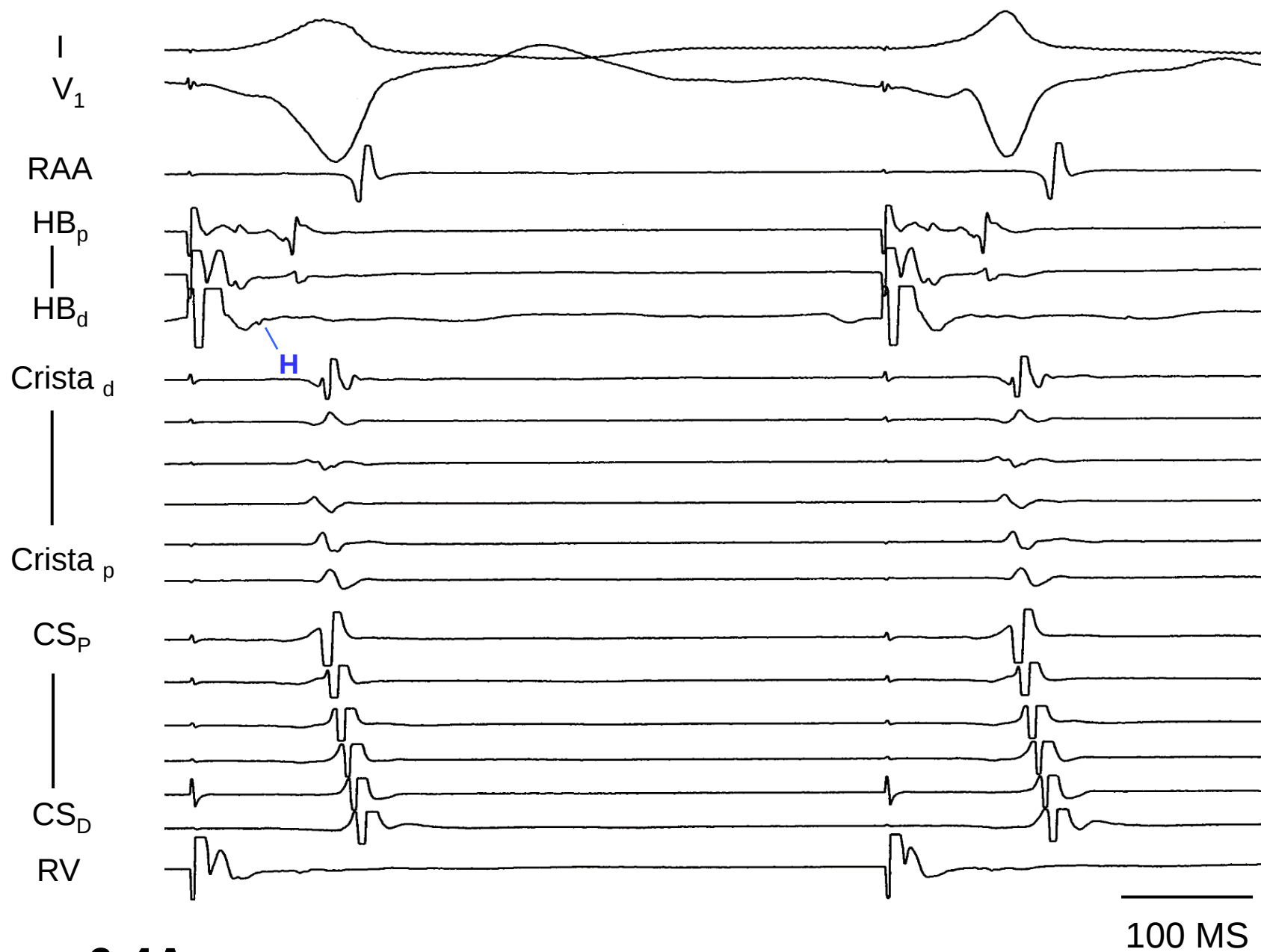
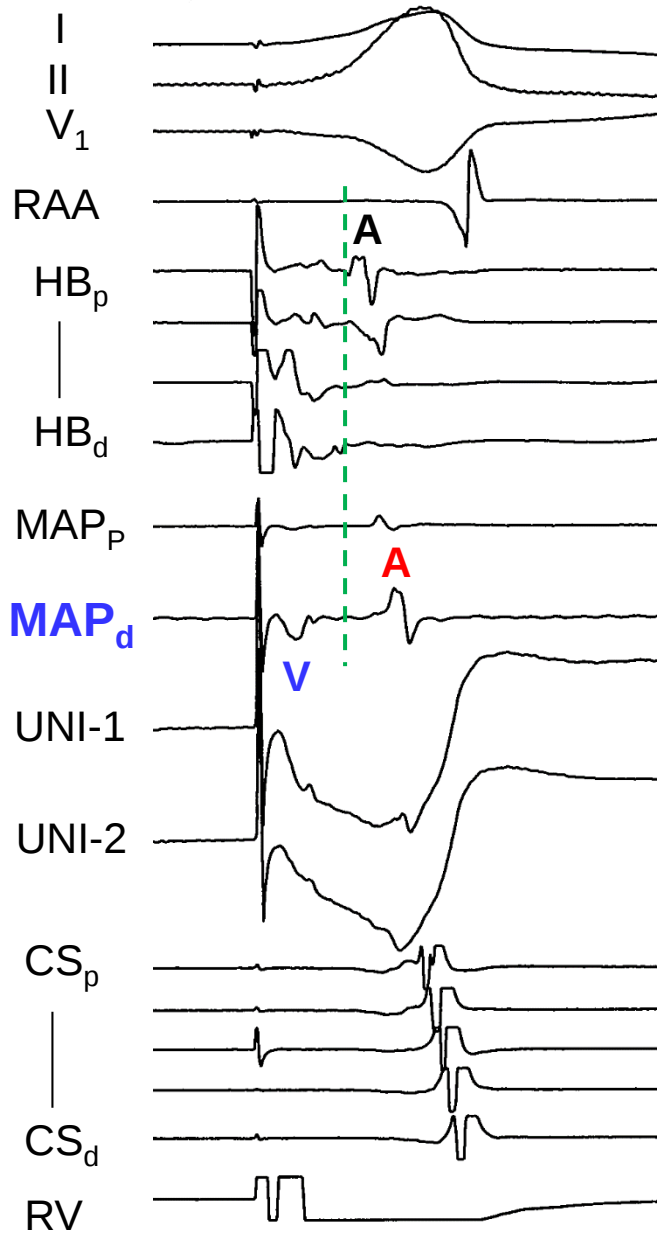
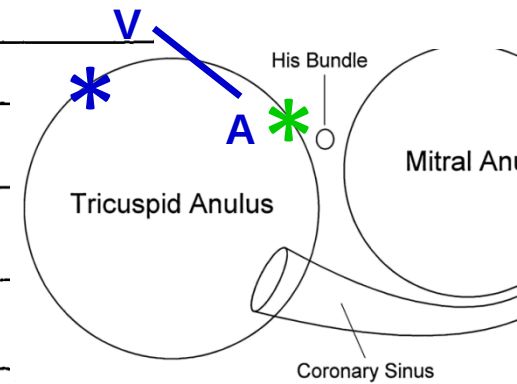
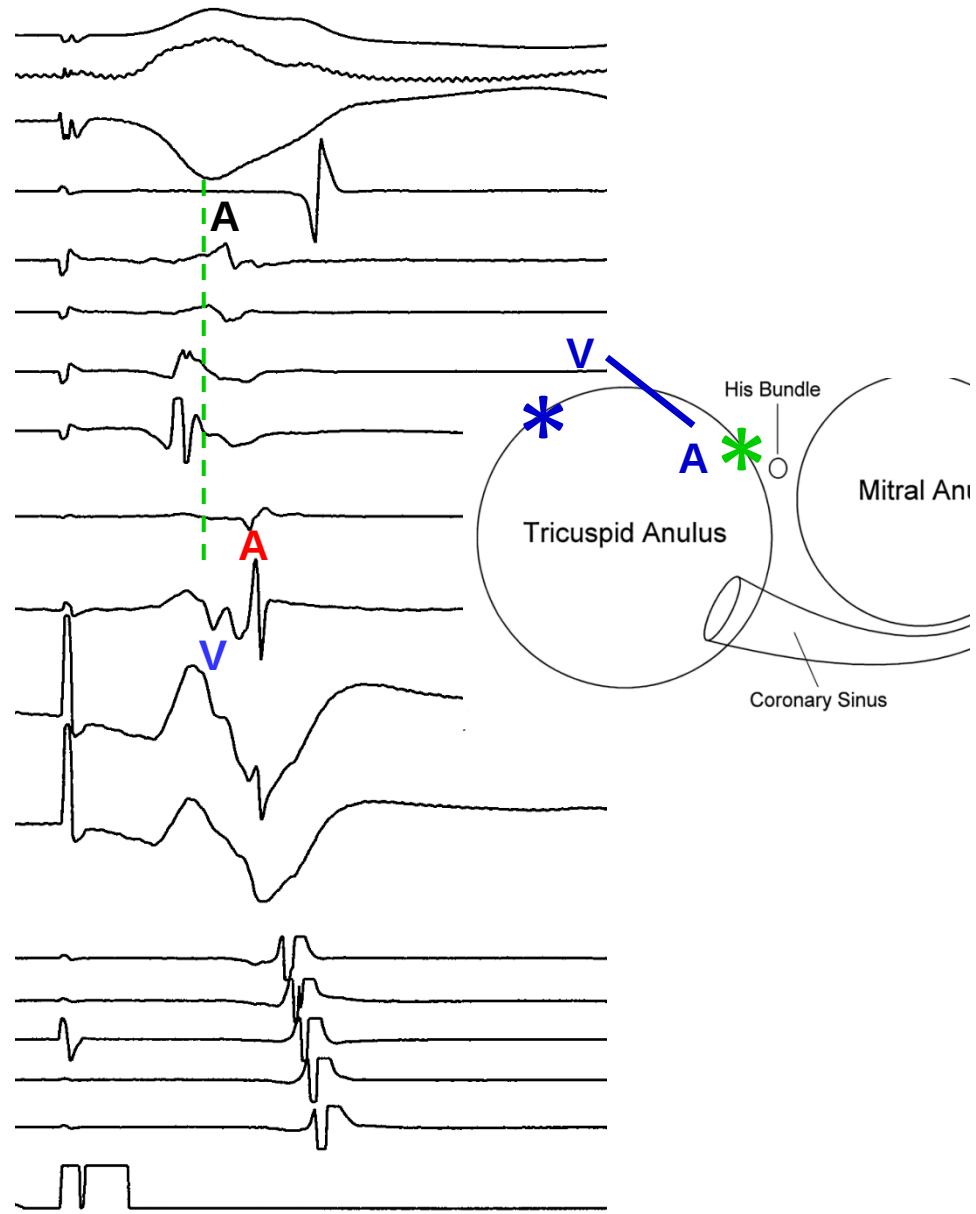


Figure 6.4A

Anteroseptal Pacing



Anterolateral Pacing



100 ms

Figure 6.4B

CS Pacing

RAA Pacing

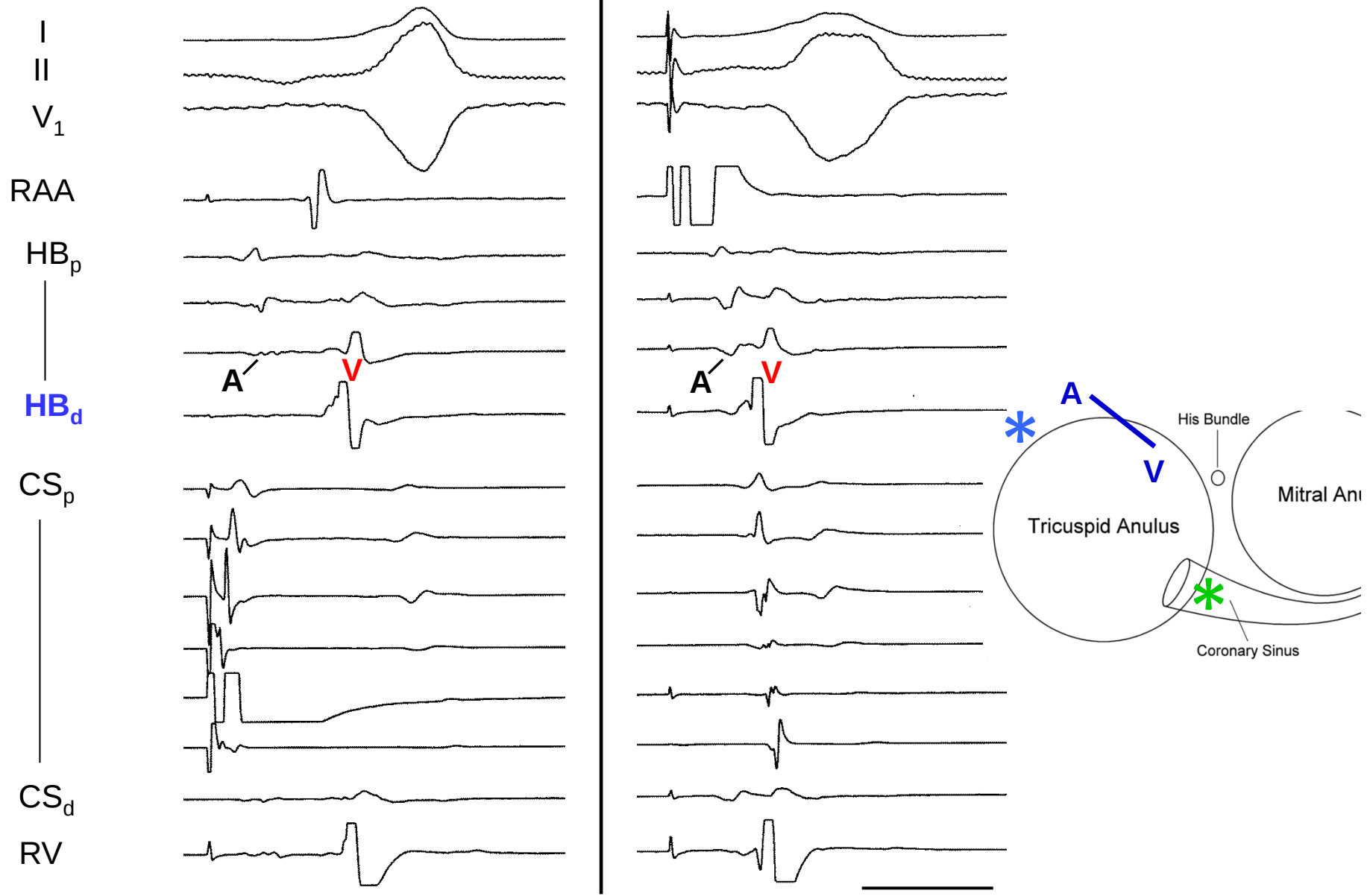


Figure 6.4C

100 MS

CS Pacing

RAA Pacing

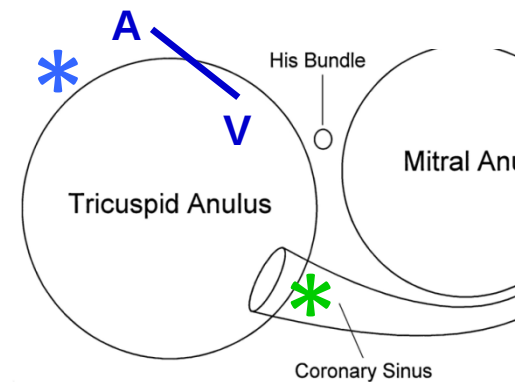
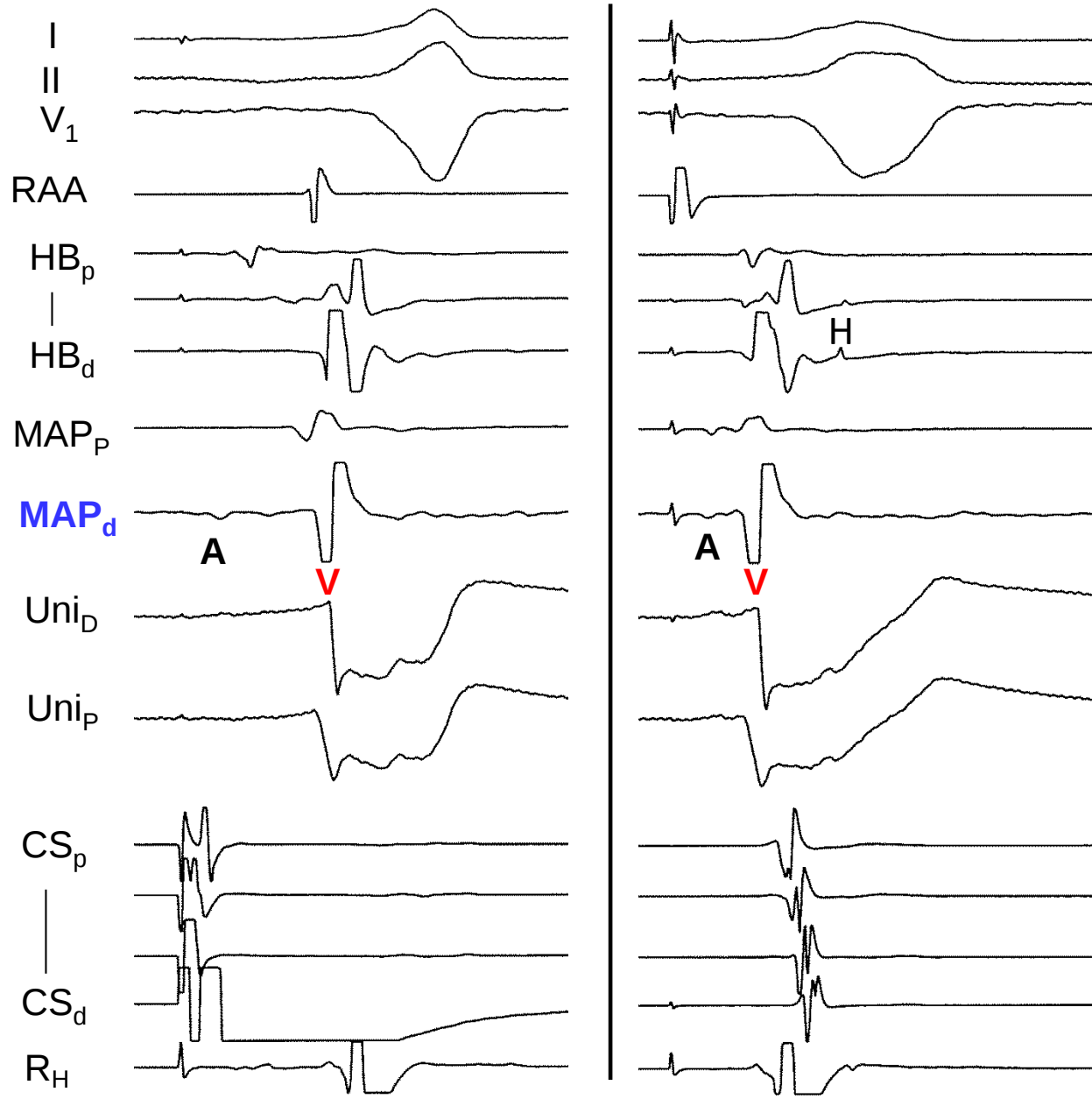


Figure 6.4D

100 MS

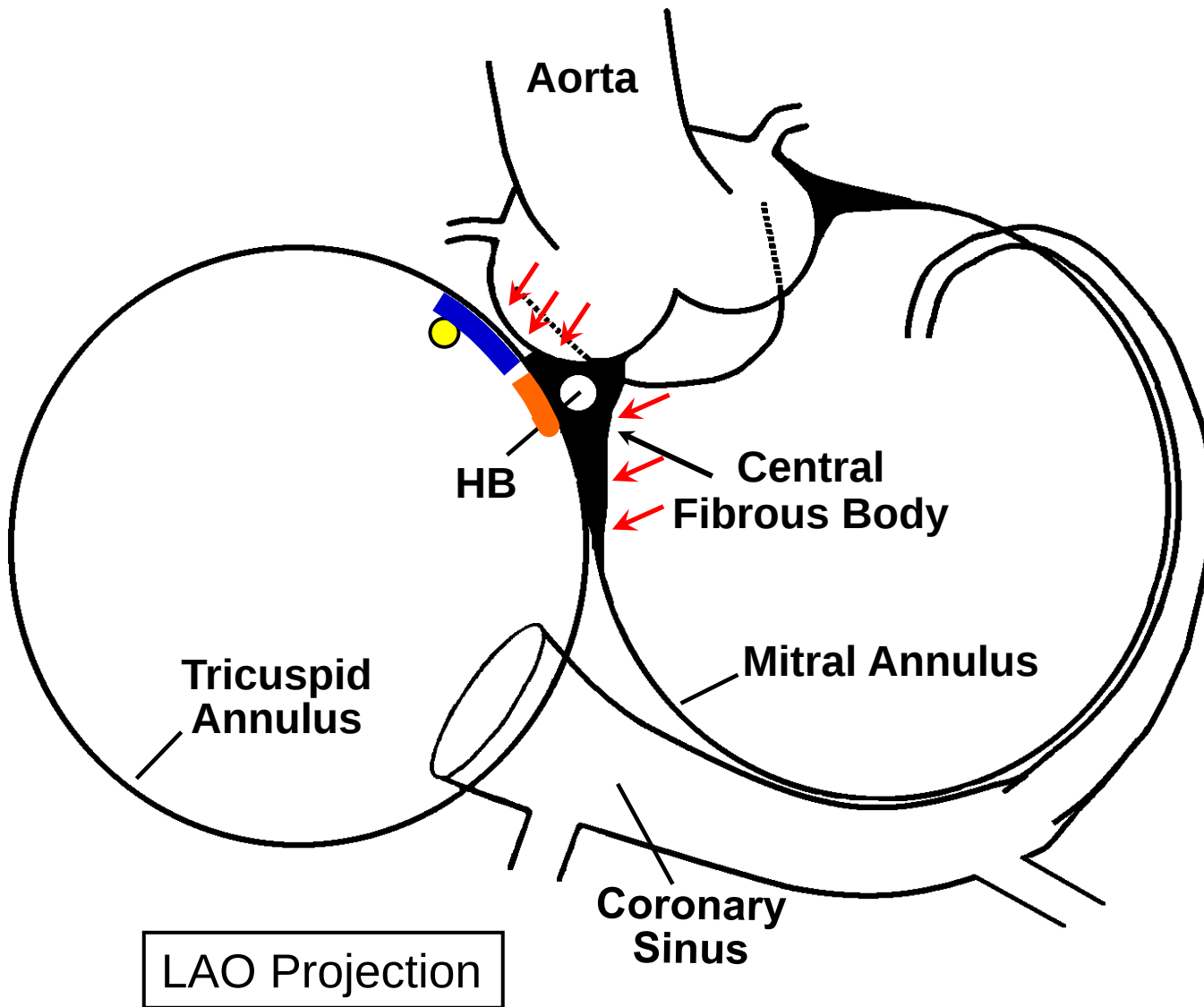


Figure 6.5A

Subclavian or internal jugular approach:

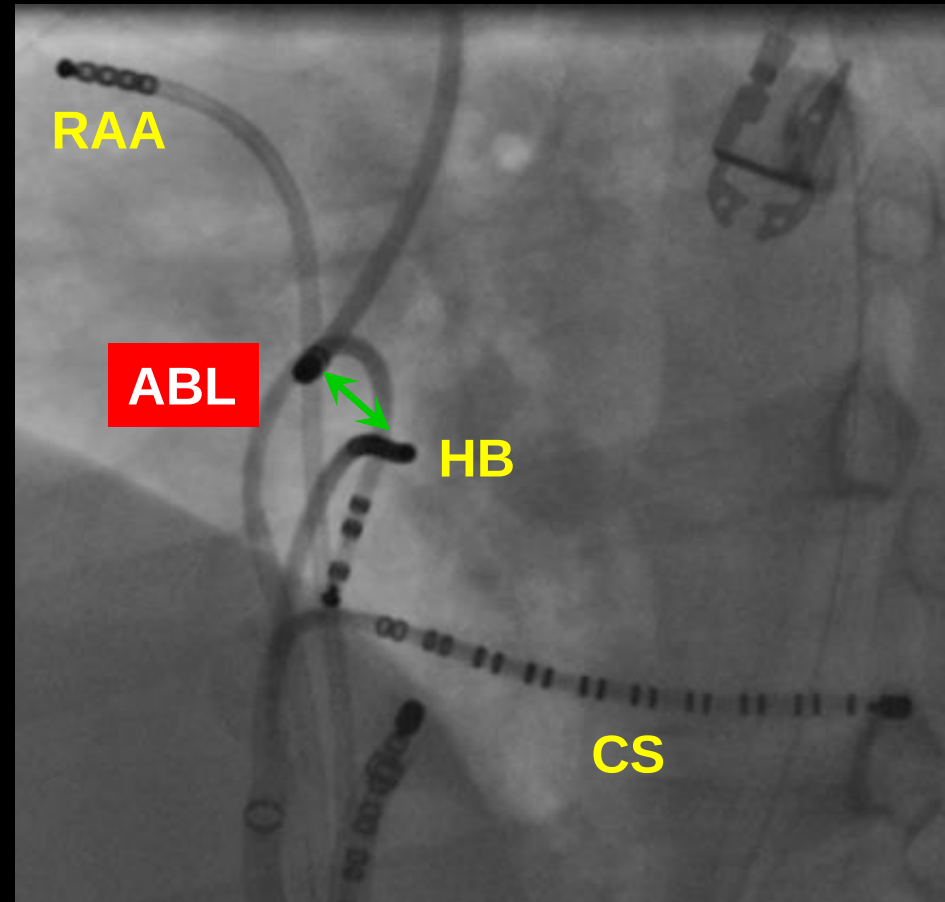
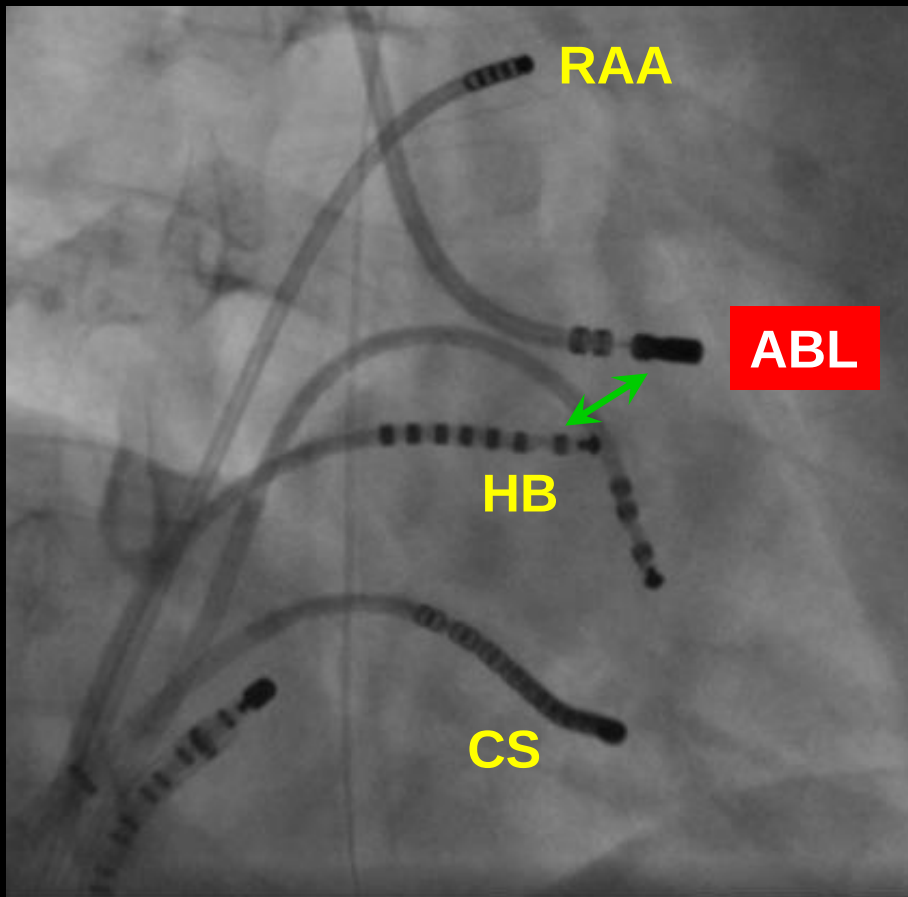
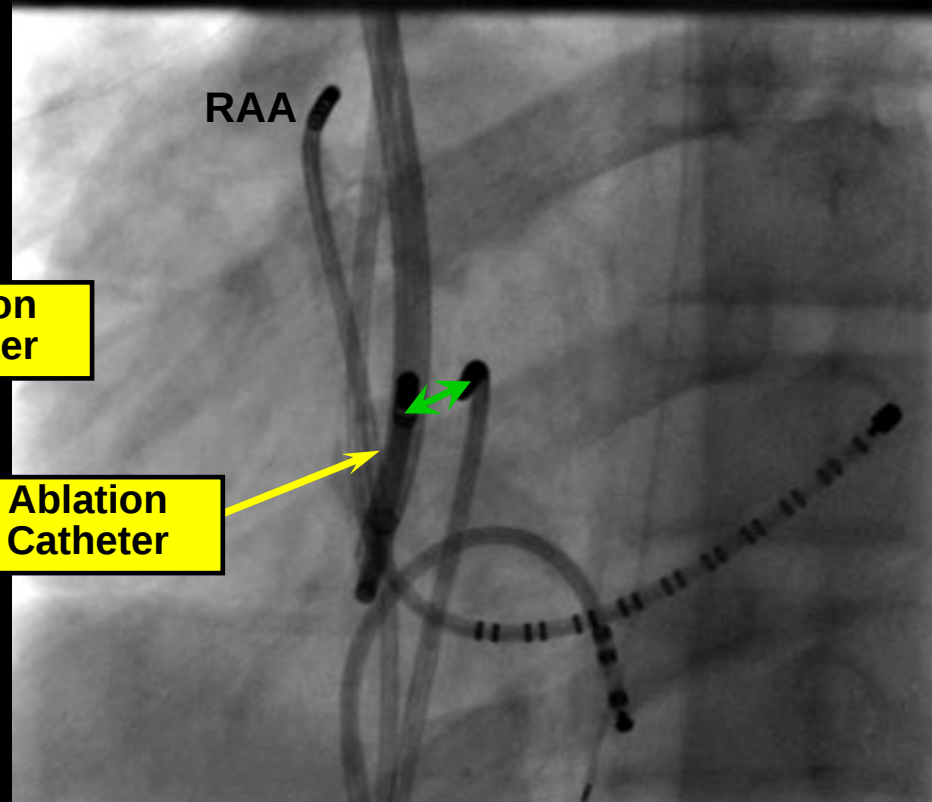
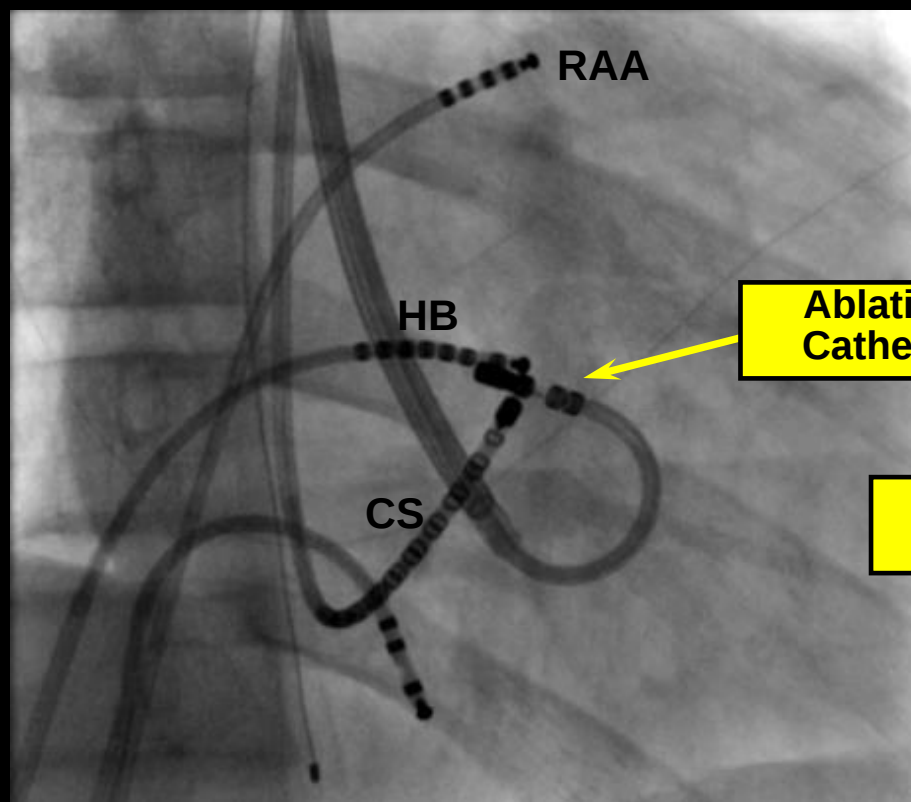


Figure 6.5B



RAO Projection

LAO Projection

Figure 6.5C

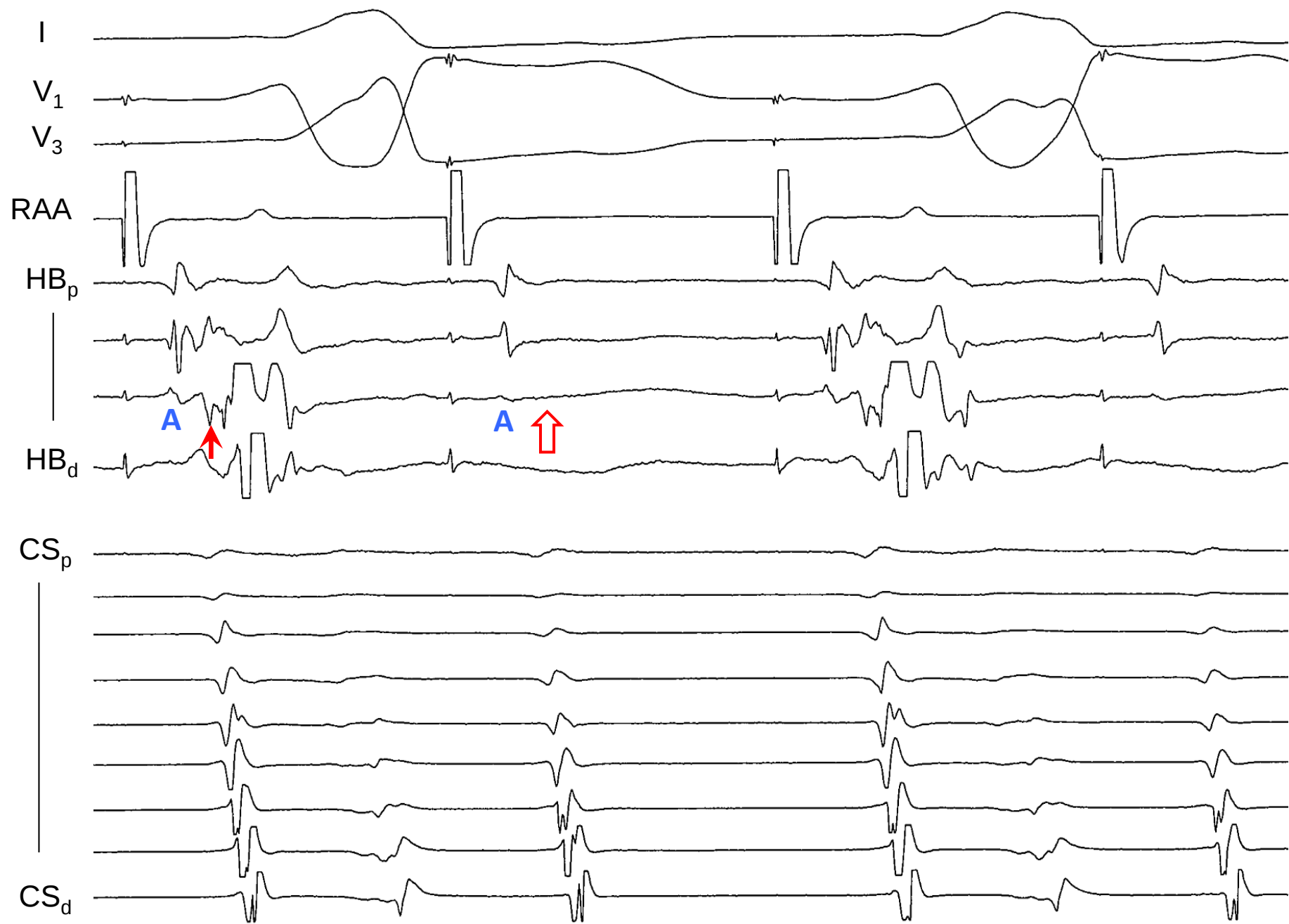


Figure 6.6A

100 ms

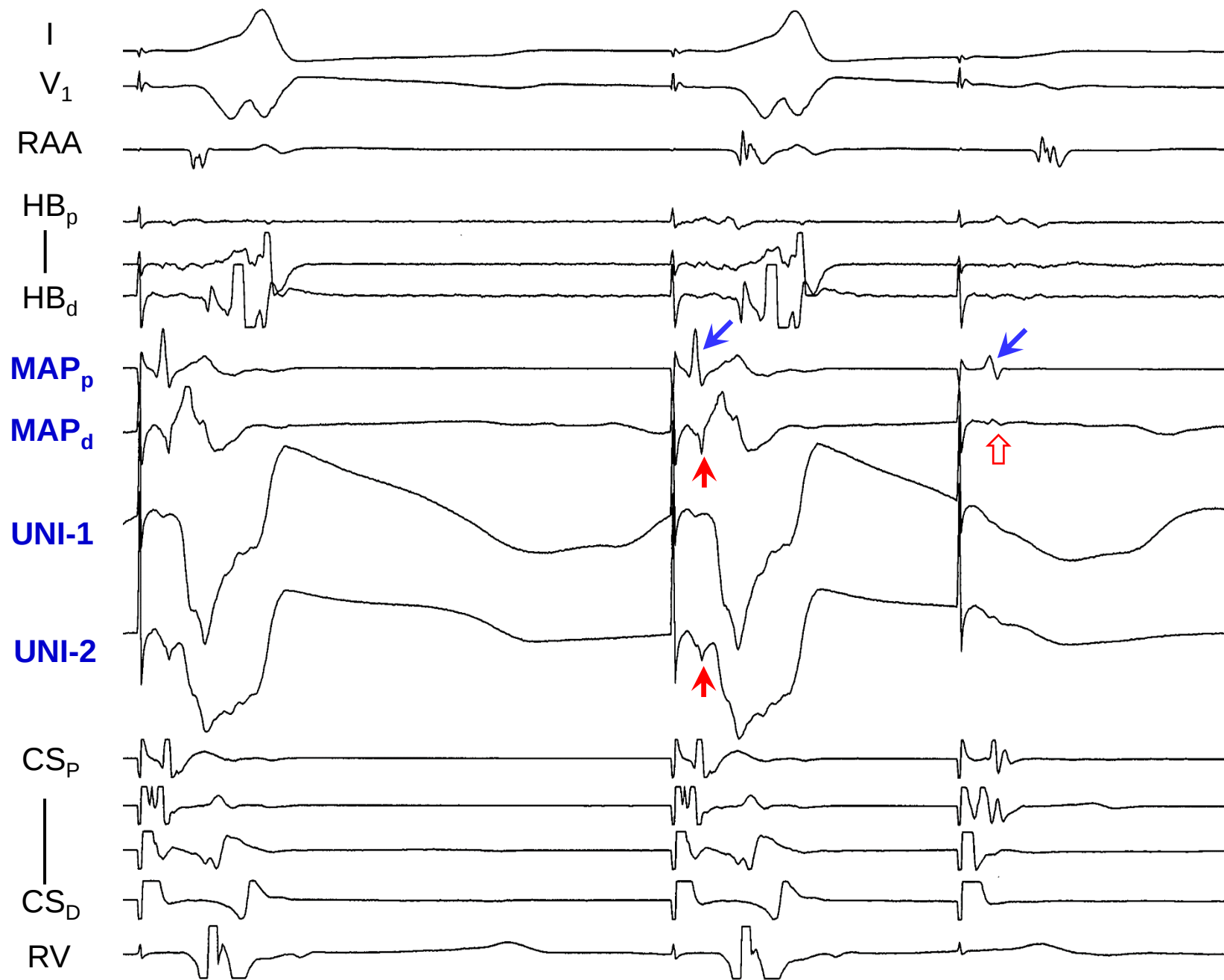


Figure 6.6B

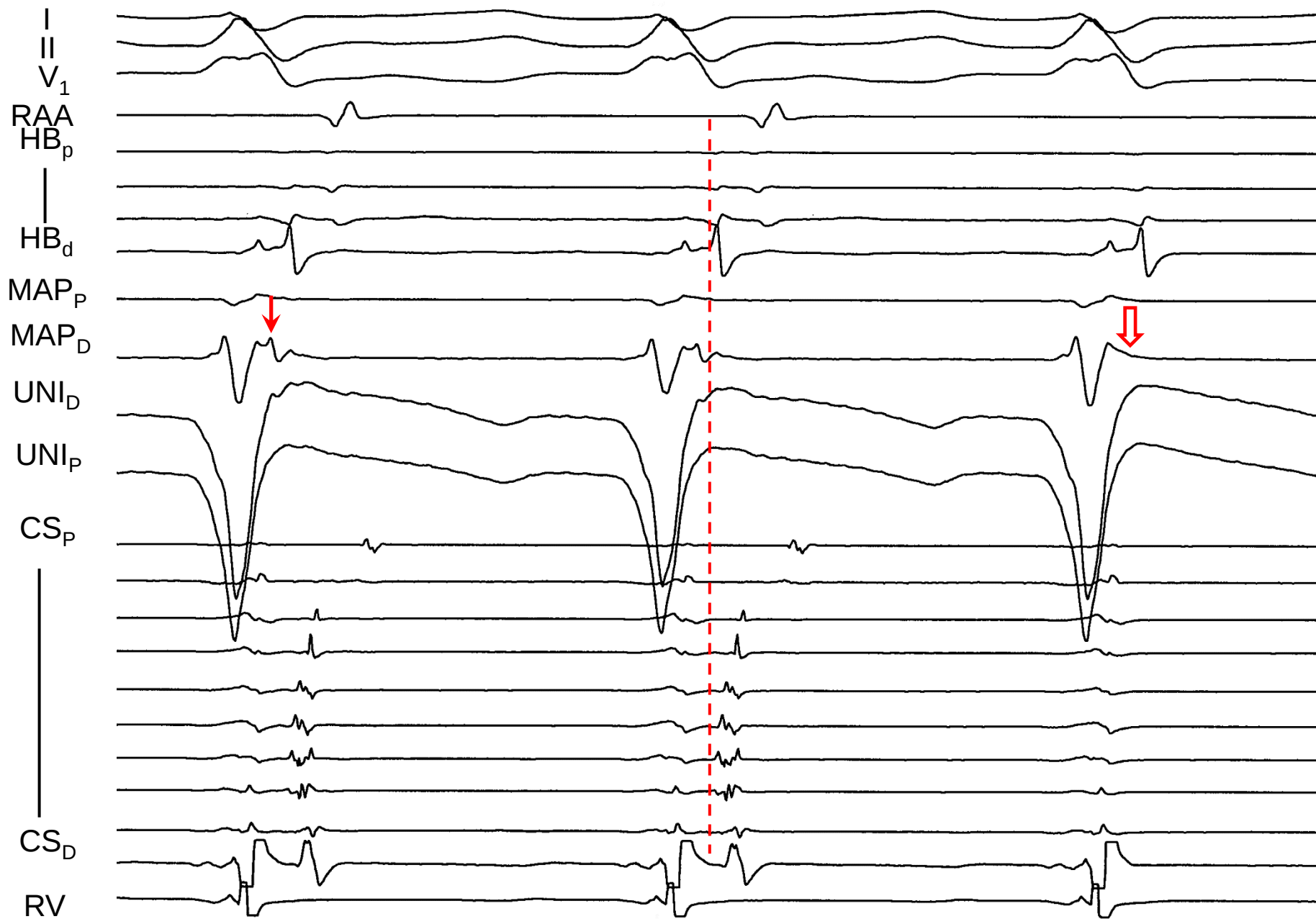


Figure 6.6C

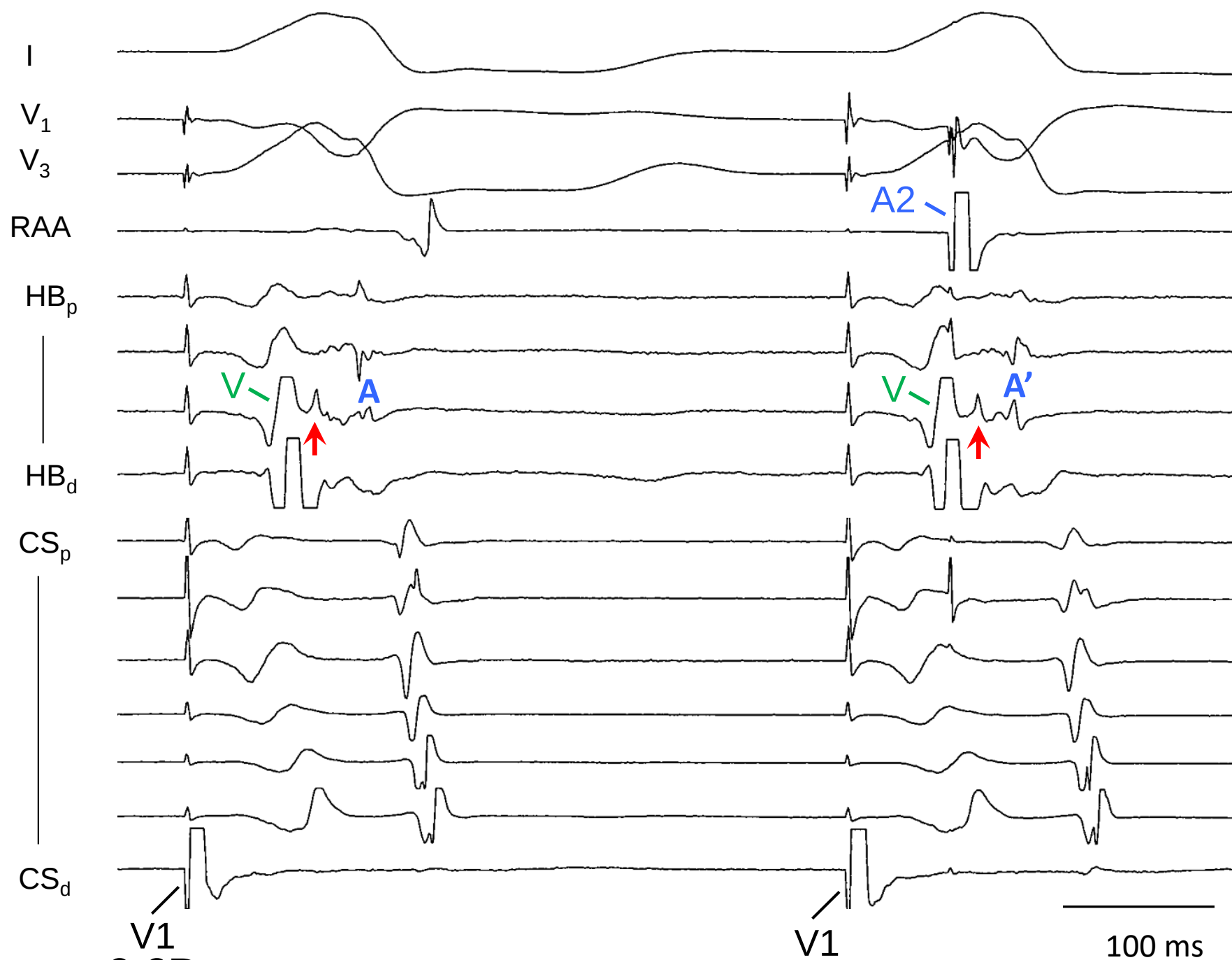


Figure 6.6D

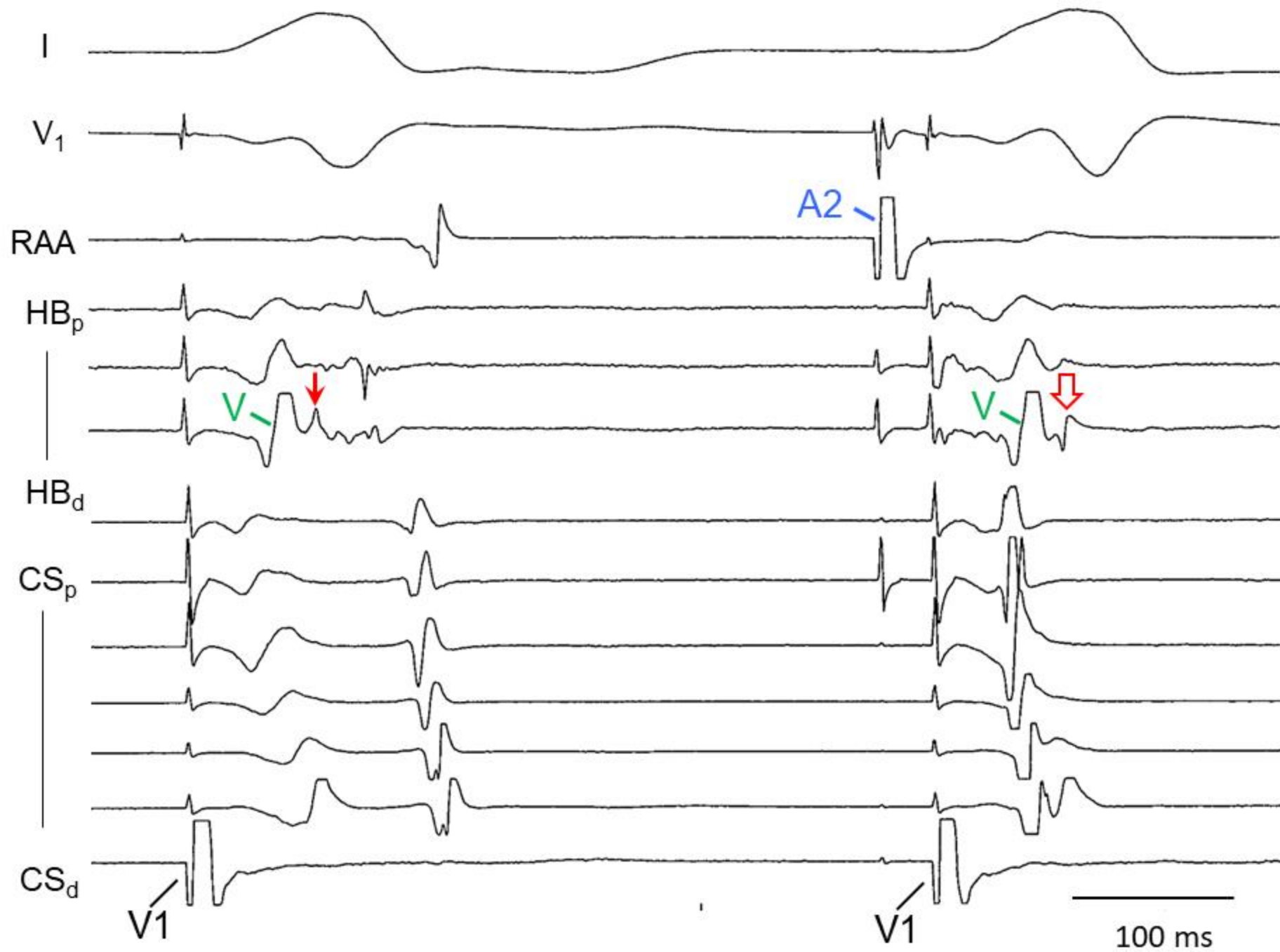


Figure 6.6E

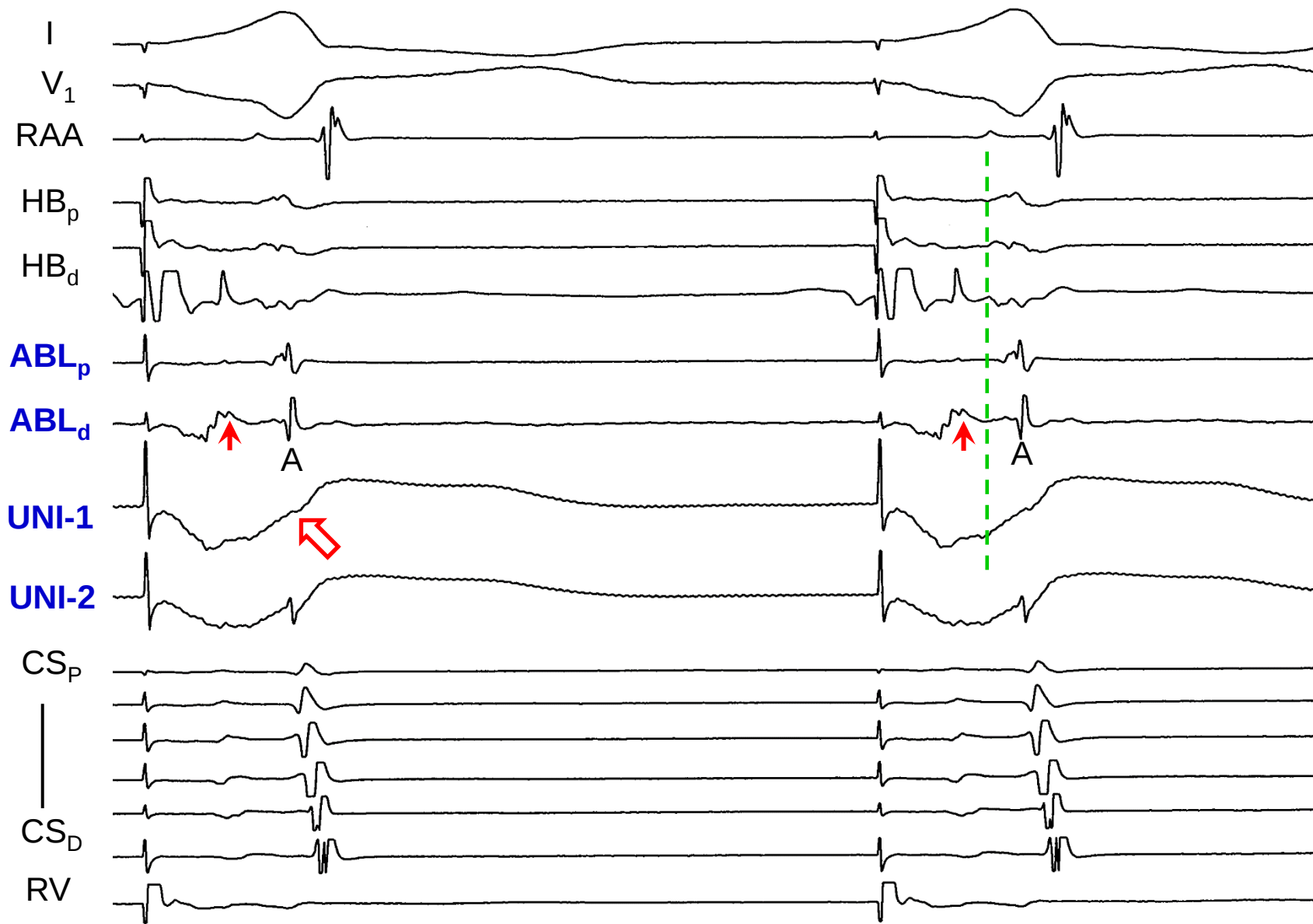


Figure 6.7A

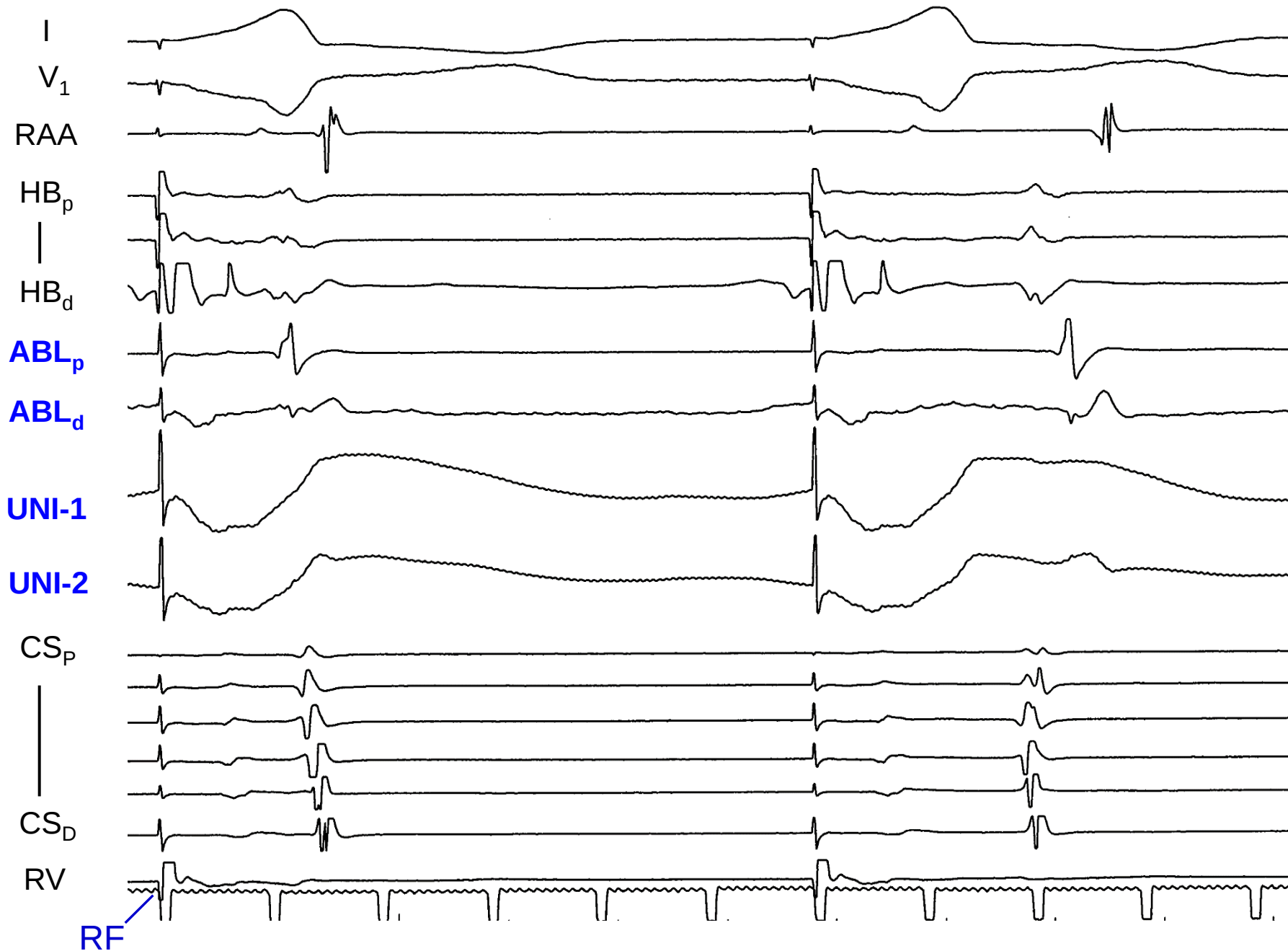


Figure 6.7B

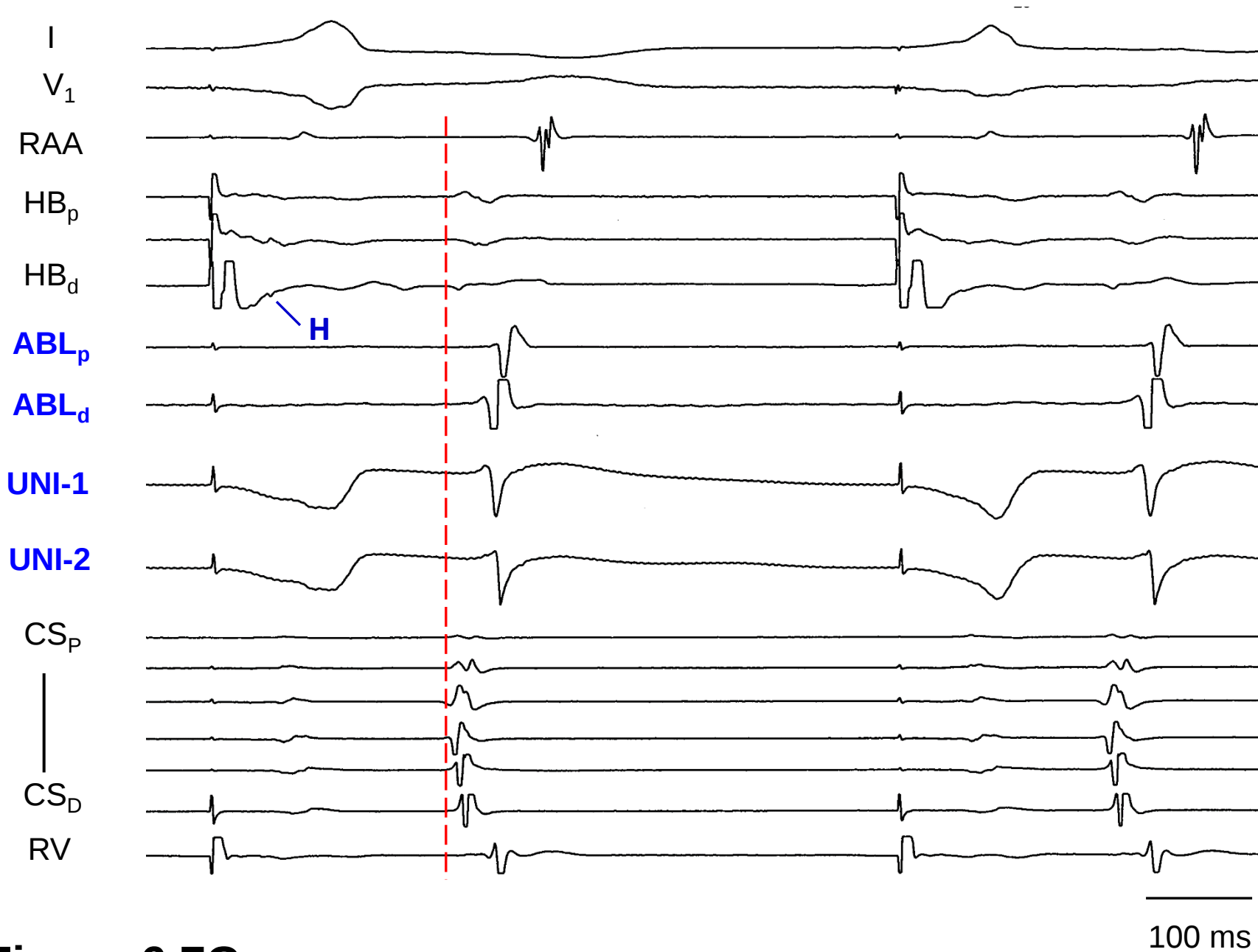


Figure 6.7C

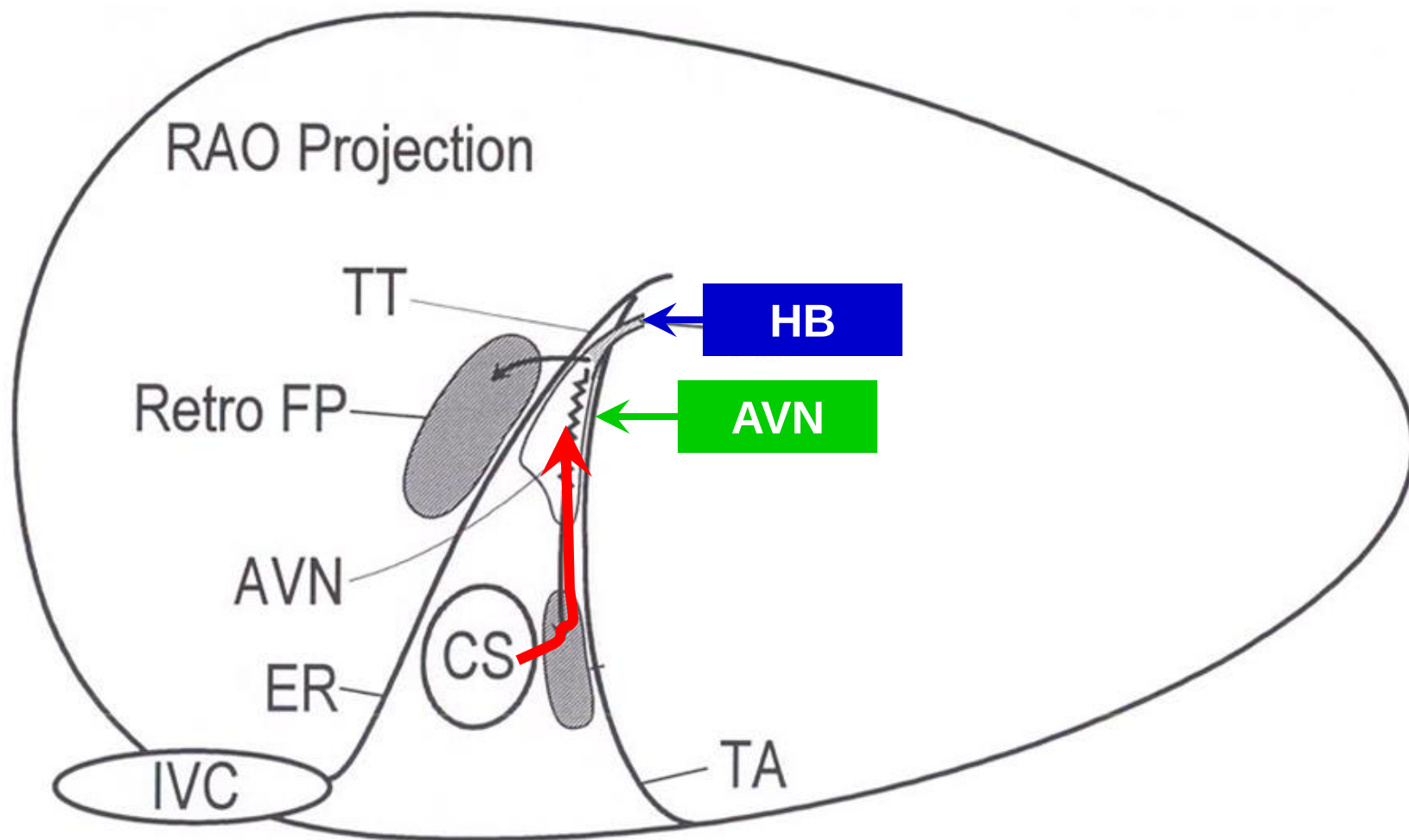


Figure 6.8A

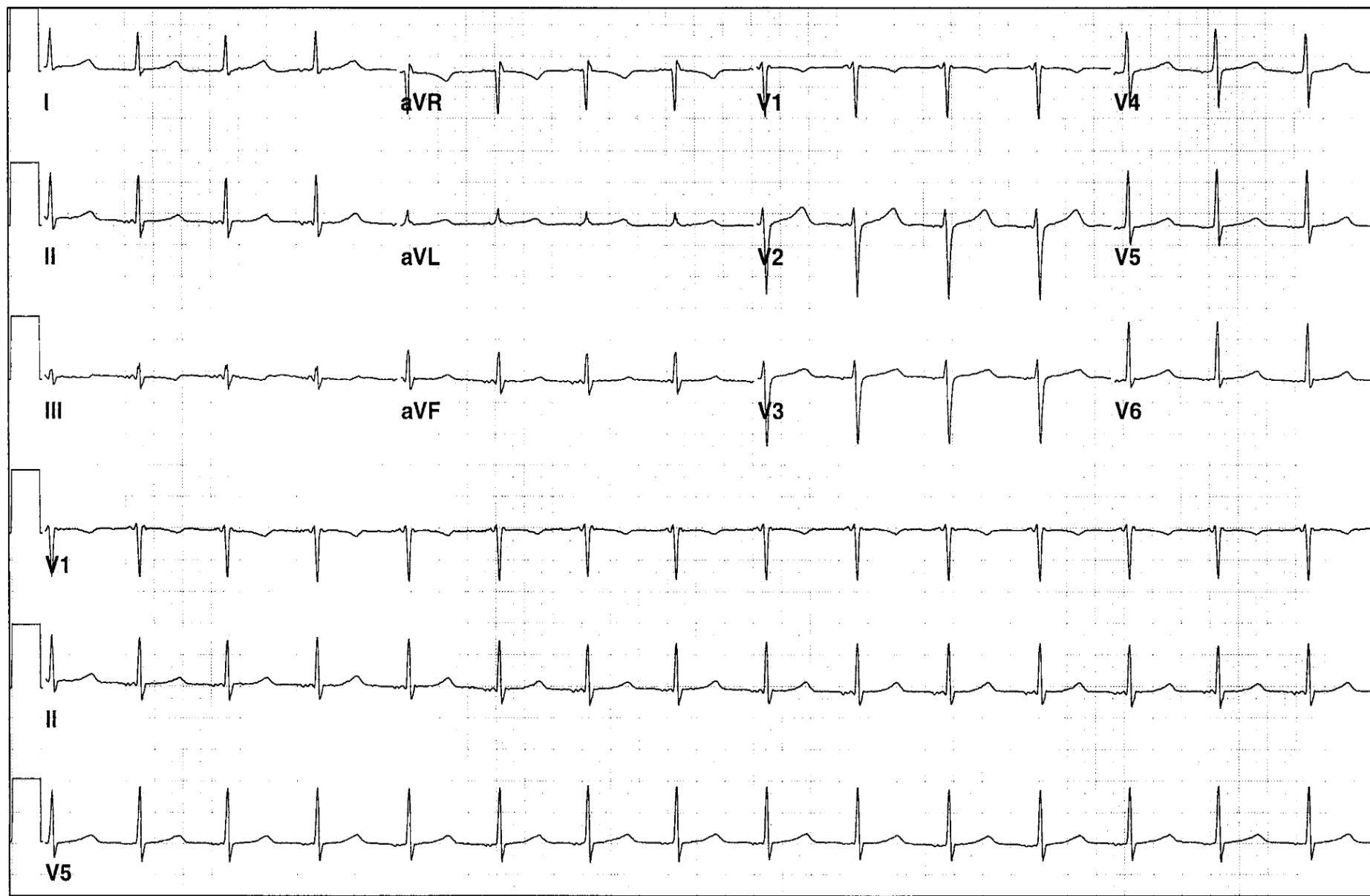


Figure 6.8B

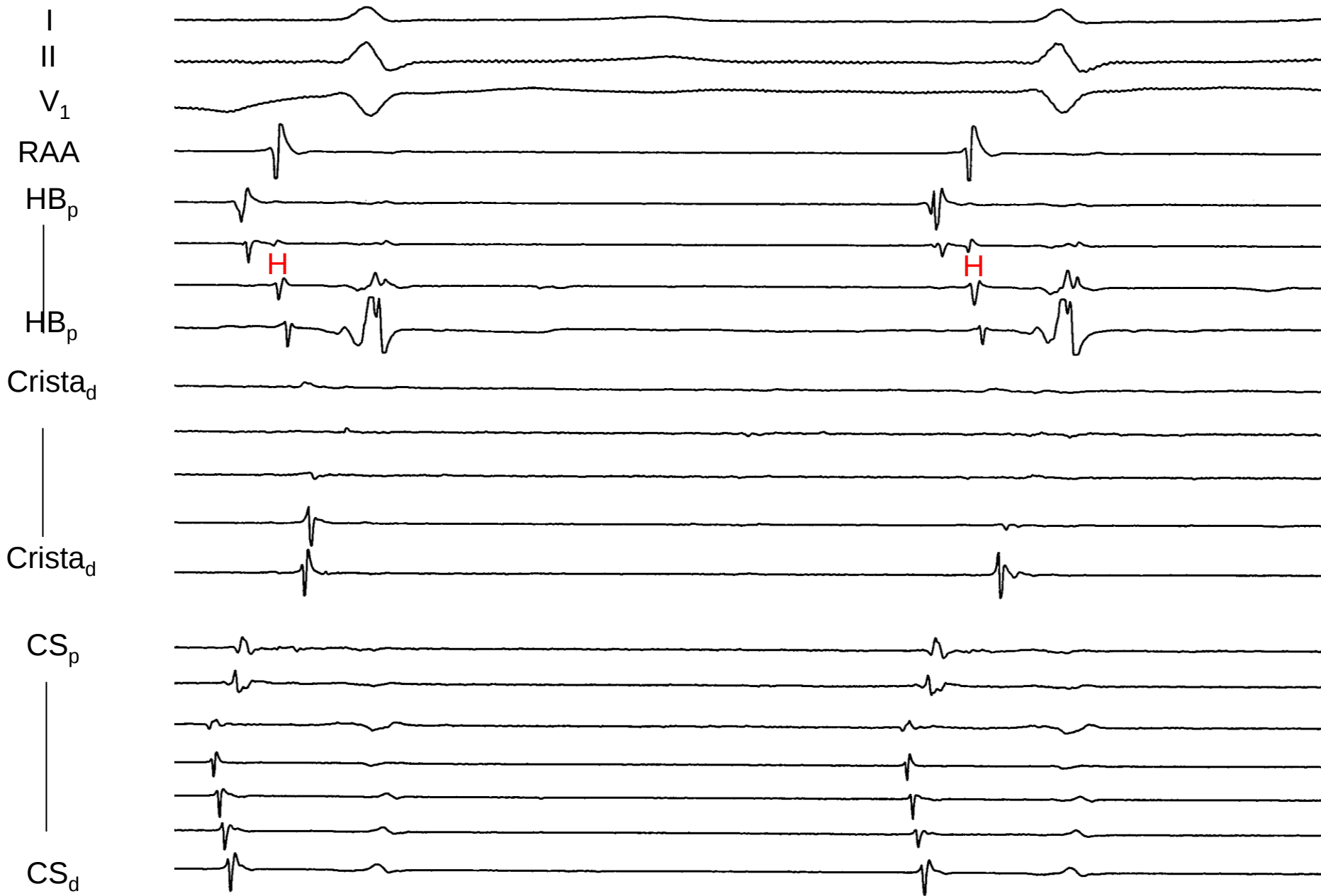


Figure 6.8C

100 ms

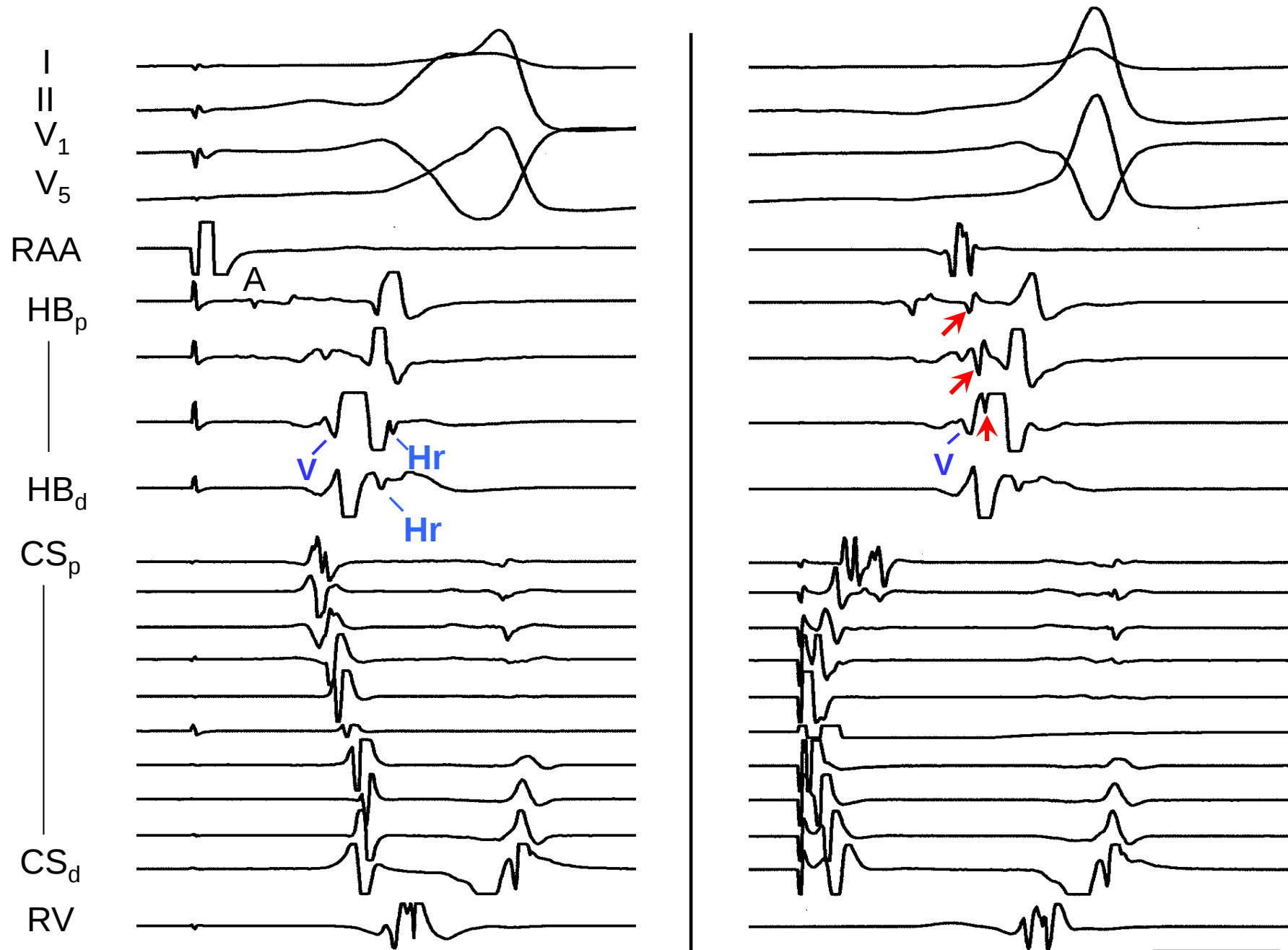
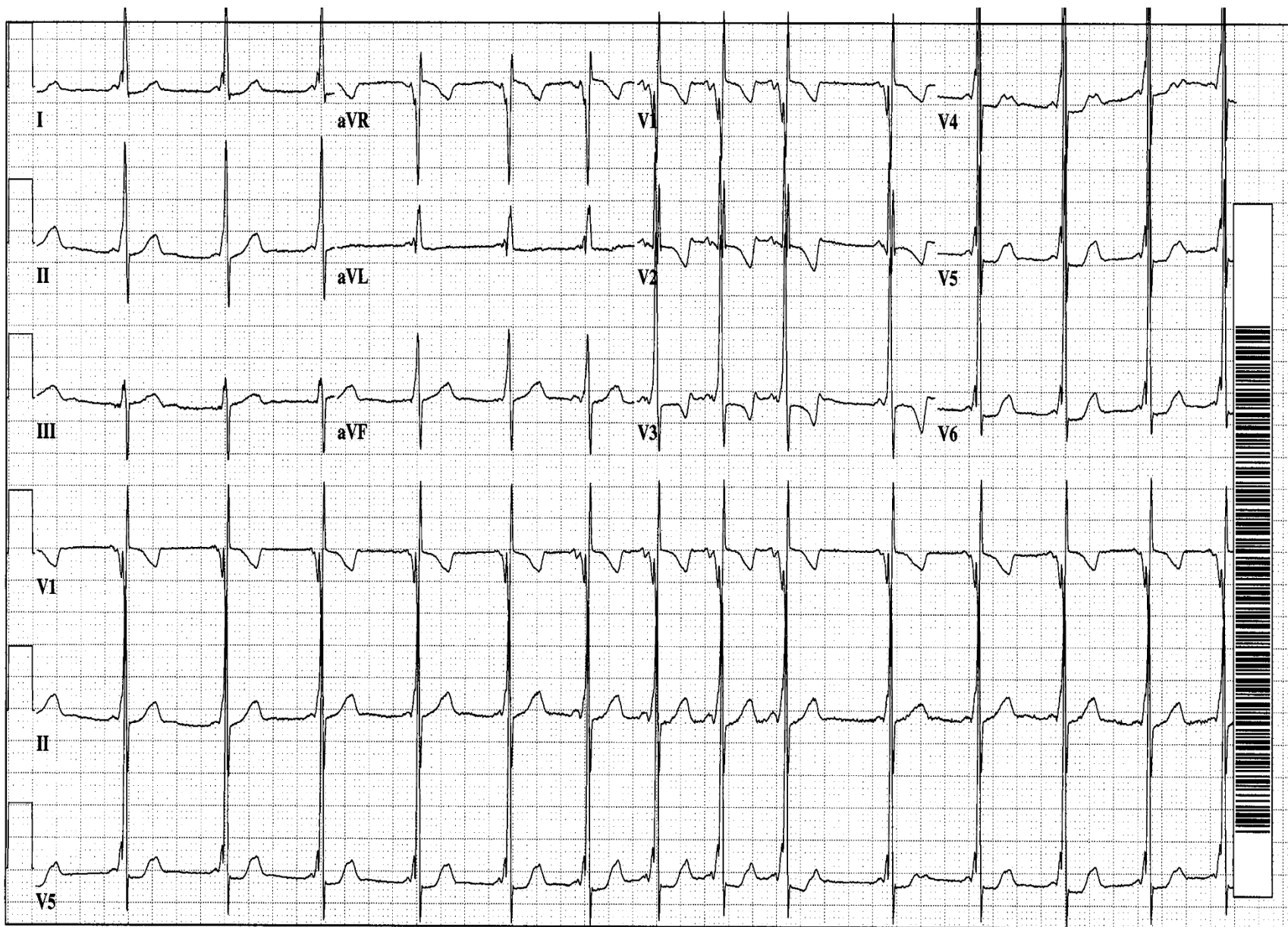


Figure 6.8D



25mm/s 10mm/mV 150Hz 7.1.1 12SL 231 CID: 1

SID: E1678692 EID:1000 EDT: 13:11 09-MAR-2009 ORDER: ACCOUNT: E00631001372

Page 1 of 1

Figure. 6.9A

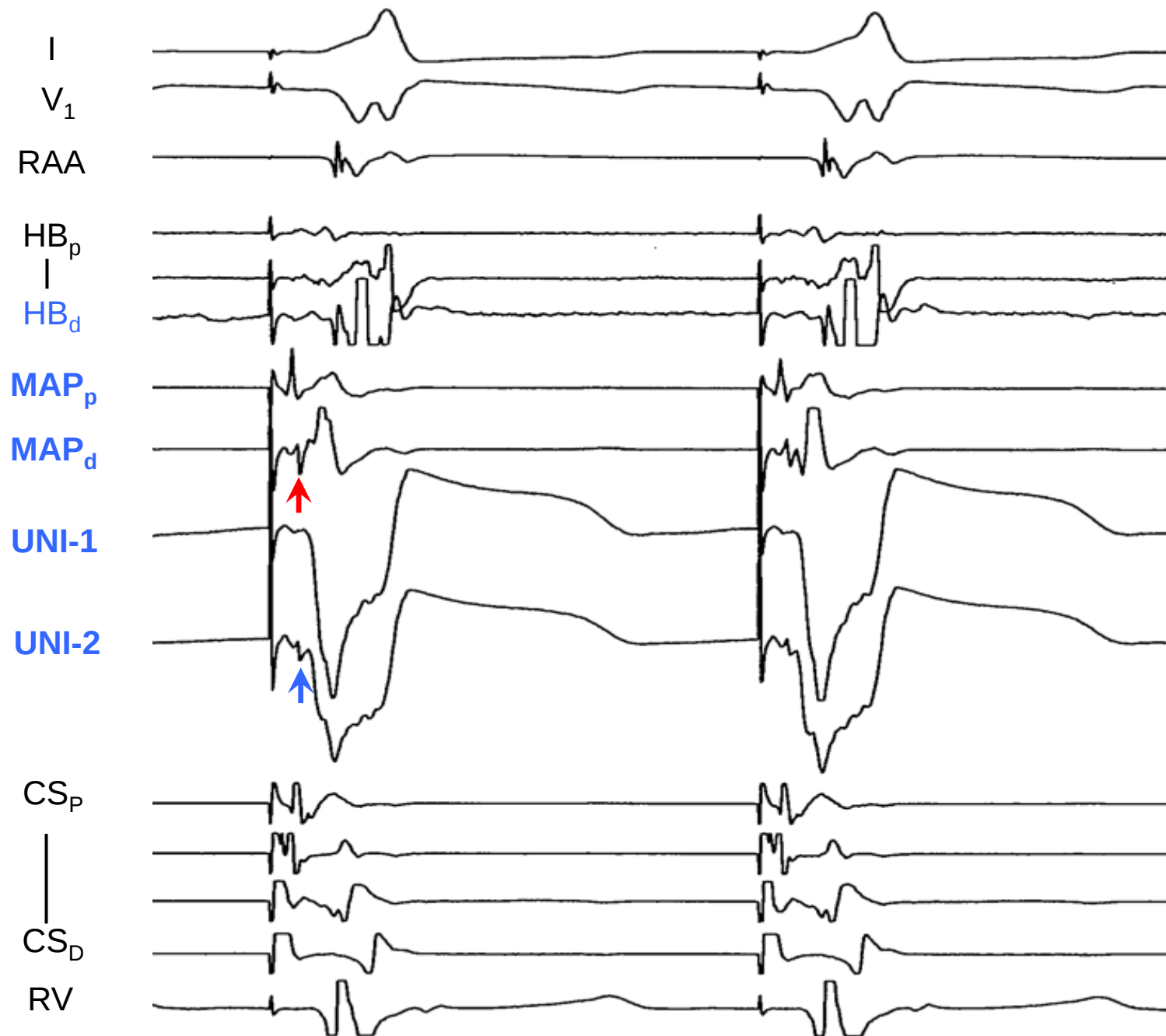


Figure 6.9B

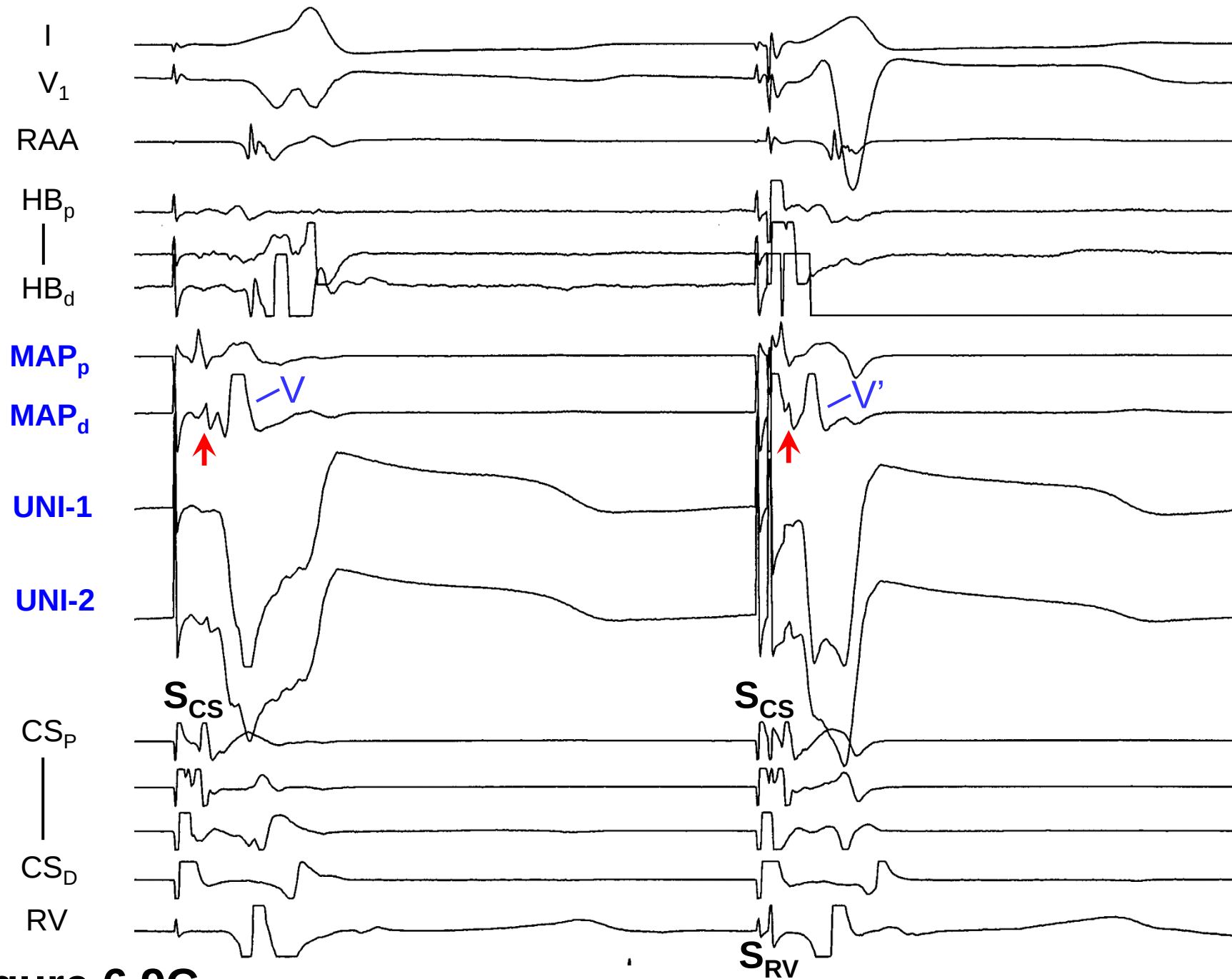


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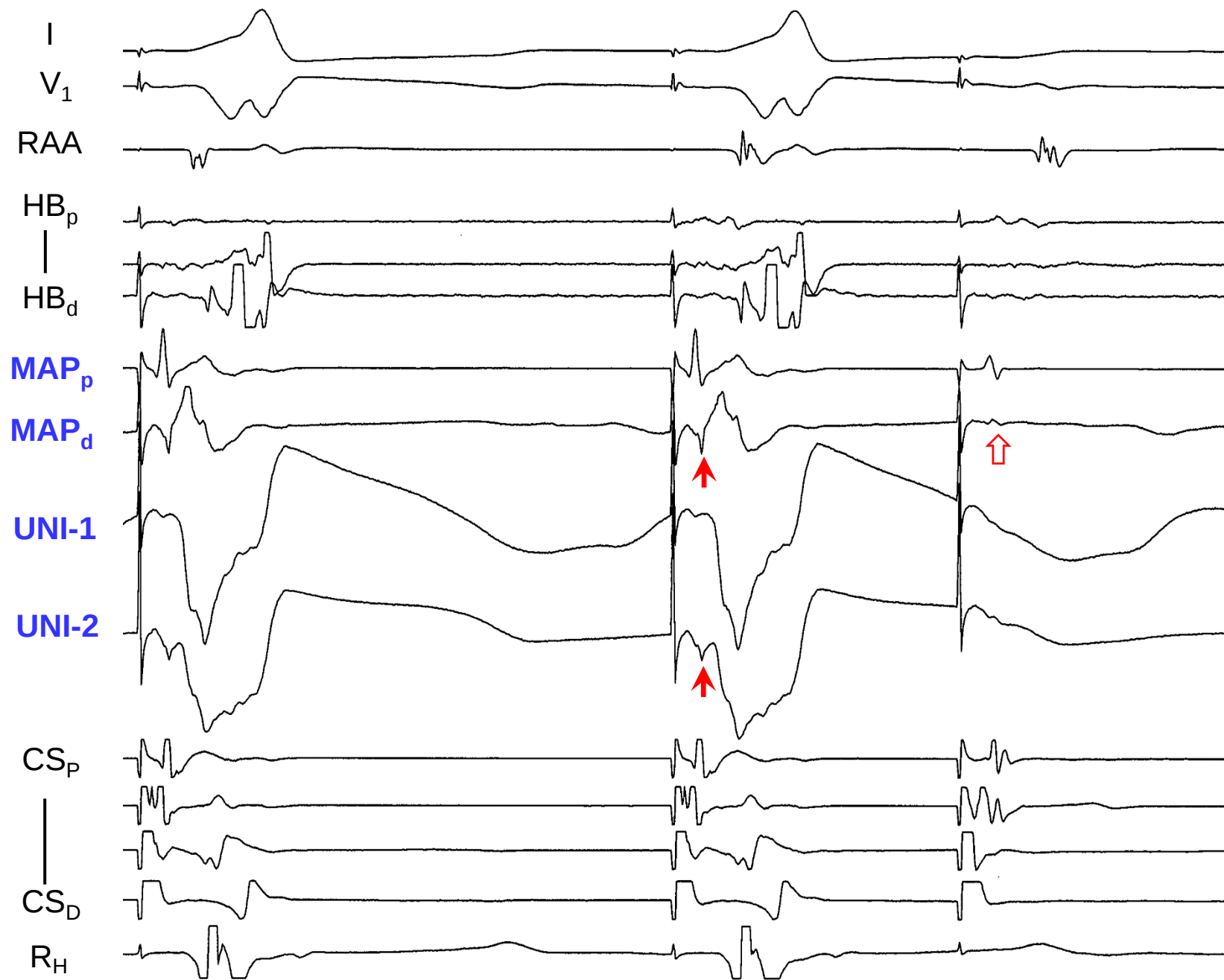


Figure 6.9D

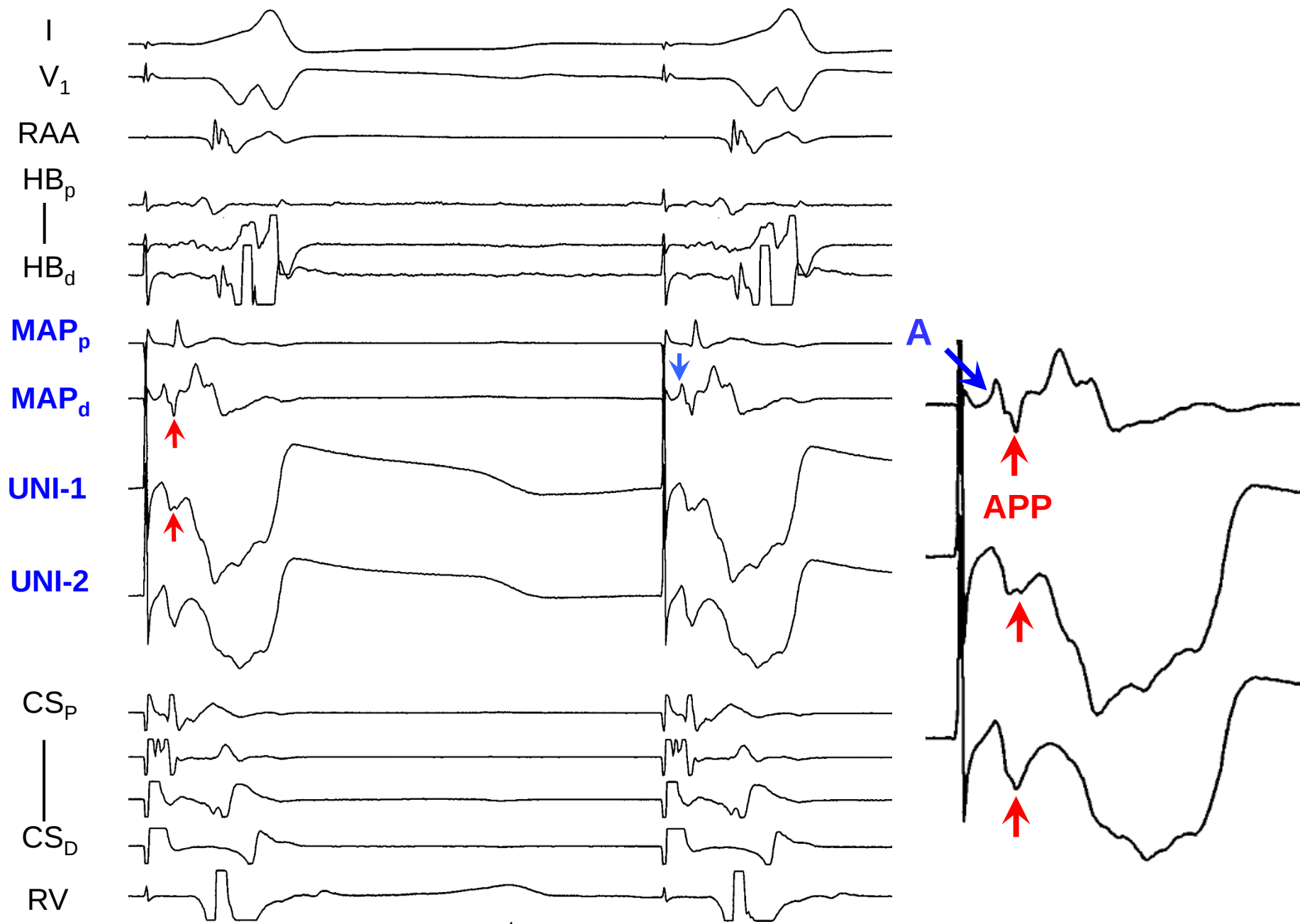


Figure 6.9E

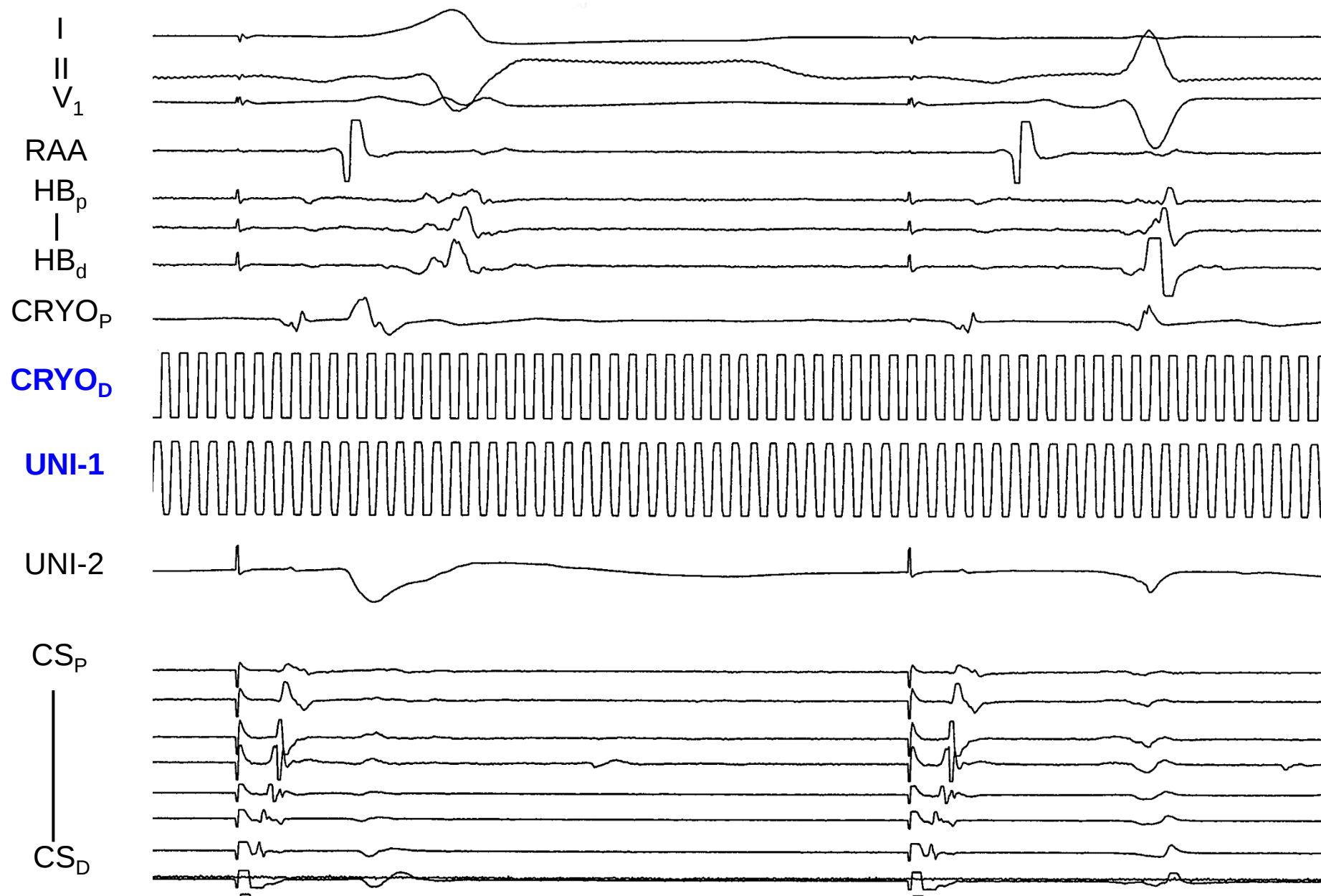


Figure 6.9F

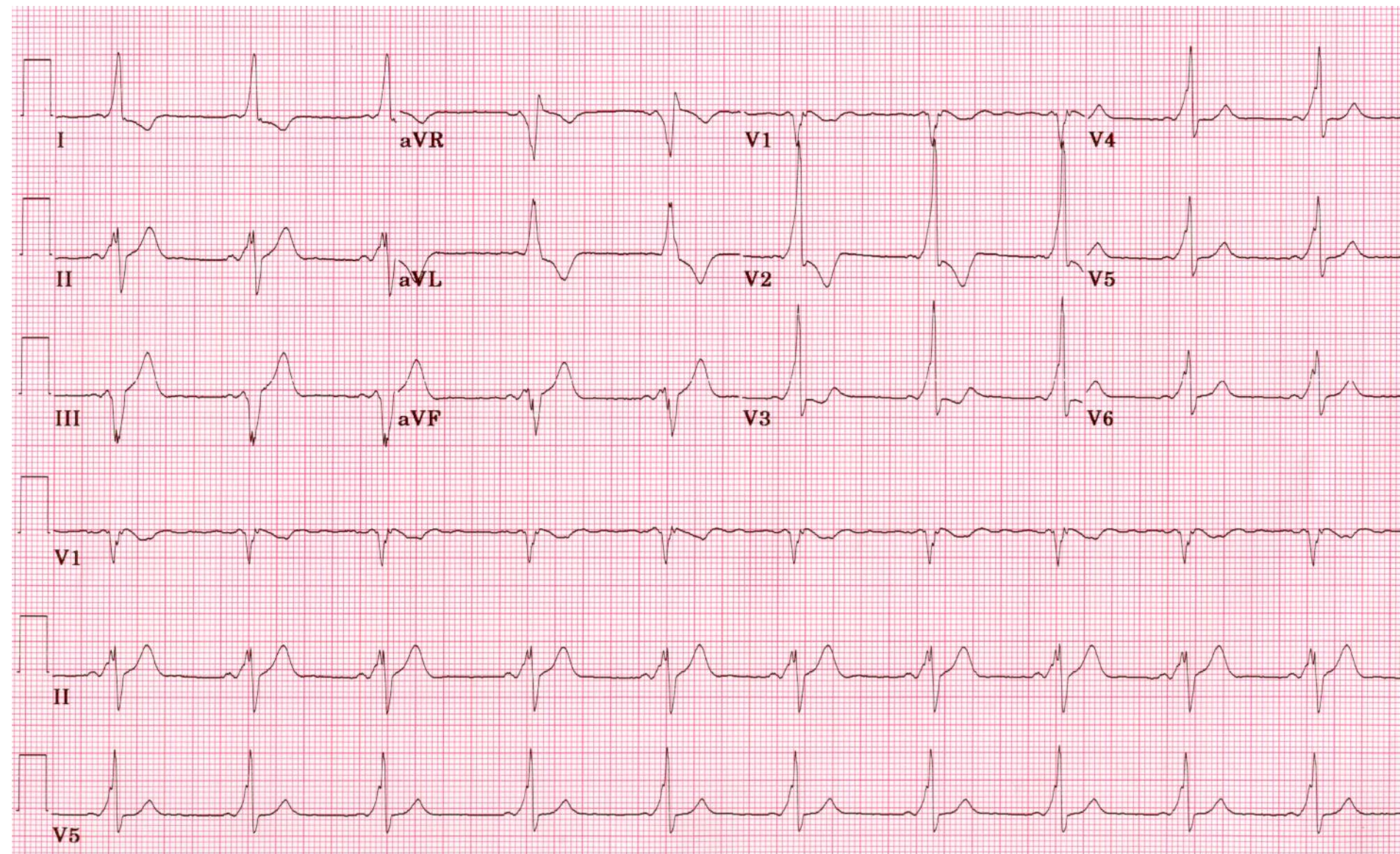


Figure 6.10A

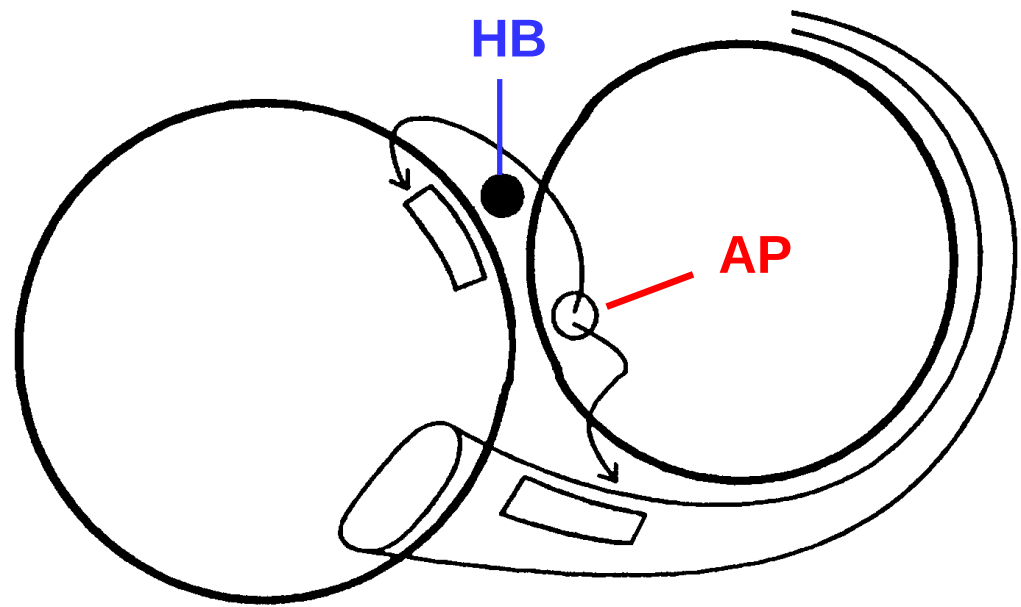
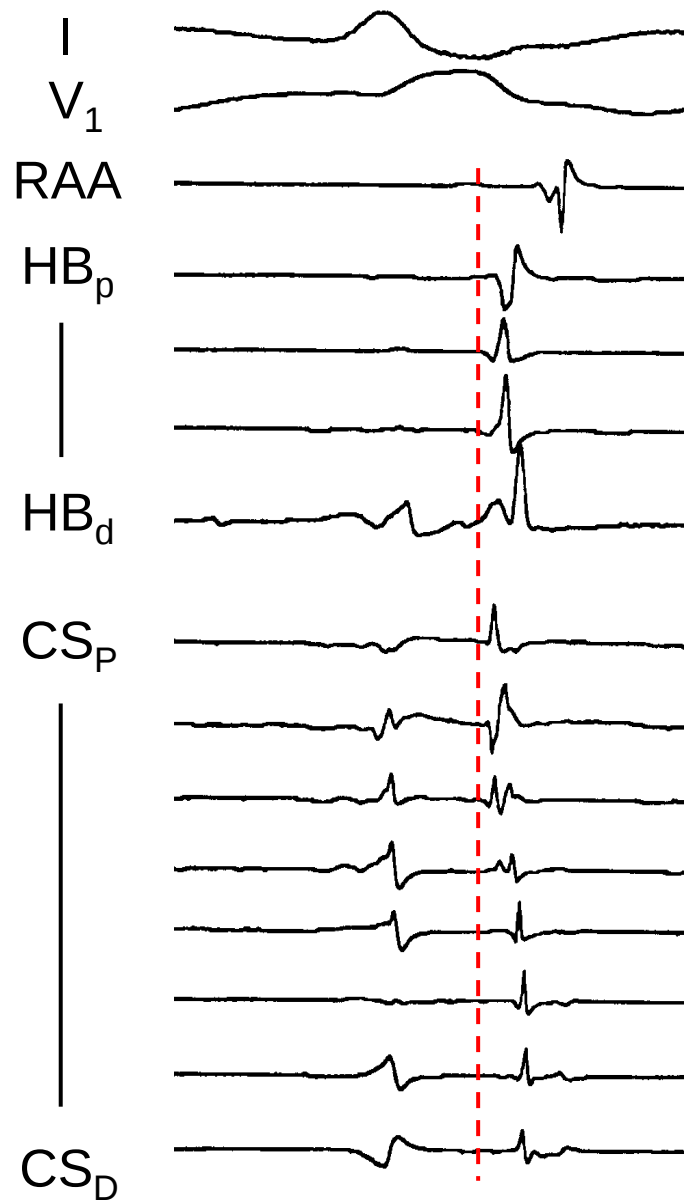


Figure 6.10B

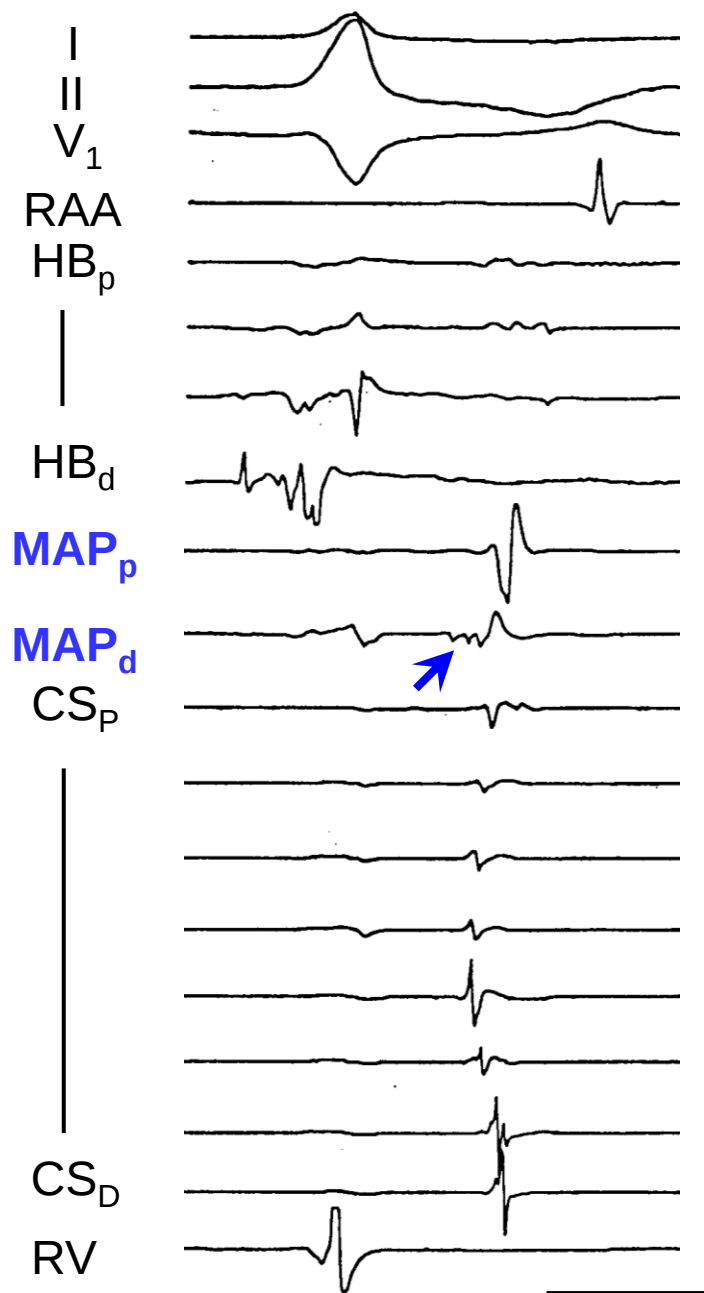
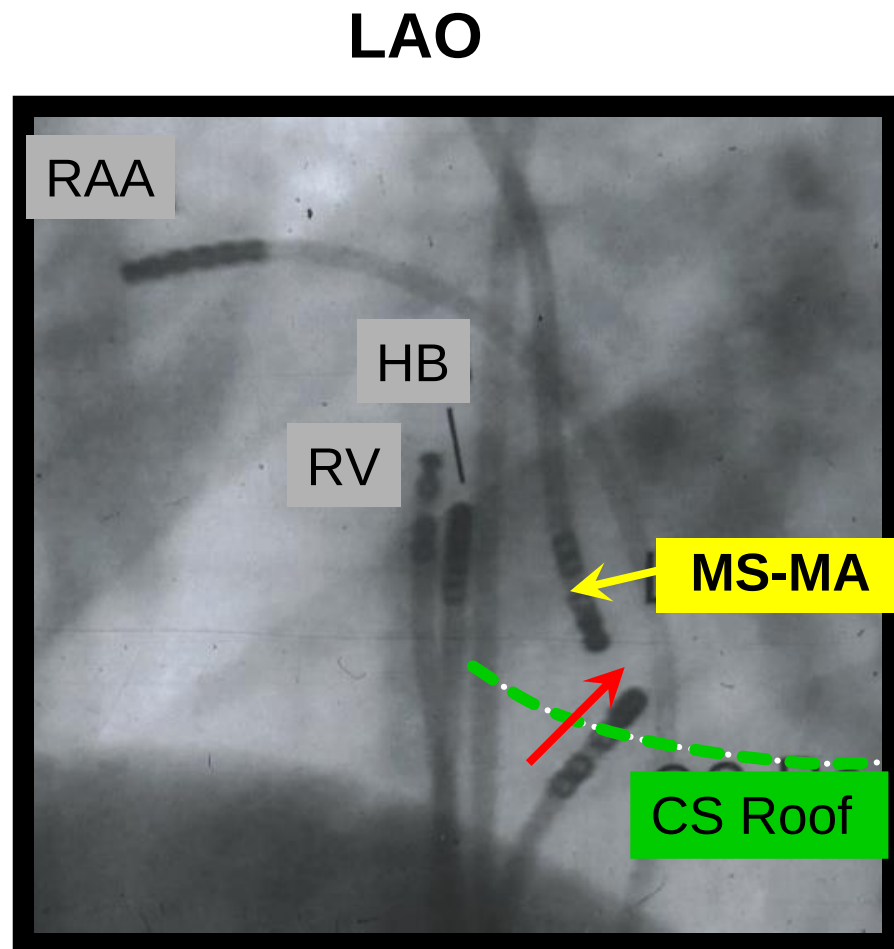


Fig. 6.10C



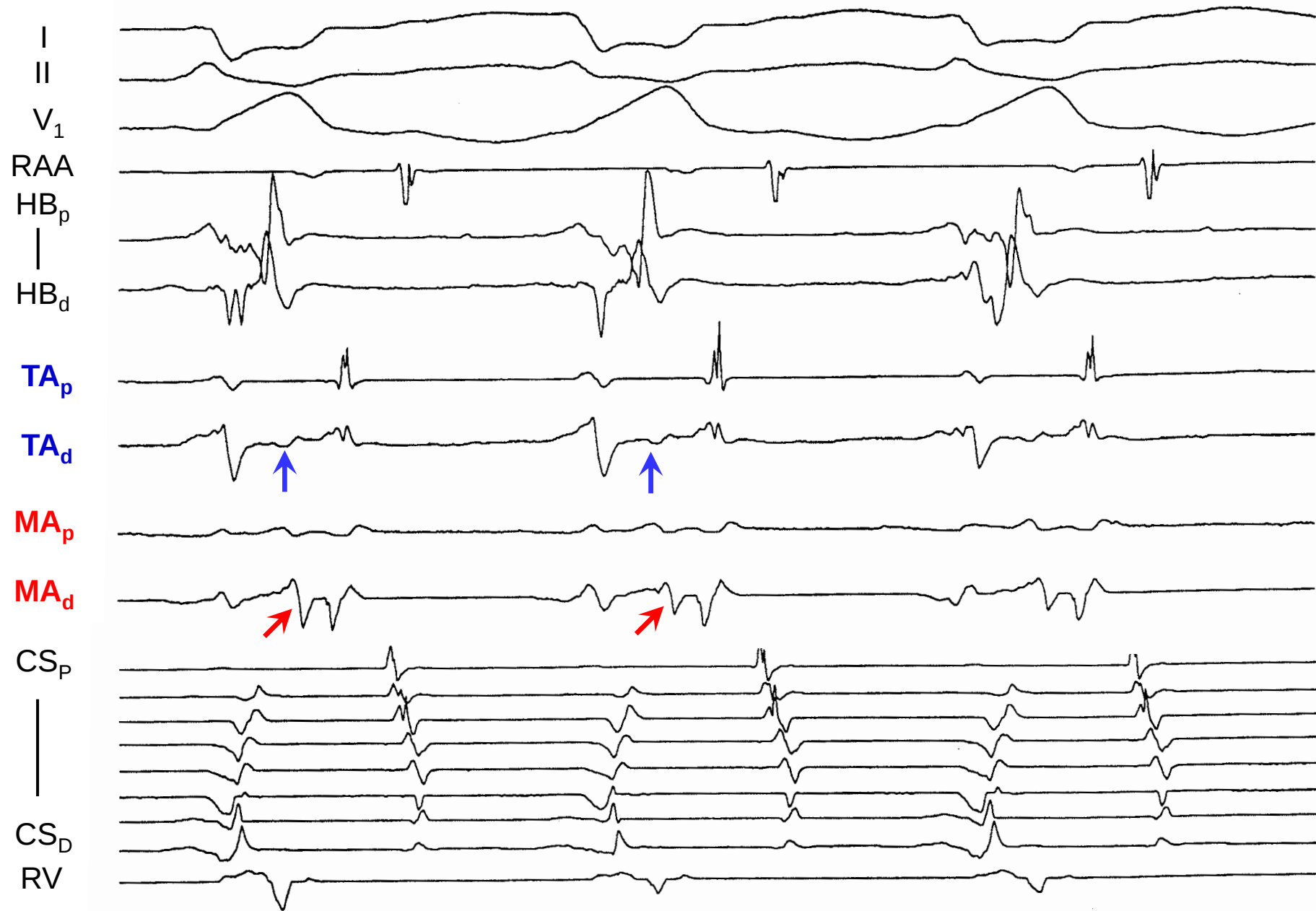


Fig. 6.10D

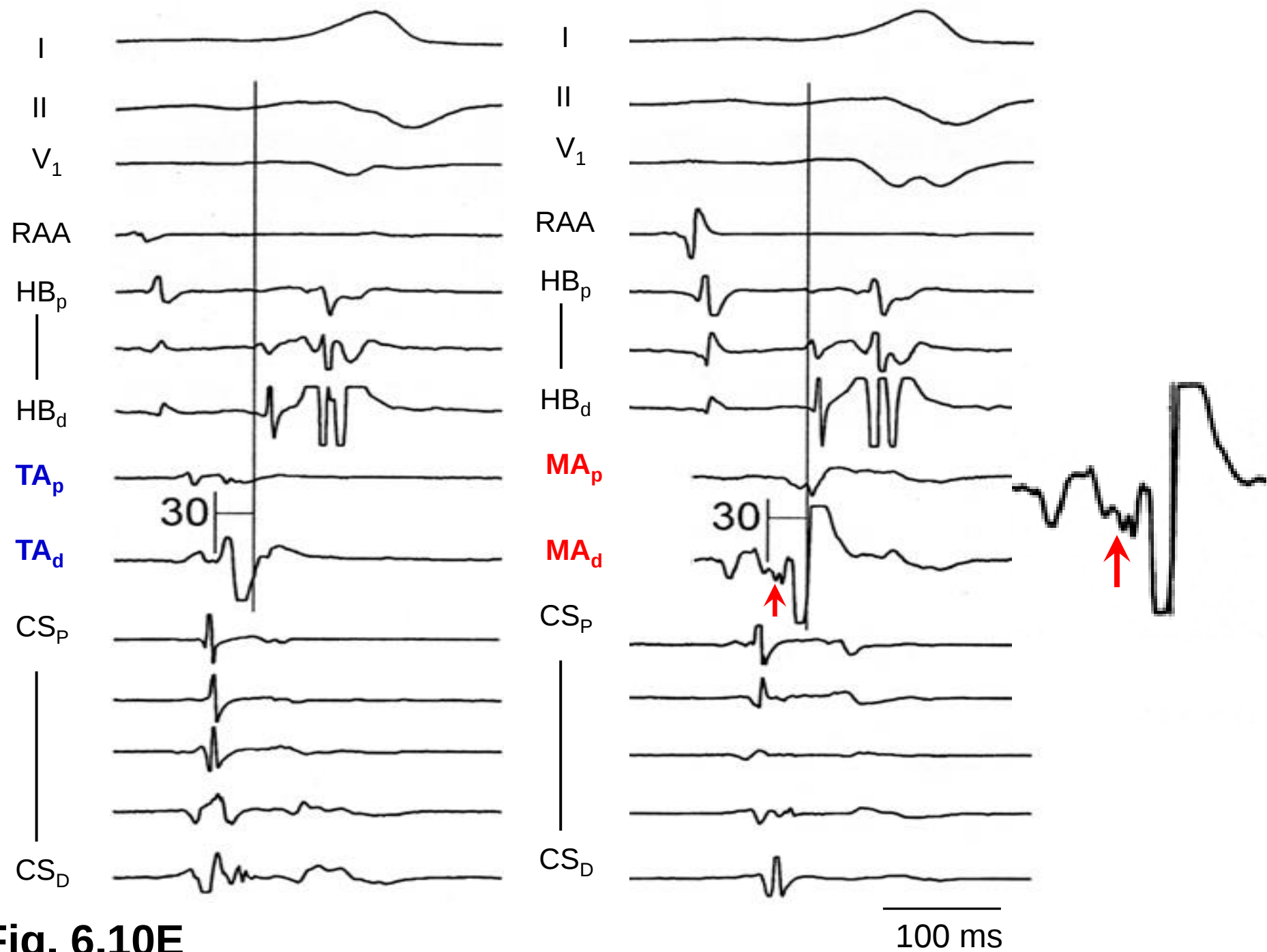


Fig. 6.10E

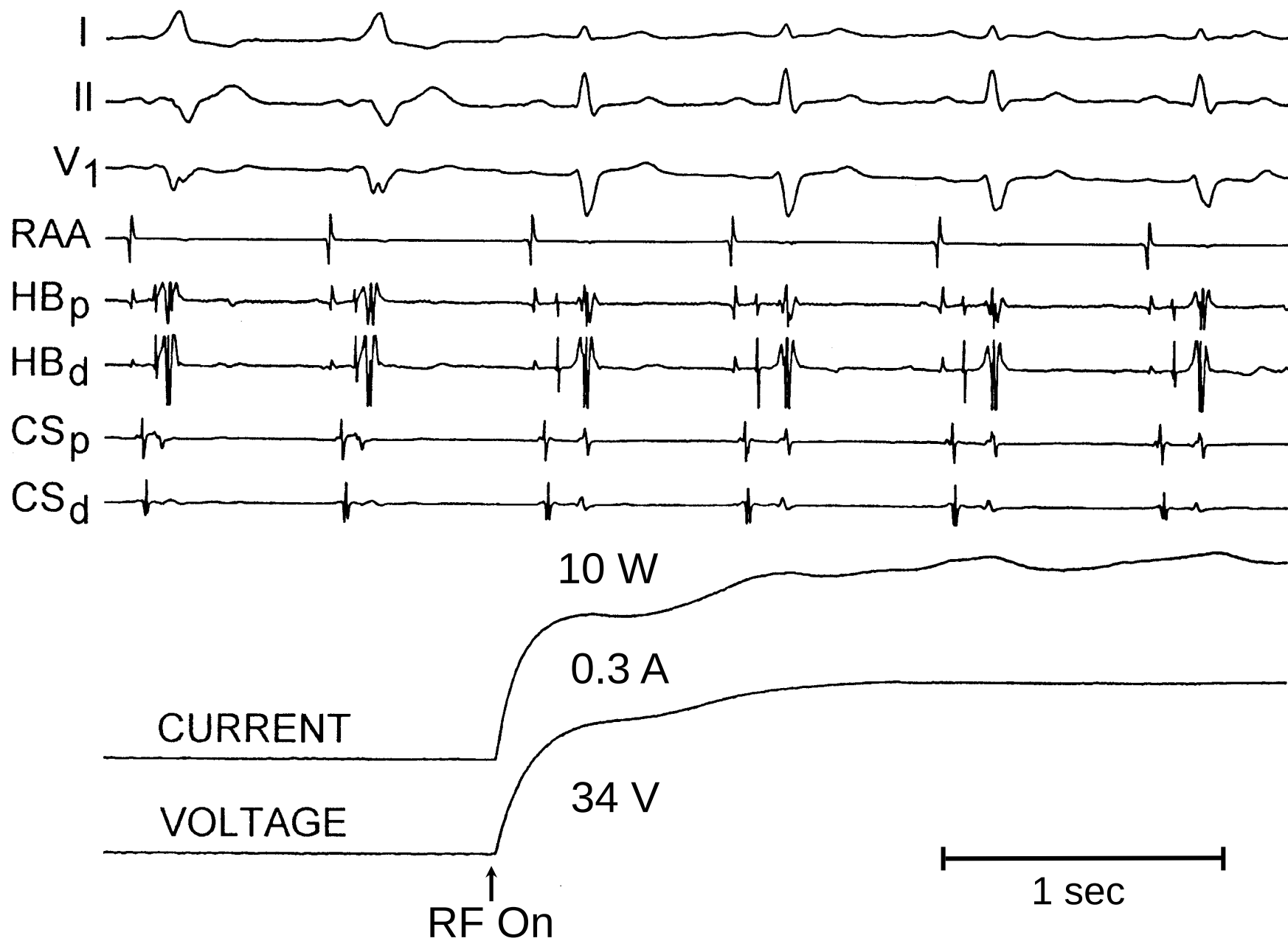


Fig. 6.10F

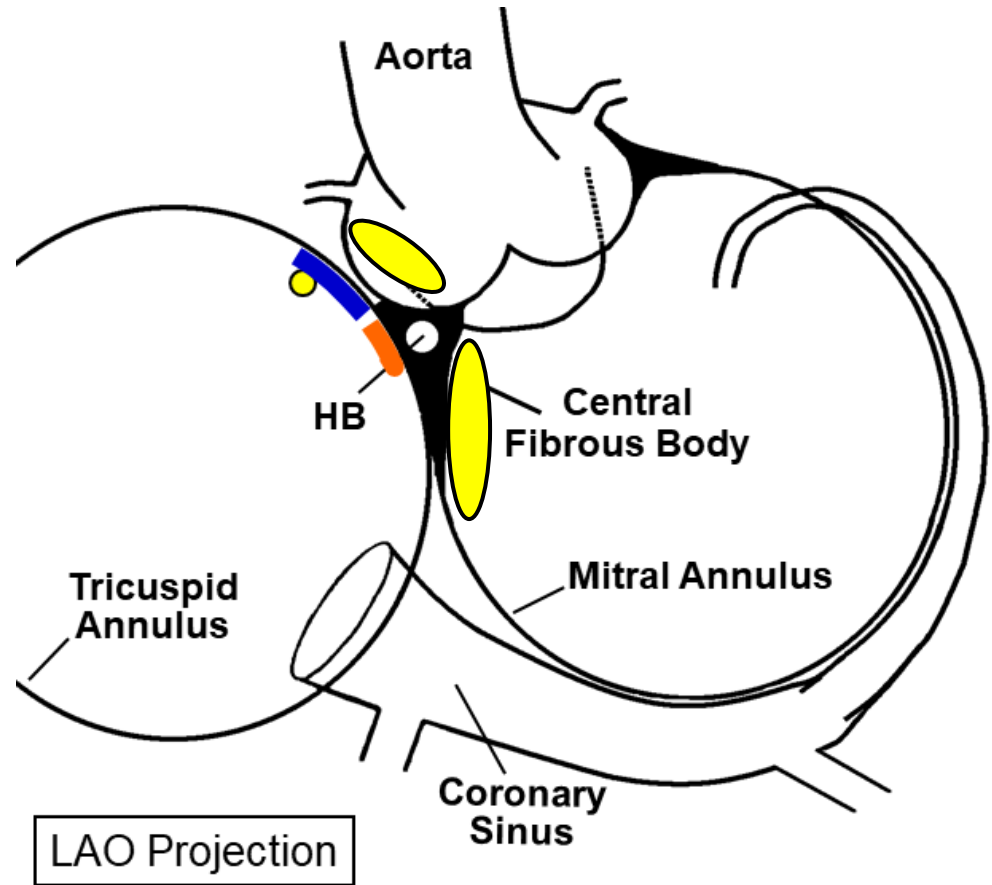
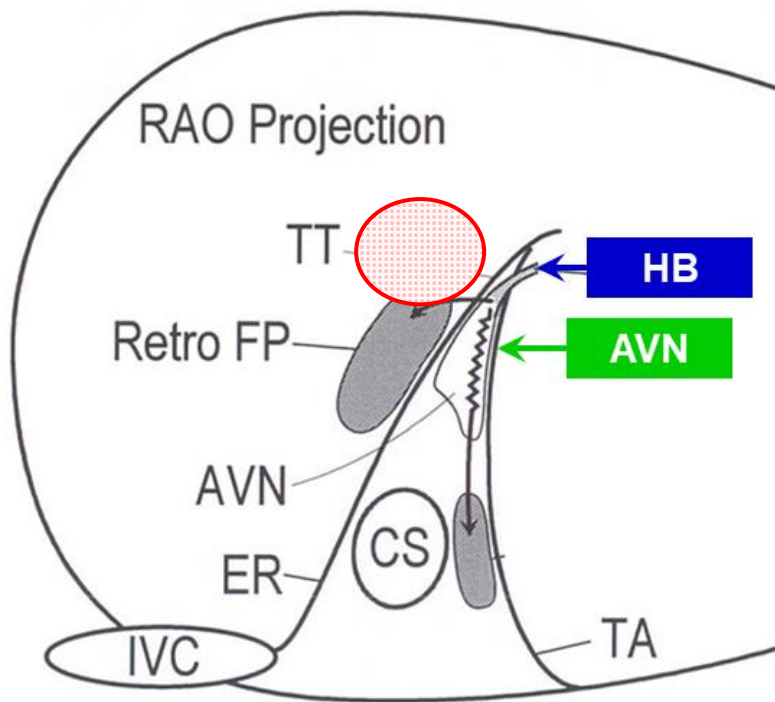


Figure 6.11A

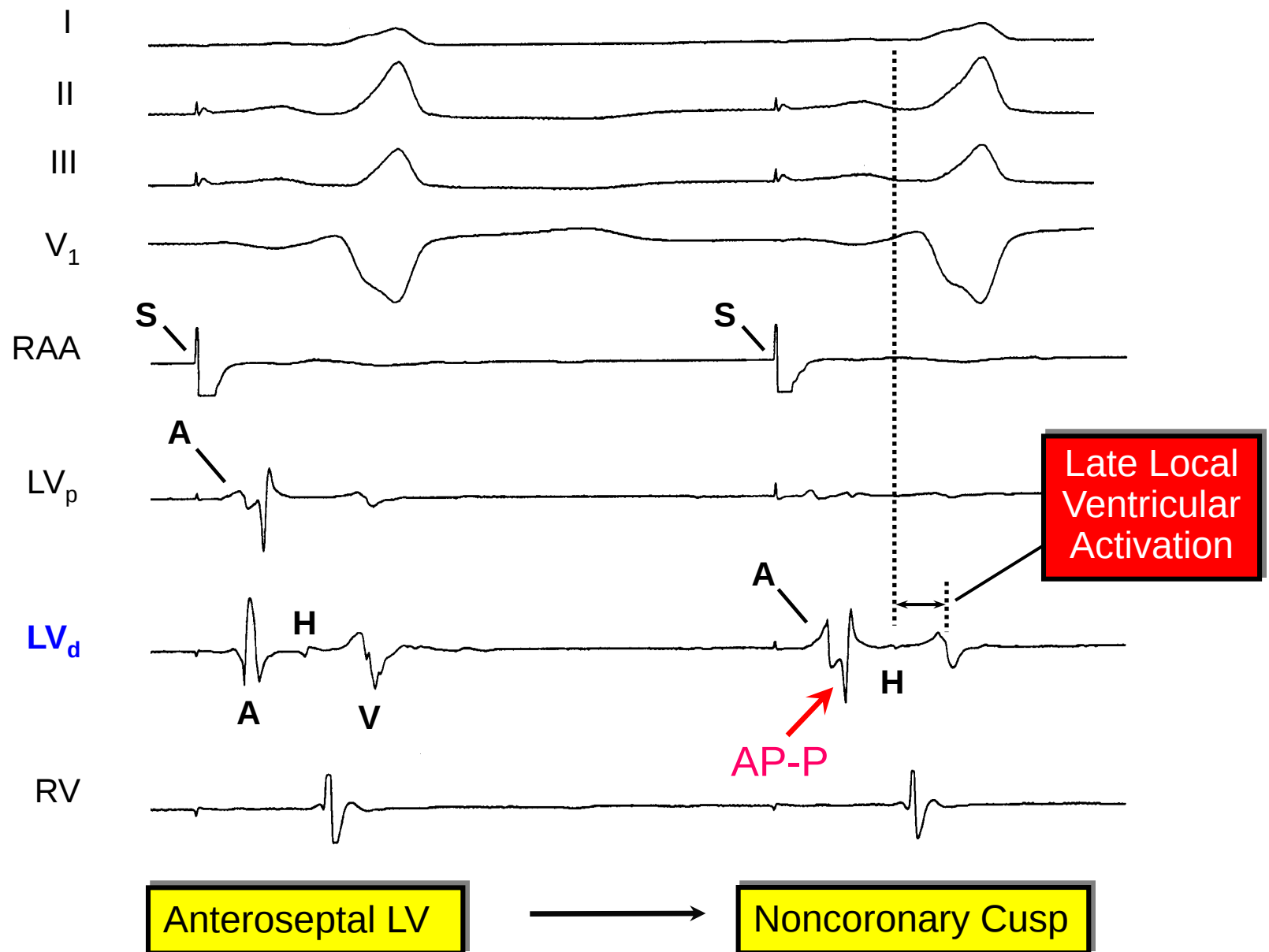
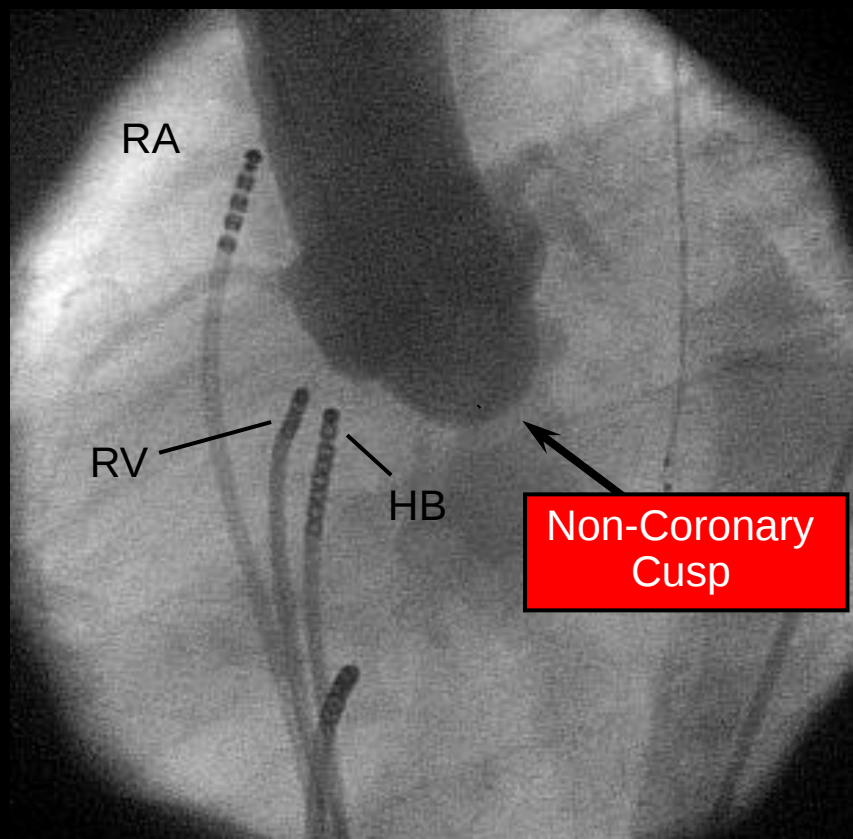
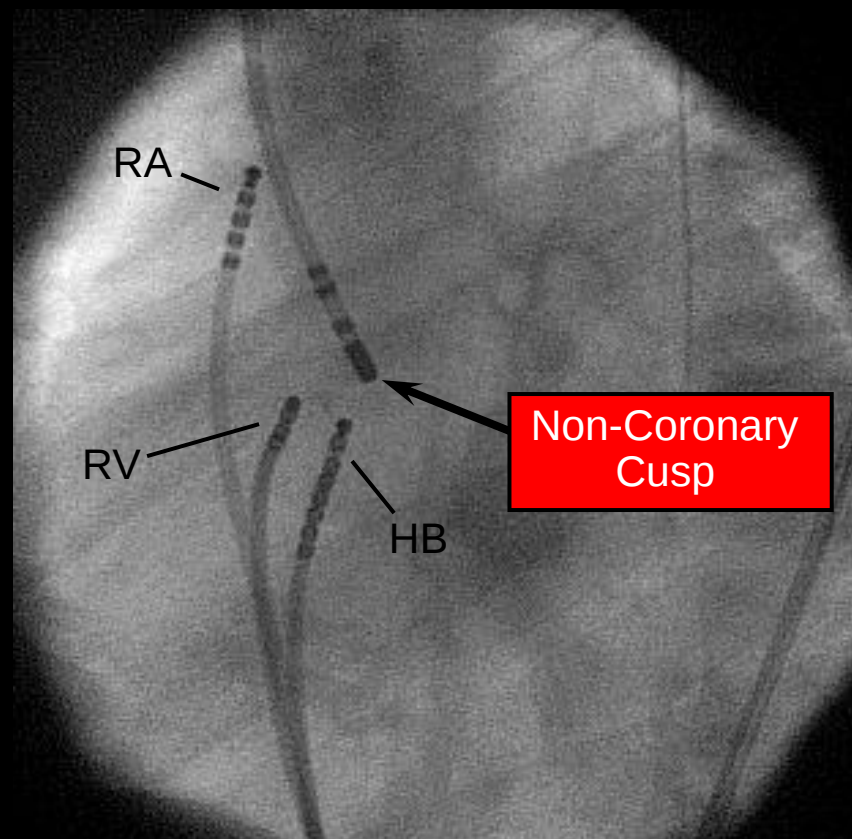


Figure 6.11B

Aortogram



Pullback from LV
to Aortic Cusp



LAO Projection

Figure 6.11C

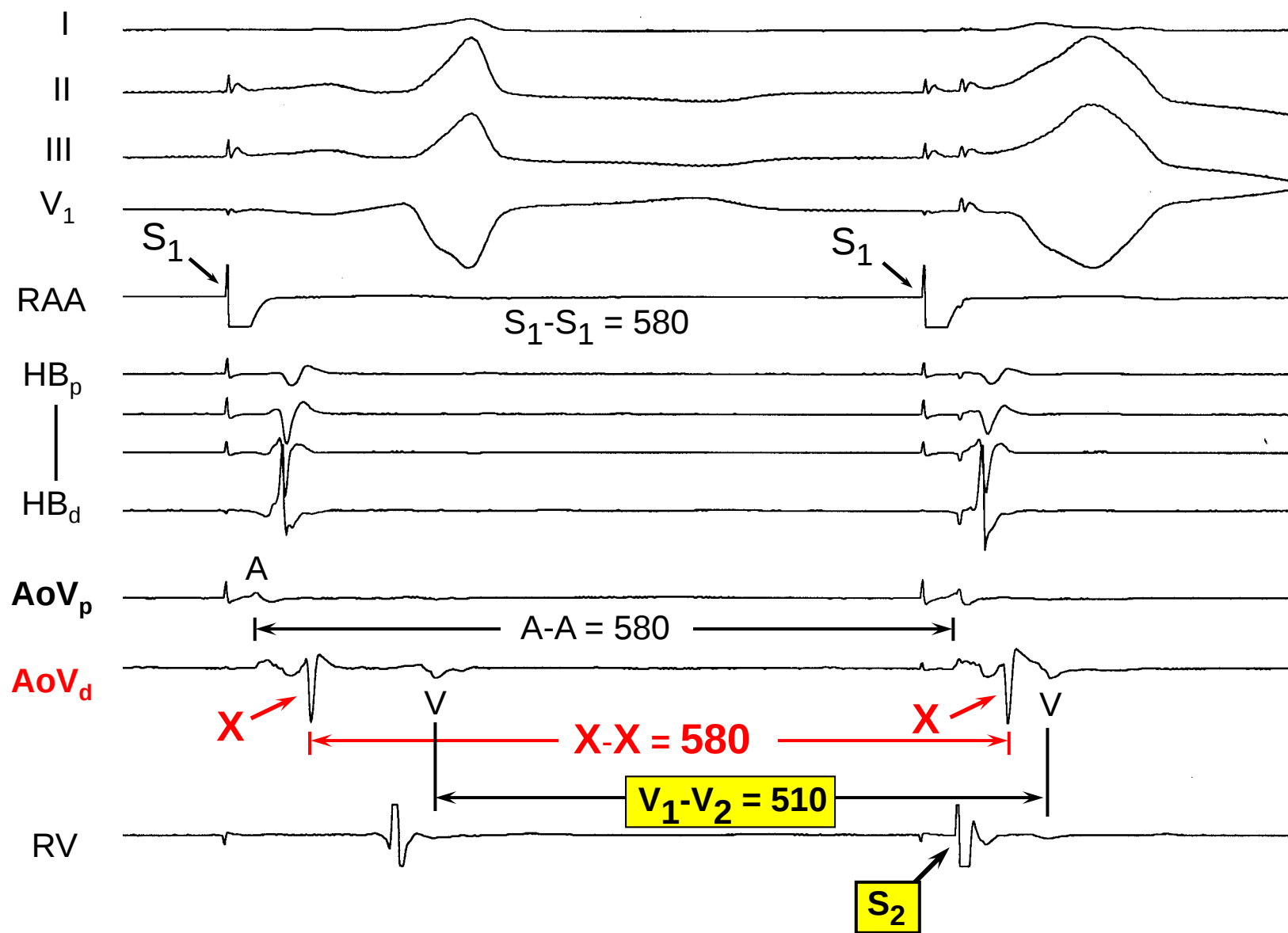


Figure 6.11D

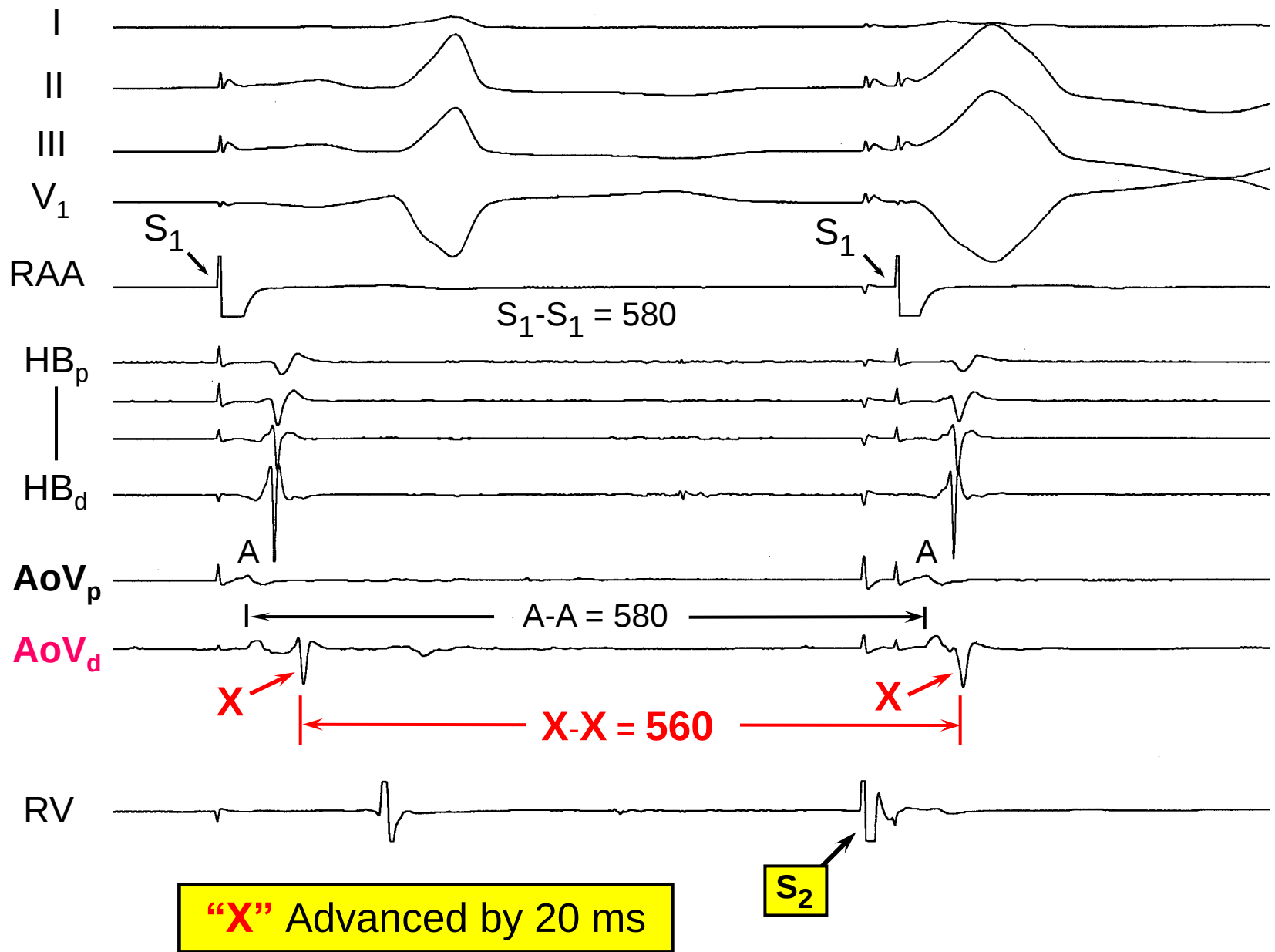


Figure 6.11E

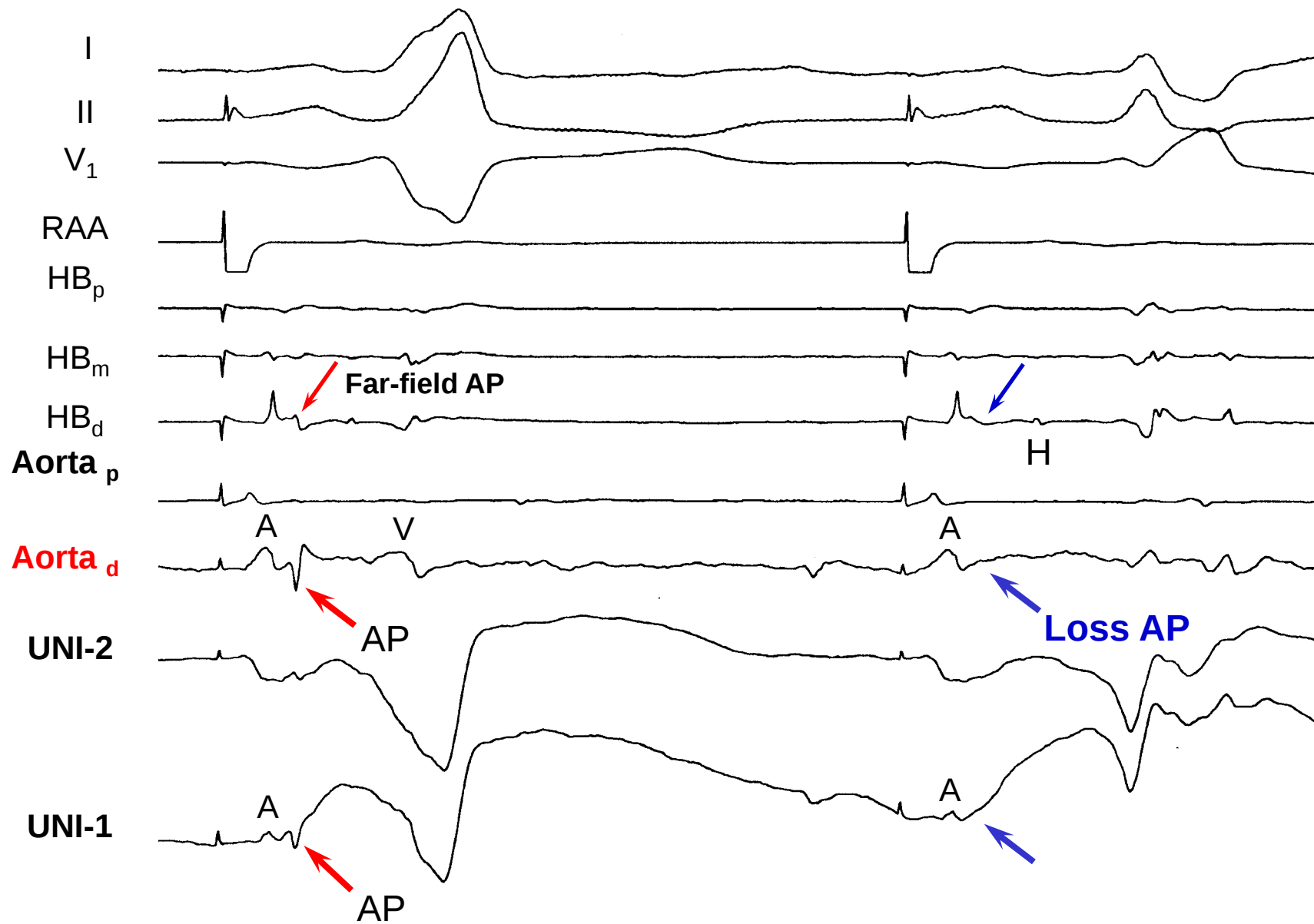


Figure 6.11F

Preexcitation Pattern Suggesting Anteroseptal AP

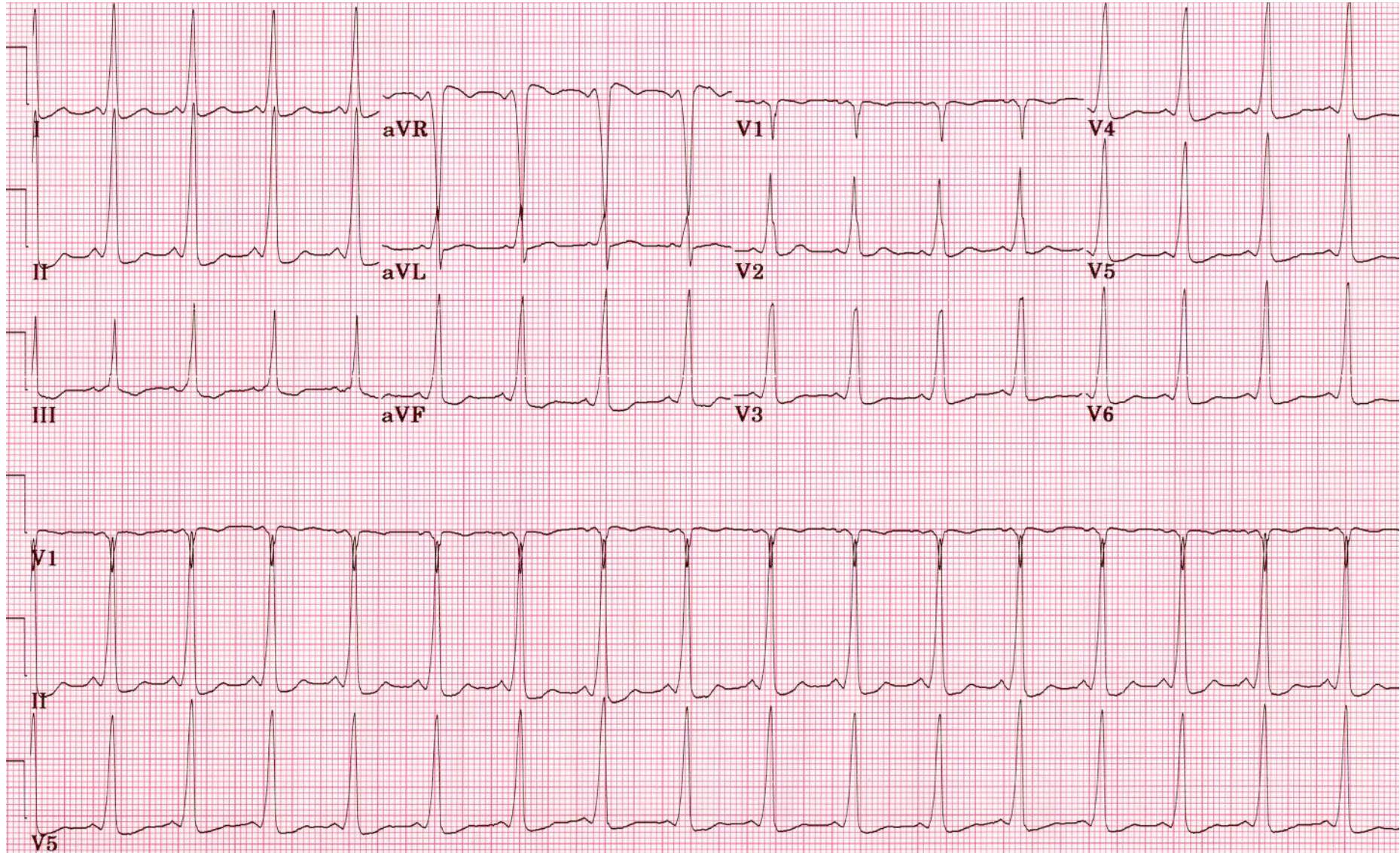


Figure. 6.12A

Catheter below the Right Coronary Cusp

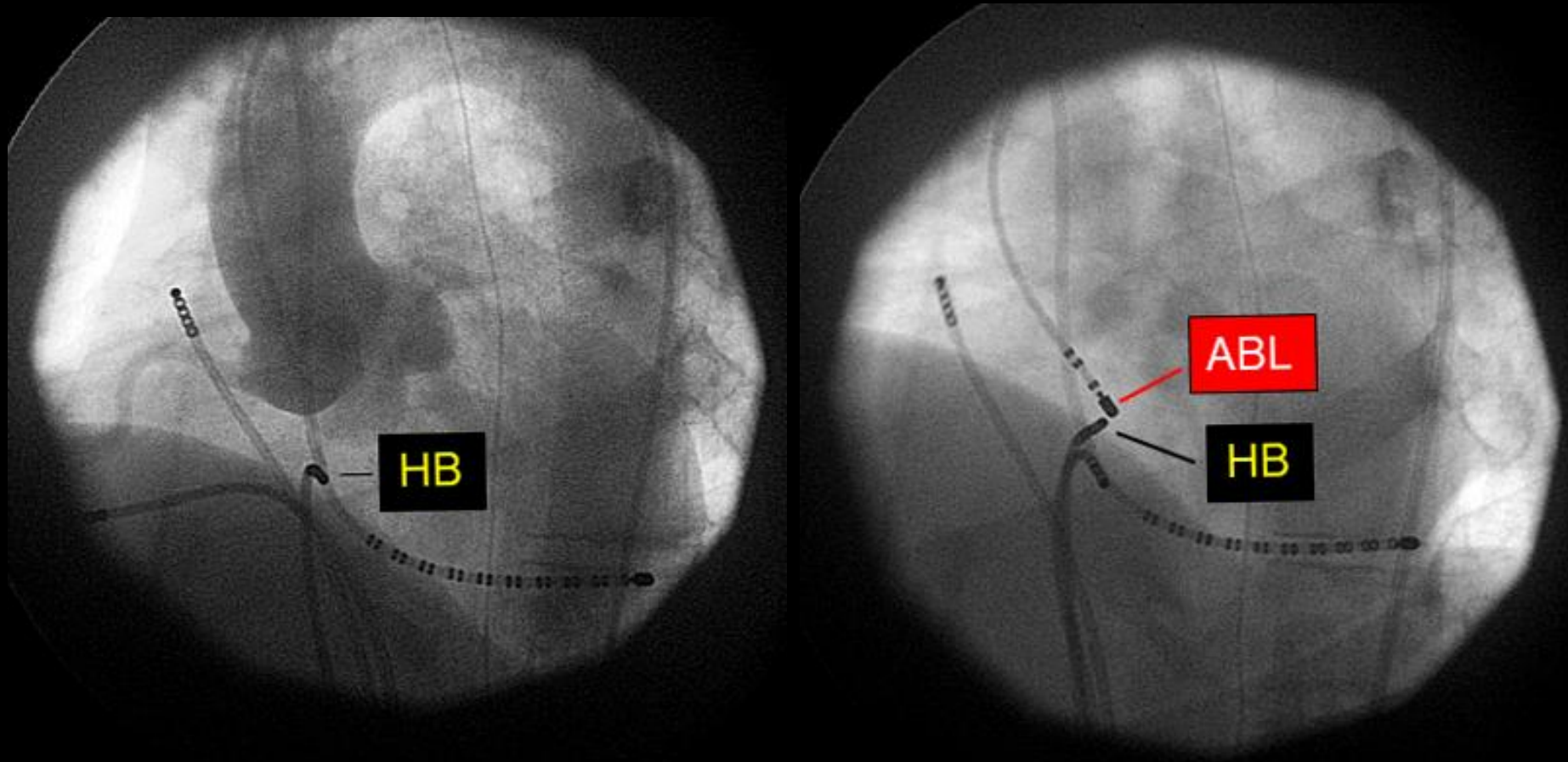


Figure 6.12B

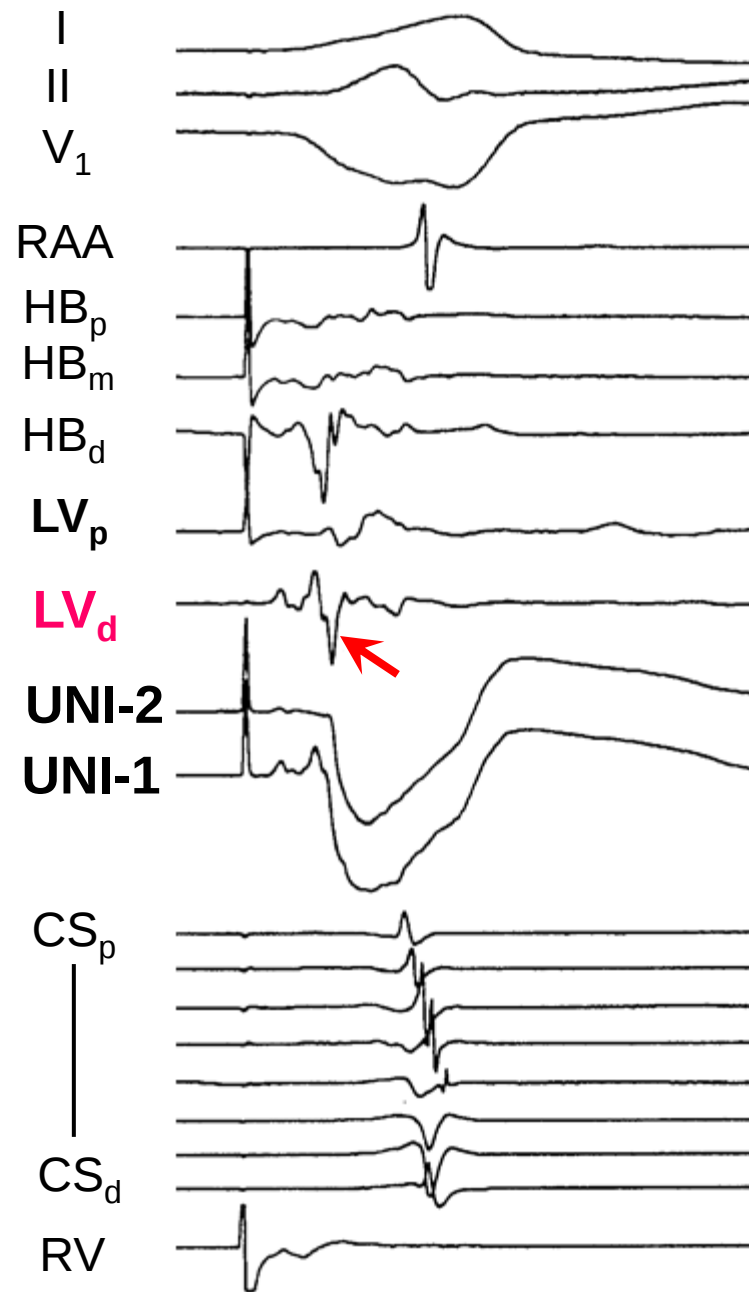
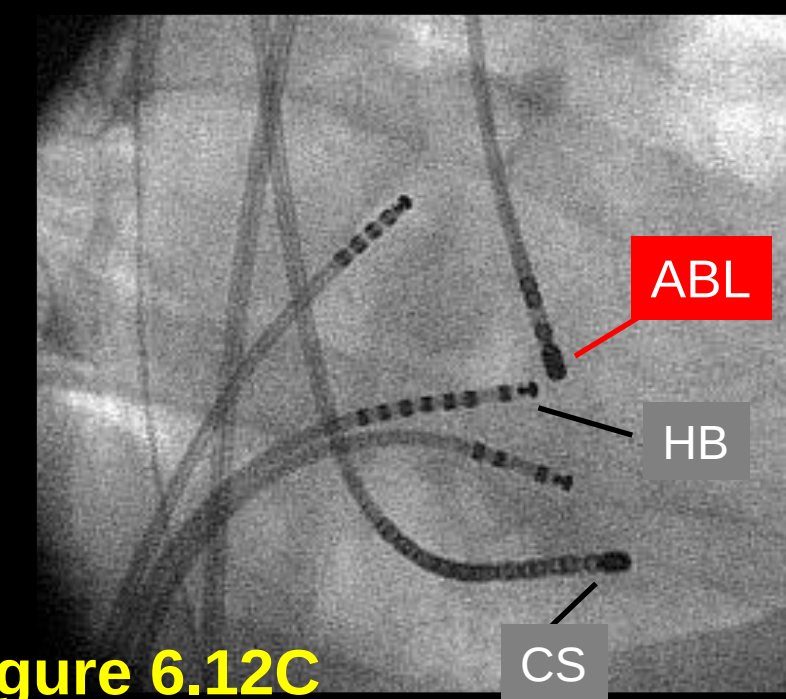
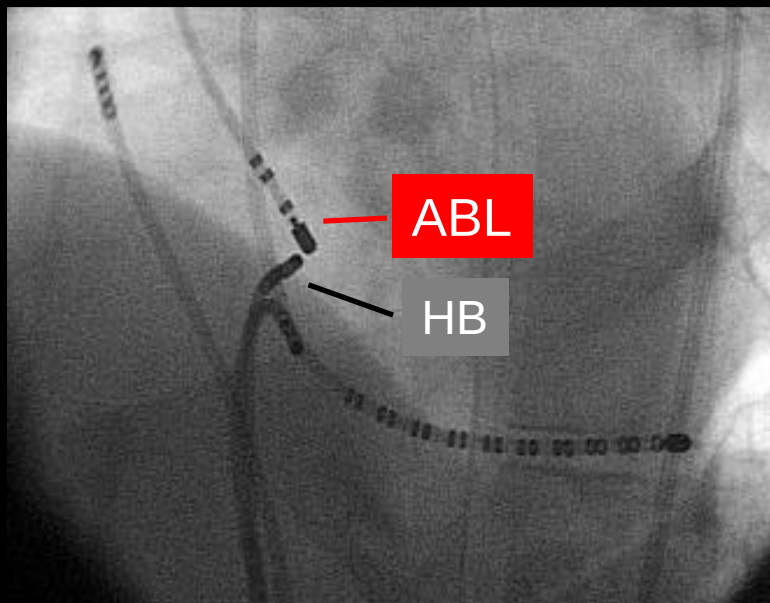
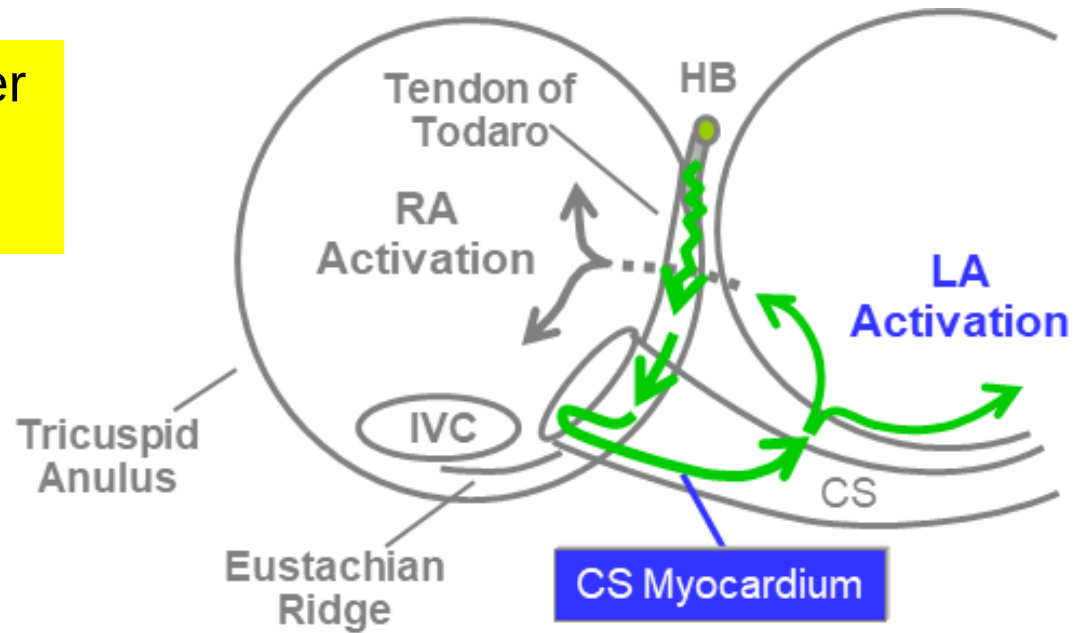


Figure 6.12C

Retrograde Conduction over
Slow Pathway:
(Right Inferior Extension)



Retrograde Conduction over
an Epicarida PS-AP

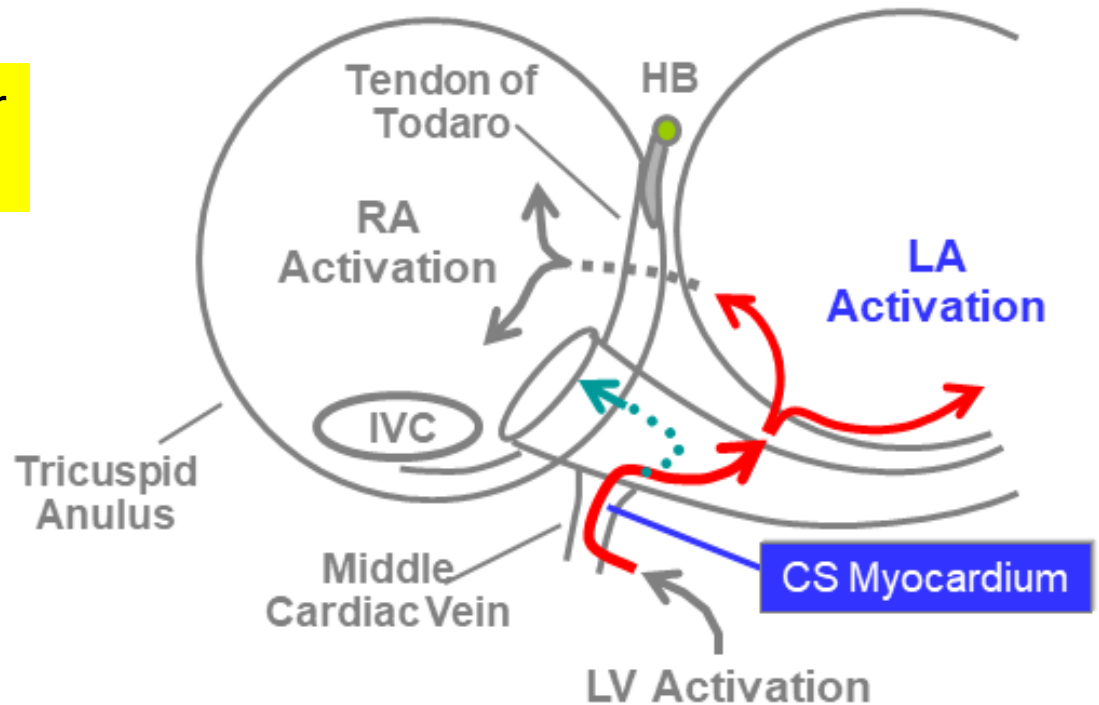


Figure 6.13A

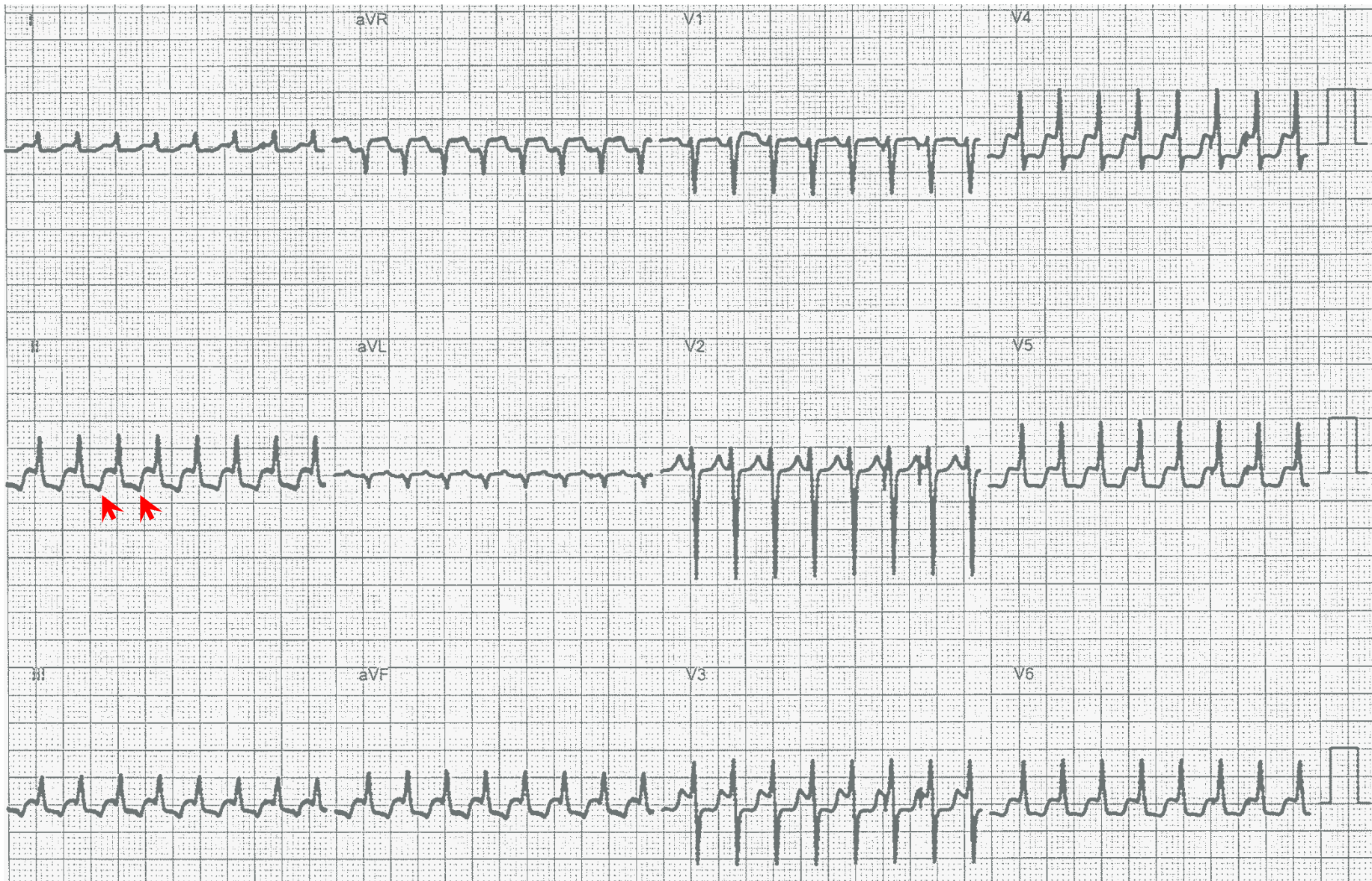


Figure 6,13B

SVT-1

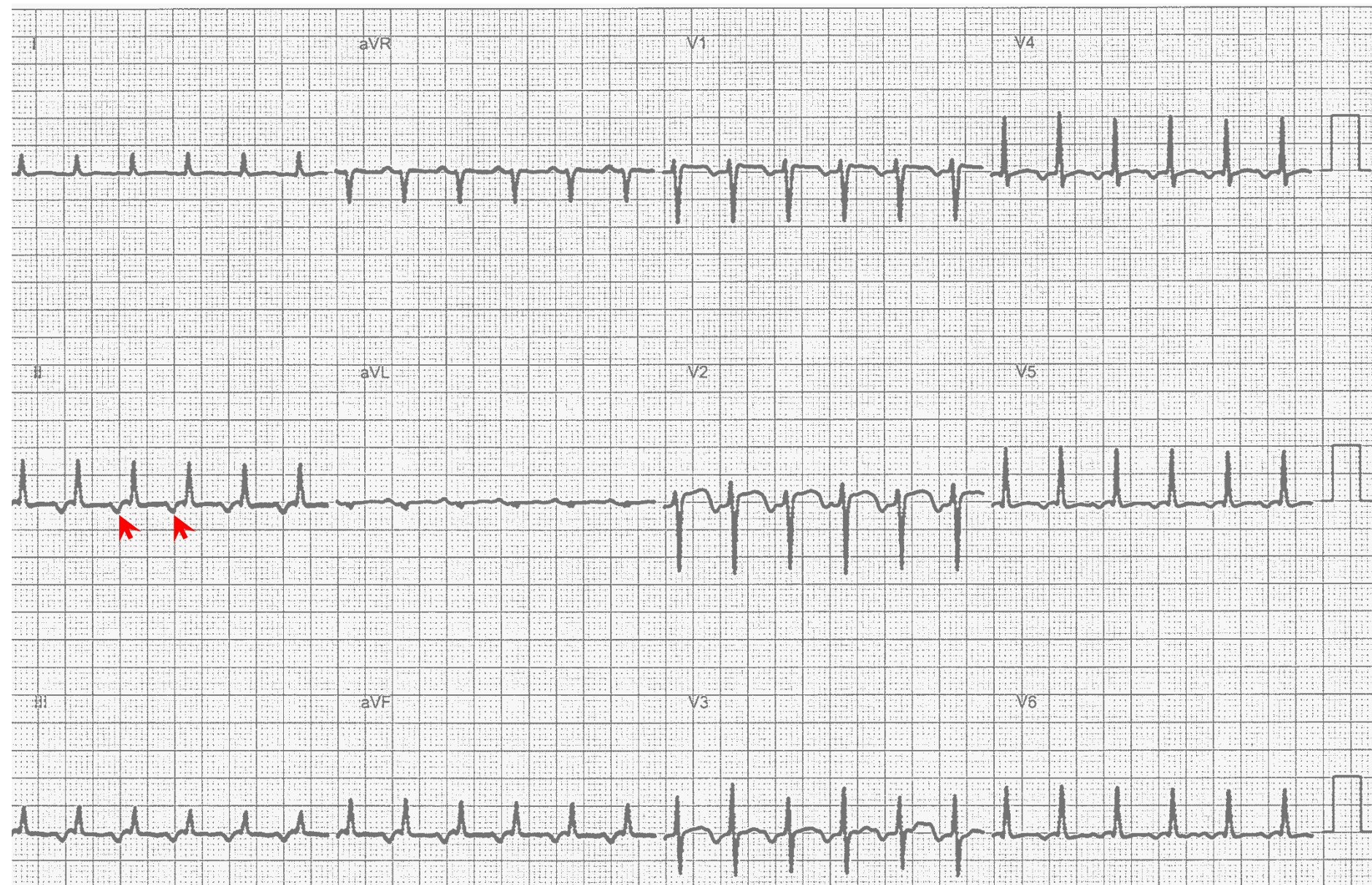


Figure 6.13C

SVT-2

SVT-1



Figure 6.13D

SVT-2



Figure 6.13E

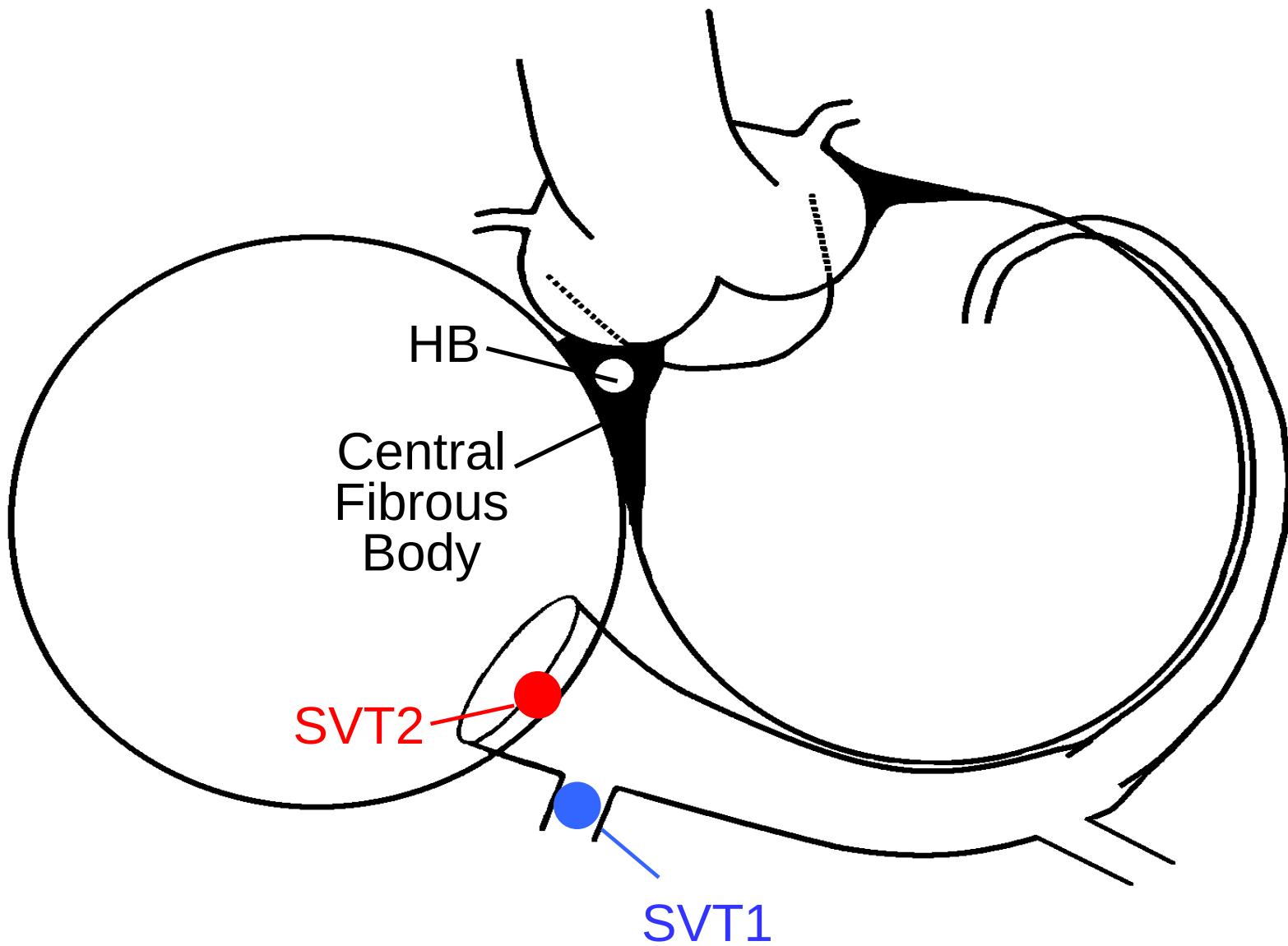


Figure 6.13F

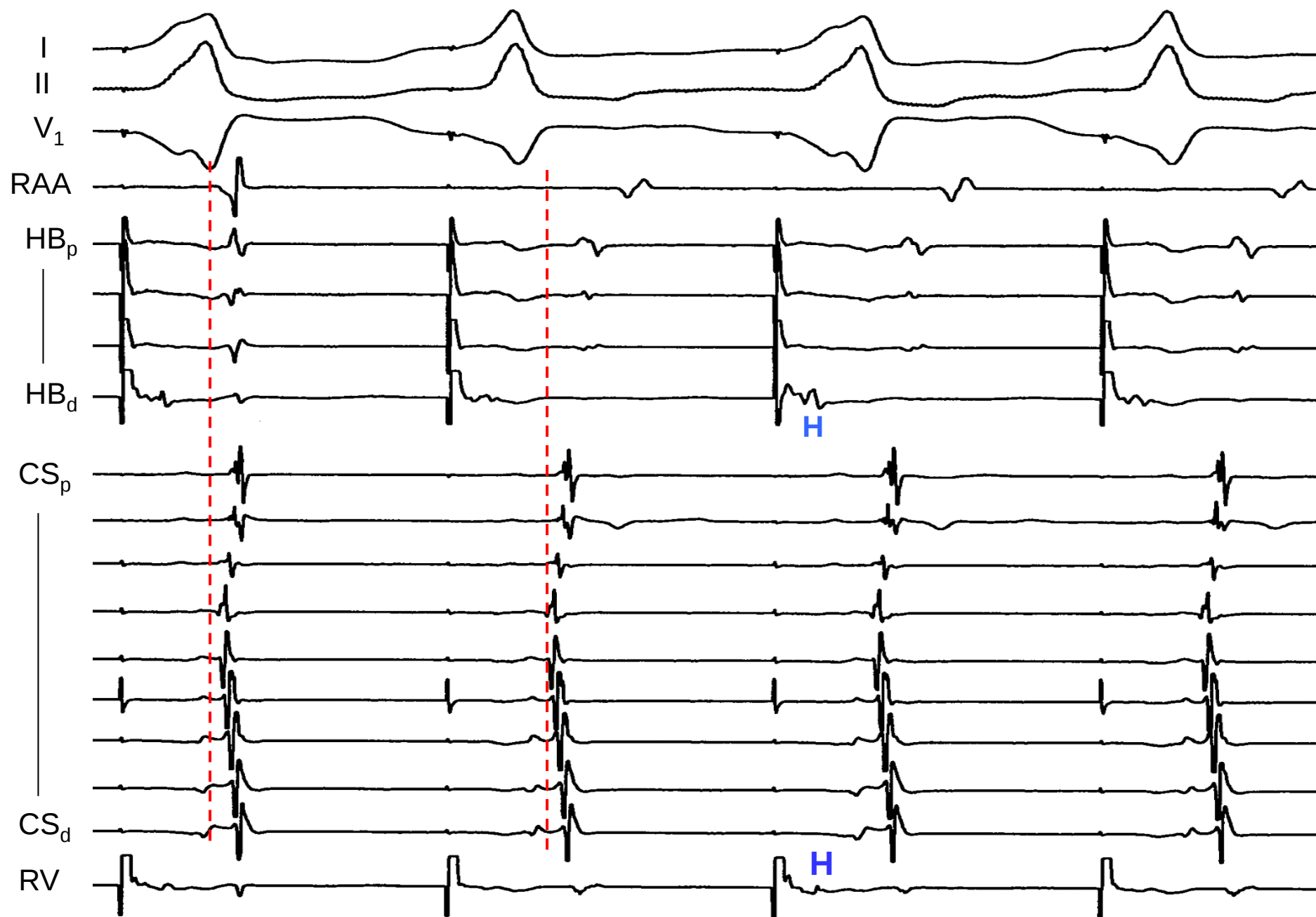


Figure 6.14A

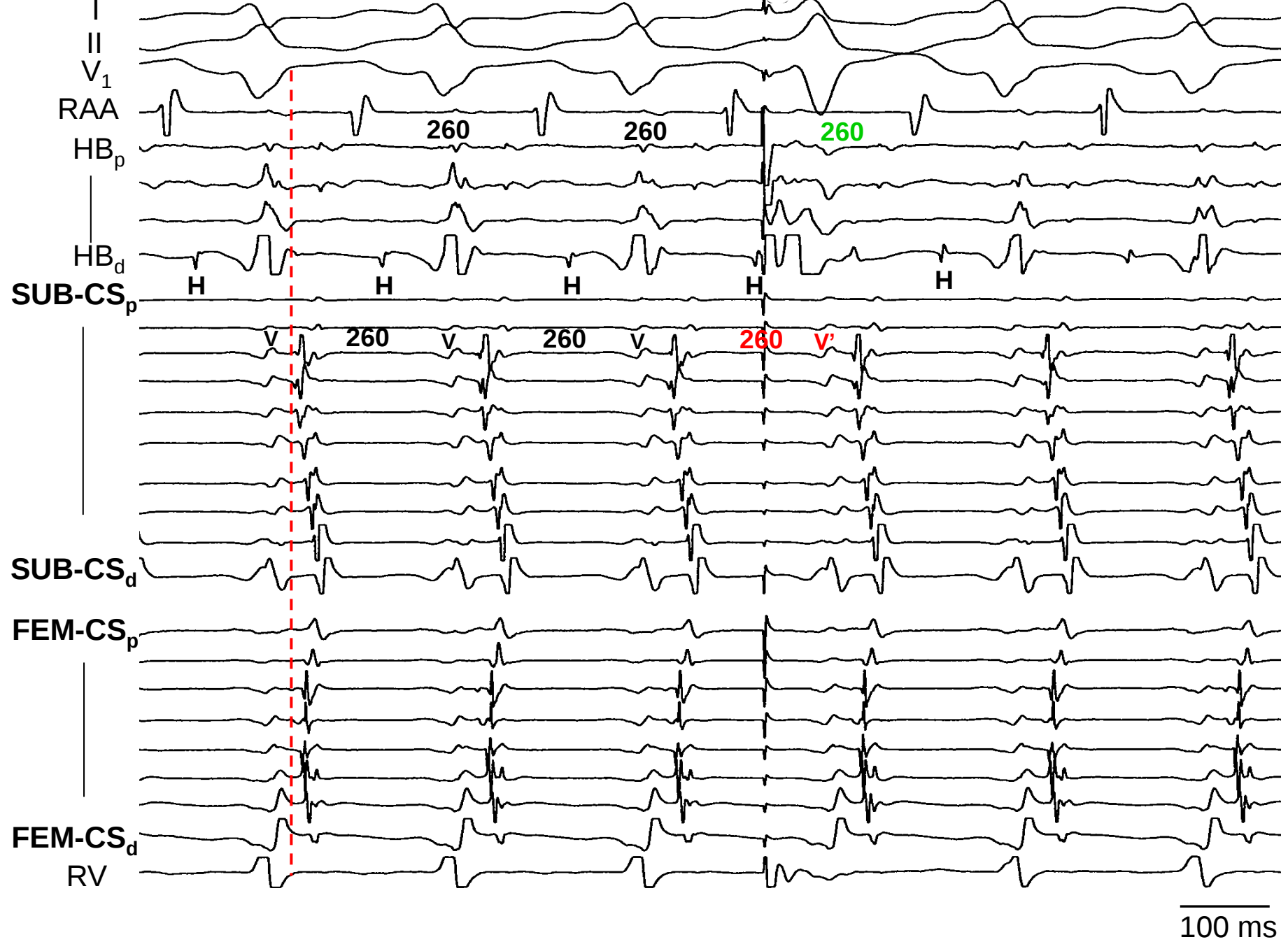


Figure 6.14B

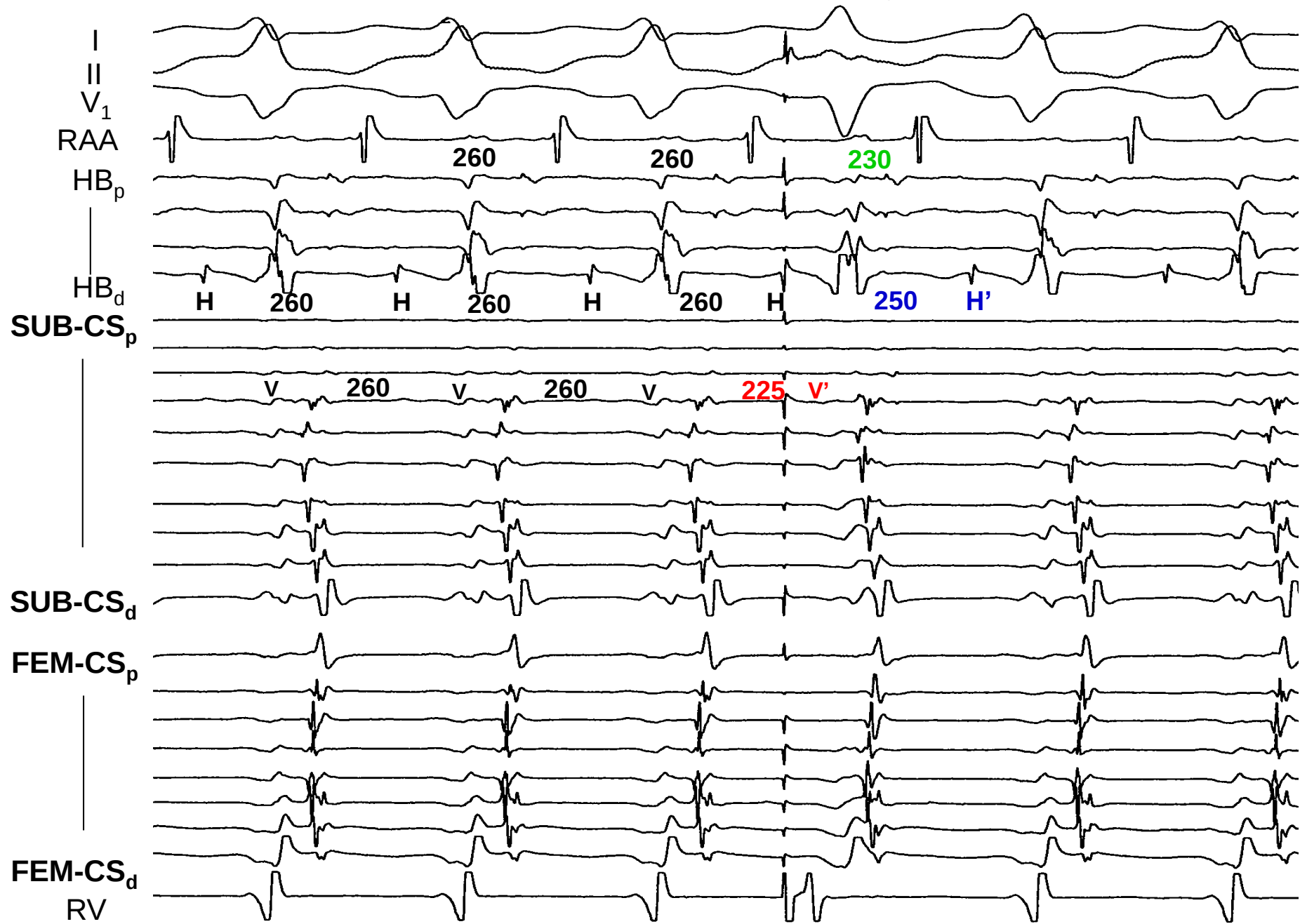


Figure 6.14C

100 ms

Epicardial PS-AP: Antegrade Conduction

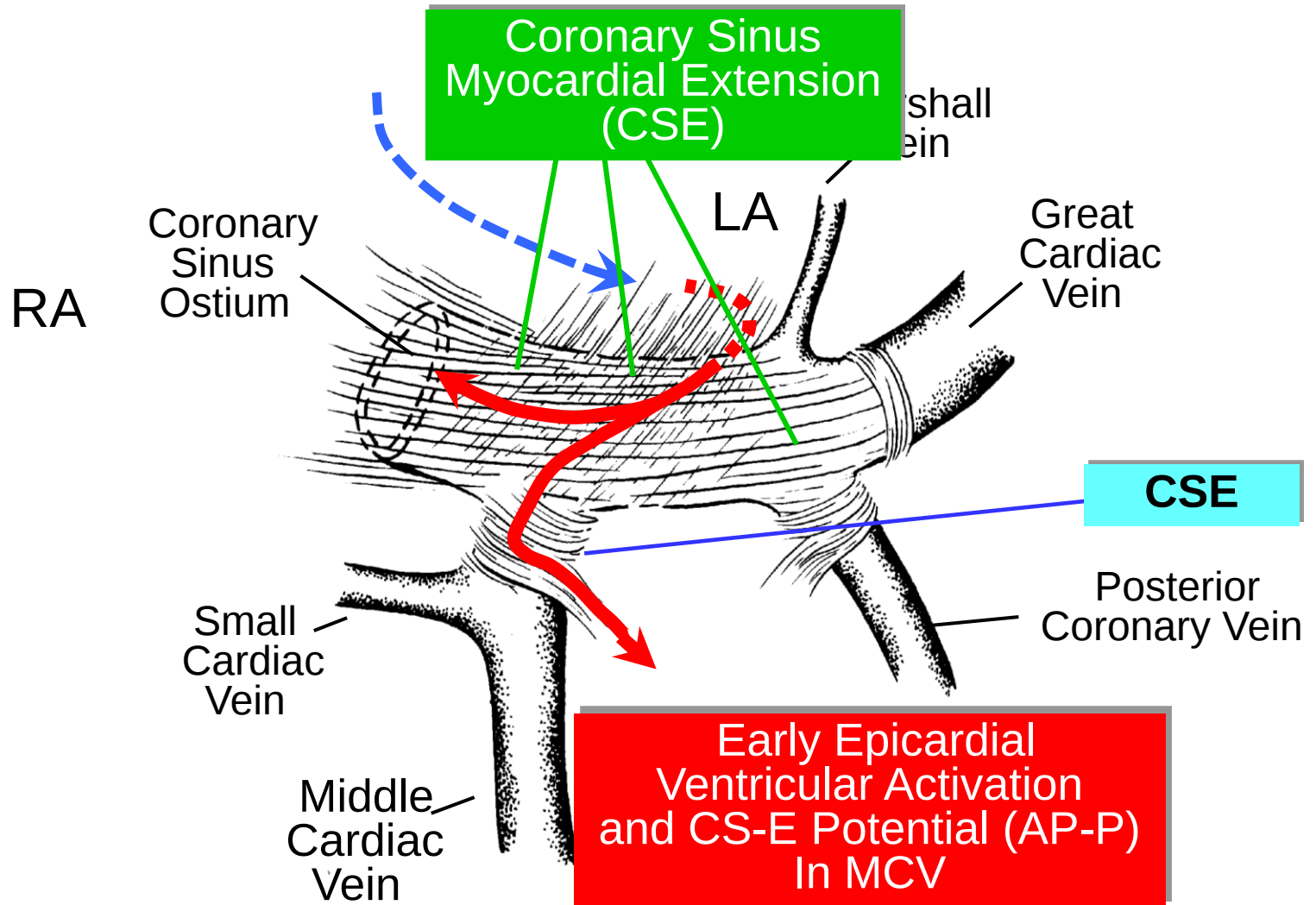


Figure 6.15A

LAO Projection

Epicardial PSAP: Retrograde Conduction

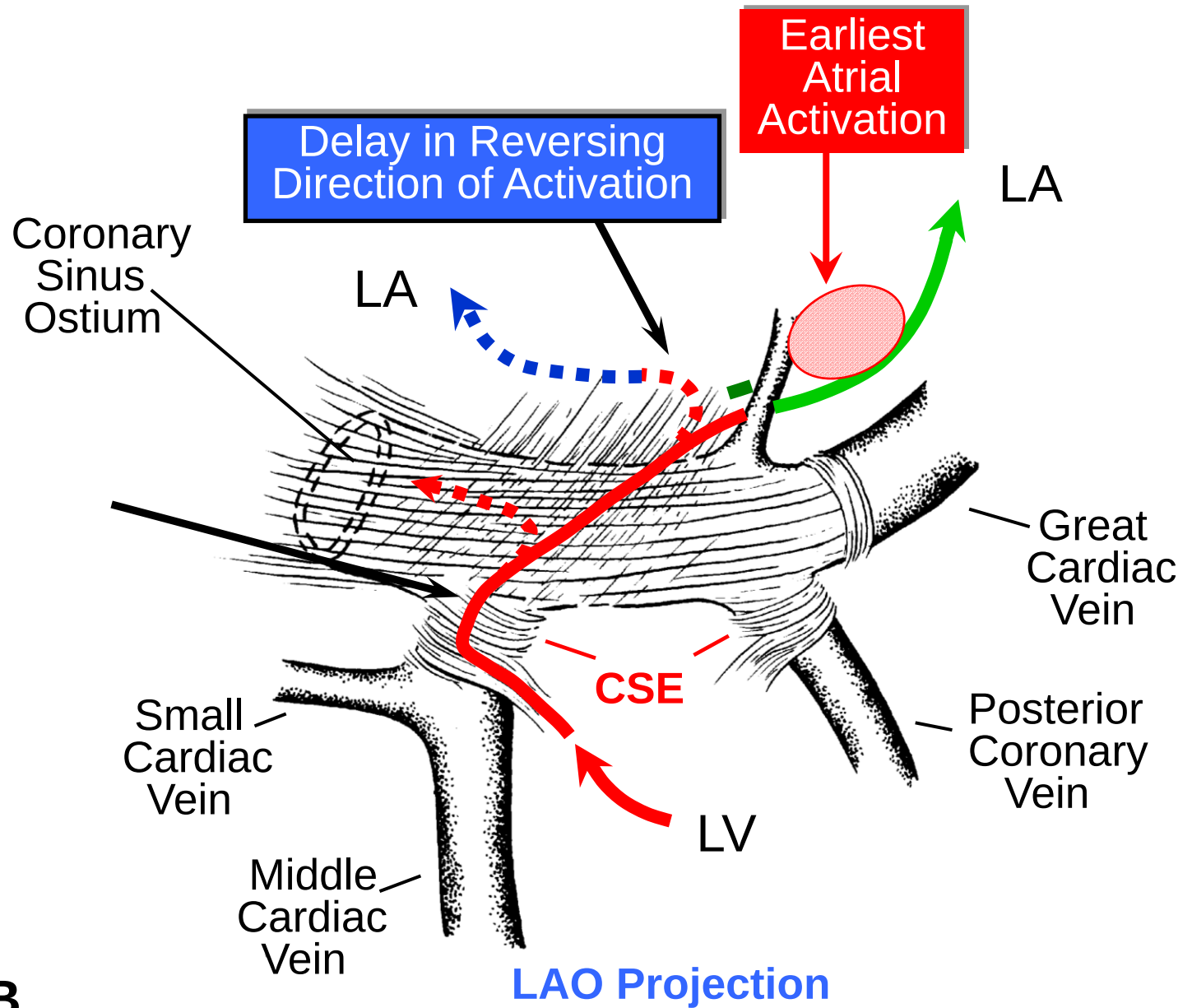


Figure 6.15B

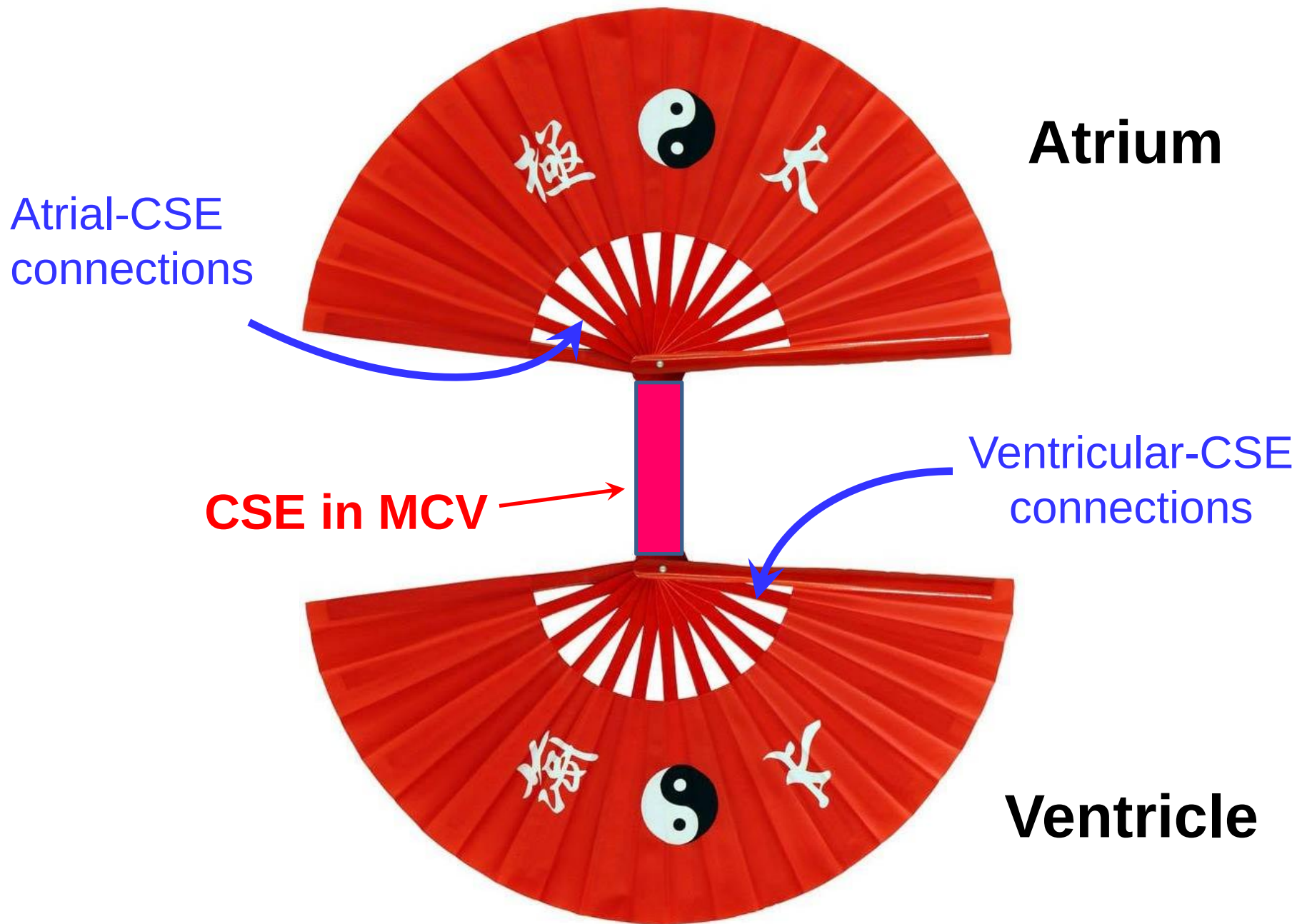


Figure 6.15C

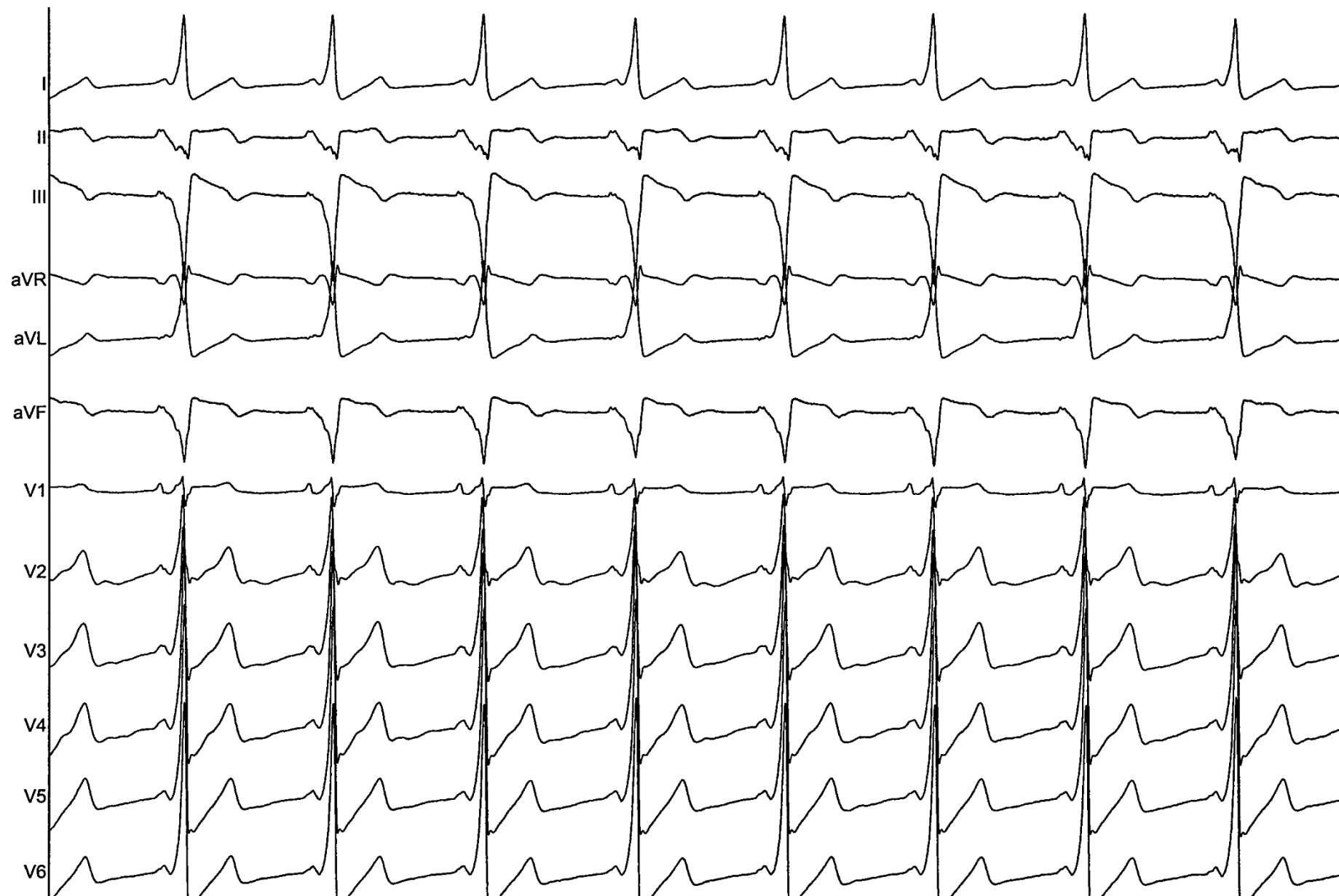


Figure 6.15D

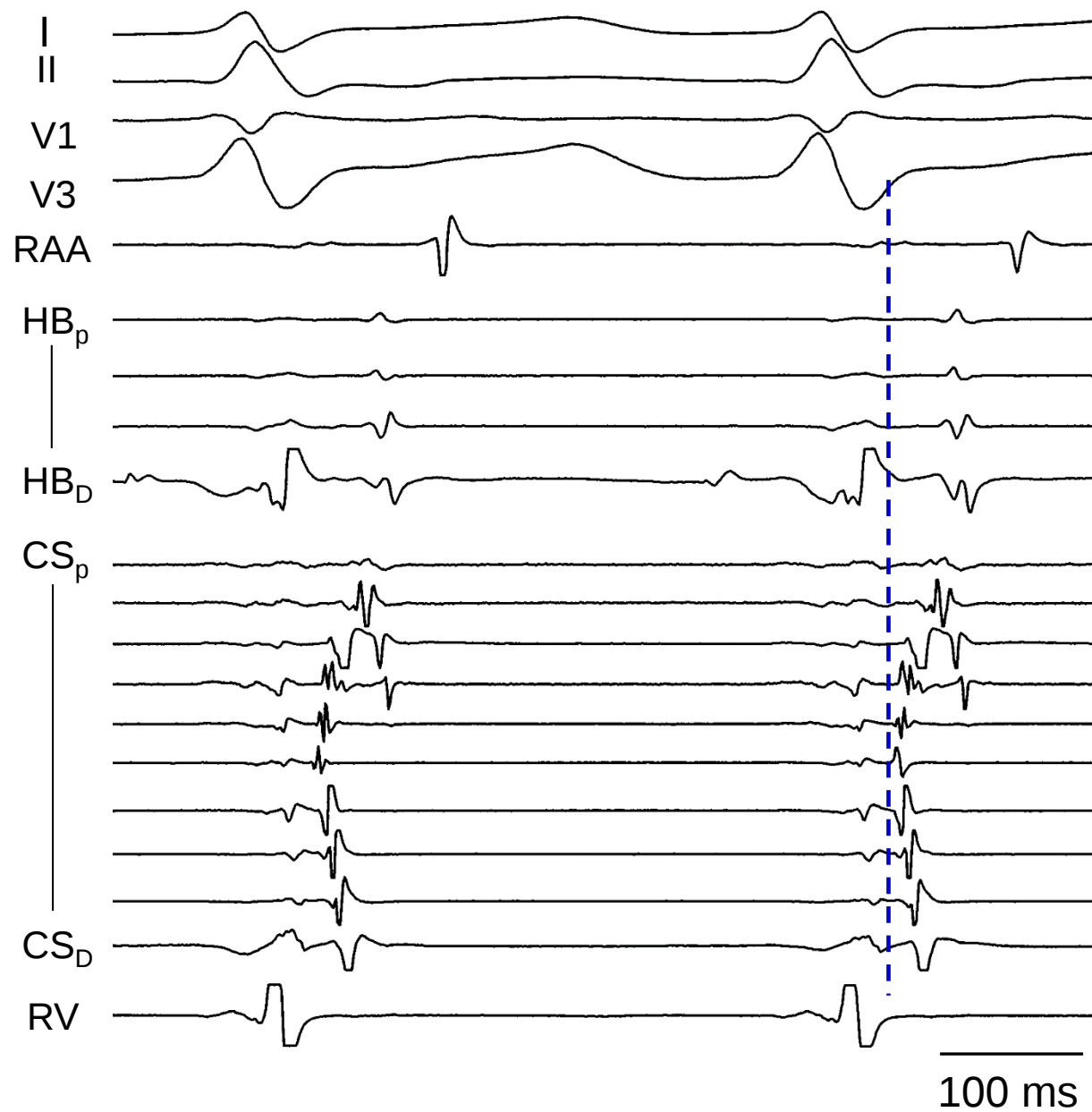


Figure 6.16A

**Anteroseptal
RV**

**Posteroseptal
RV**

**PL Coronary
Vein**

**Lateral
LV**

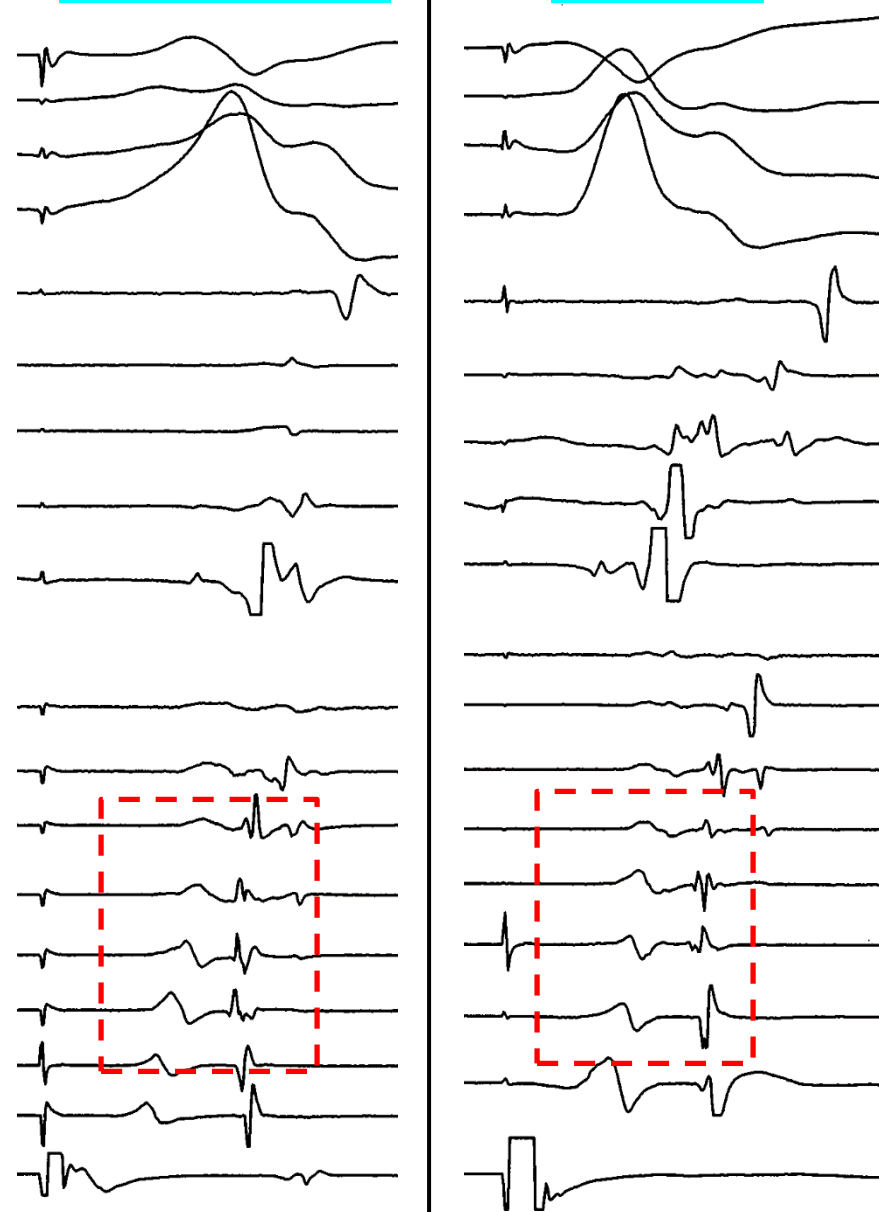
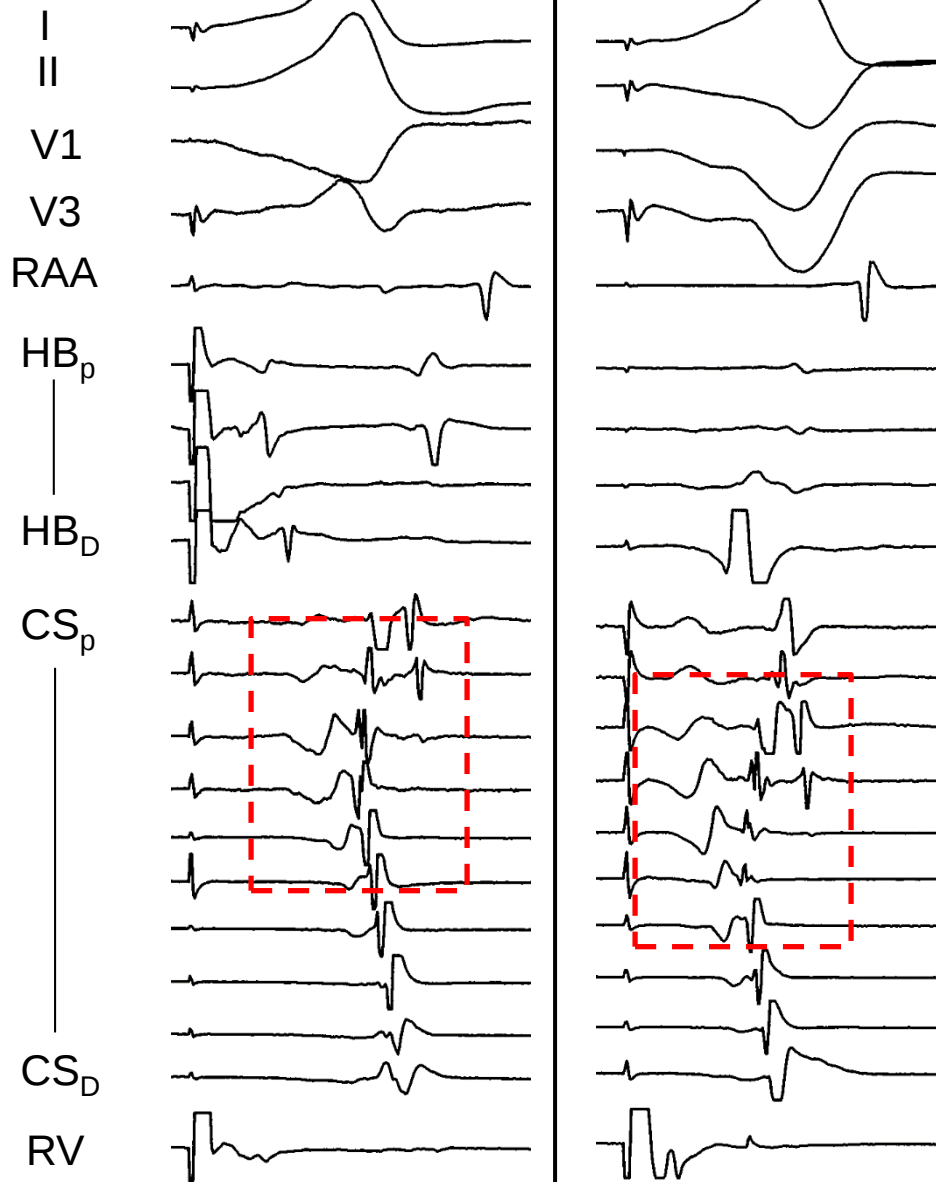


Figure 6.16B

Pace from Lateral Coronary Vein

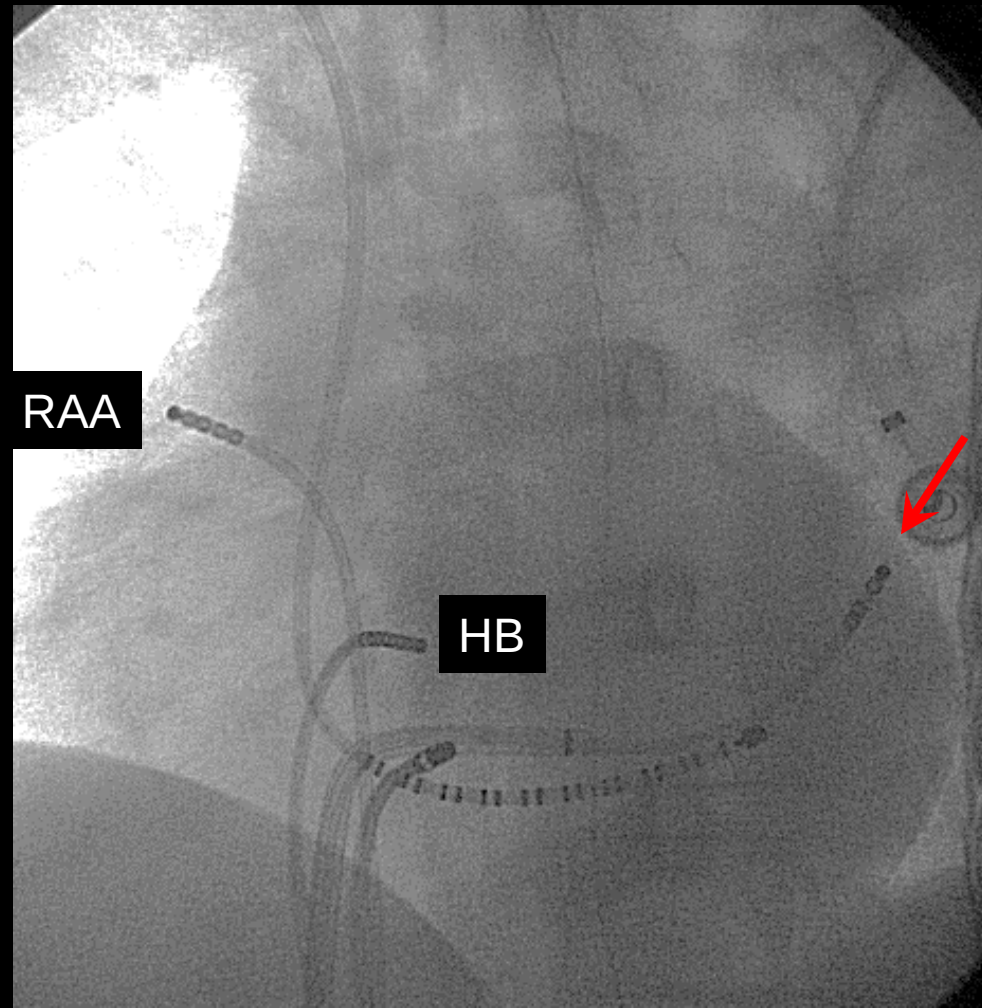
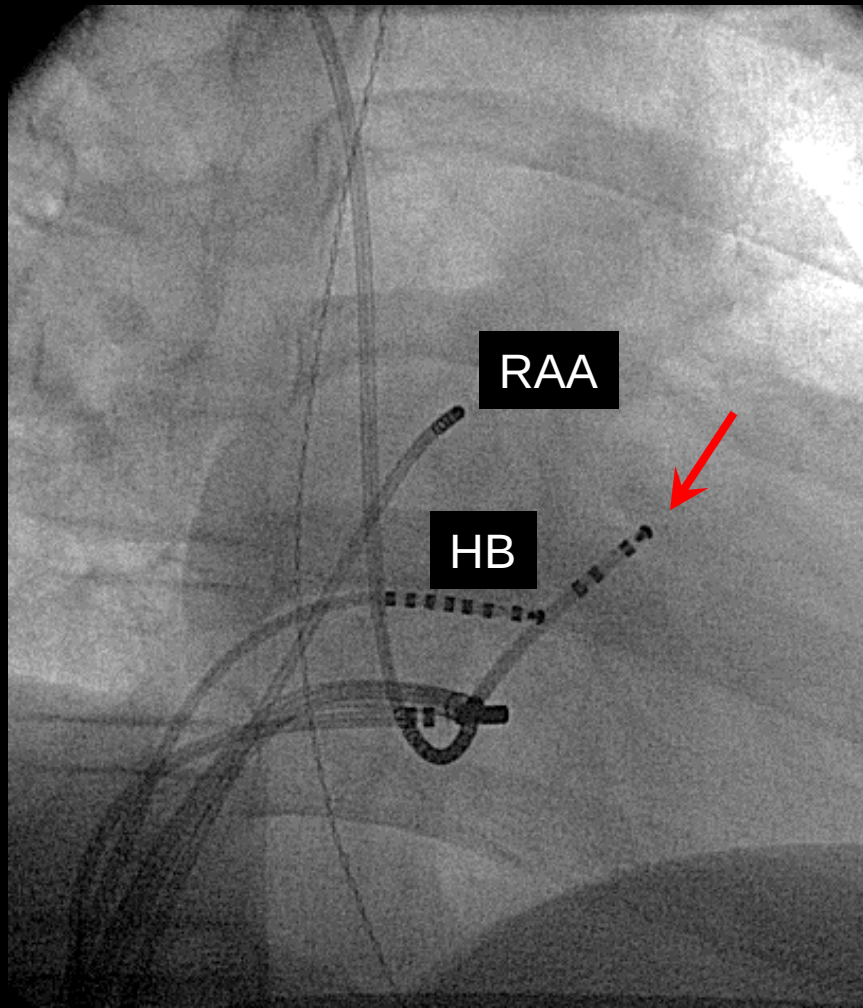
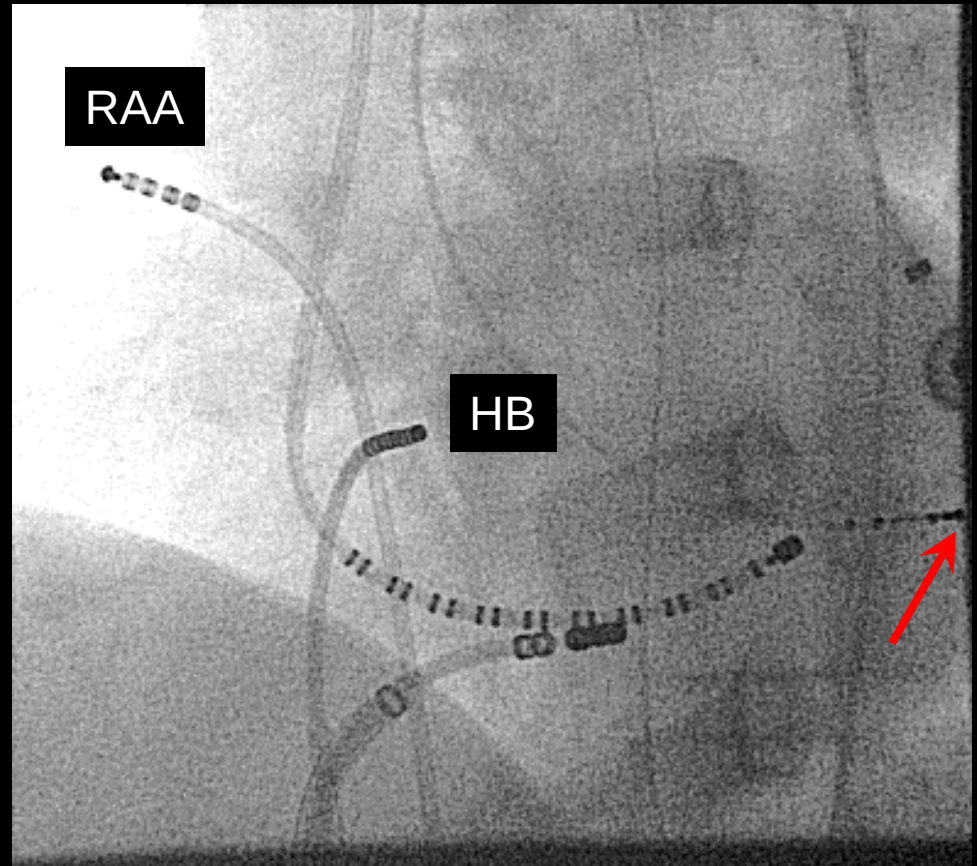
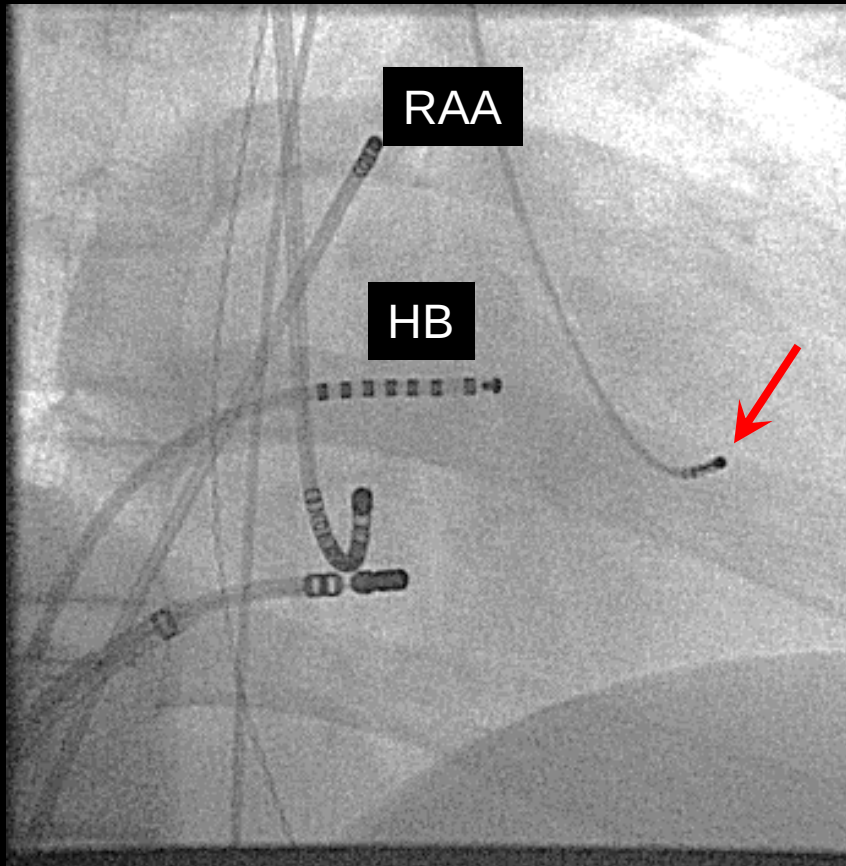


Figure 6.16C

Pace from Lateral Left Ventricle



RAO

LAO

Figure 6.16D

RV Apex

PL Coronary Vein

AVRT

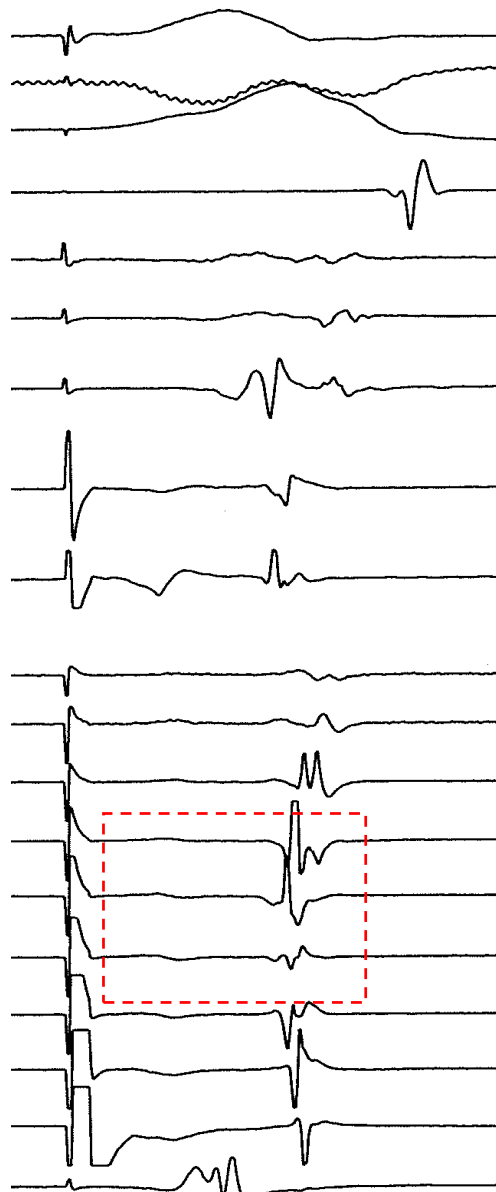
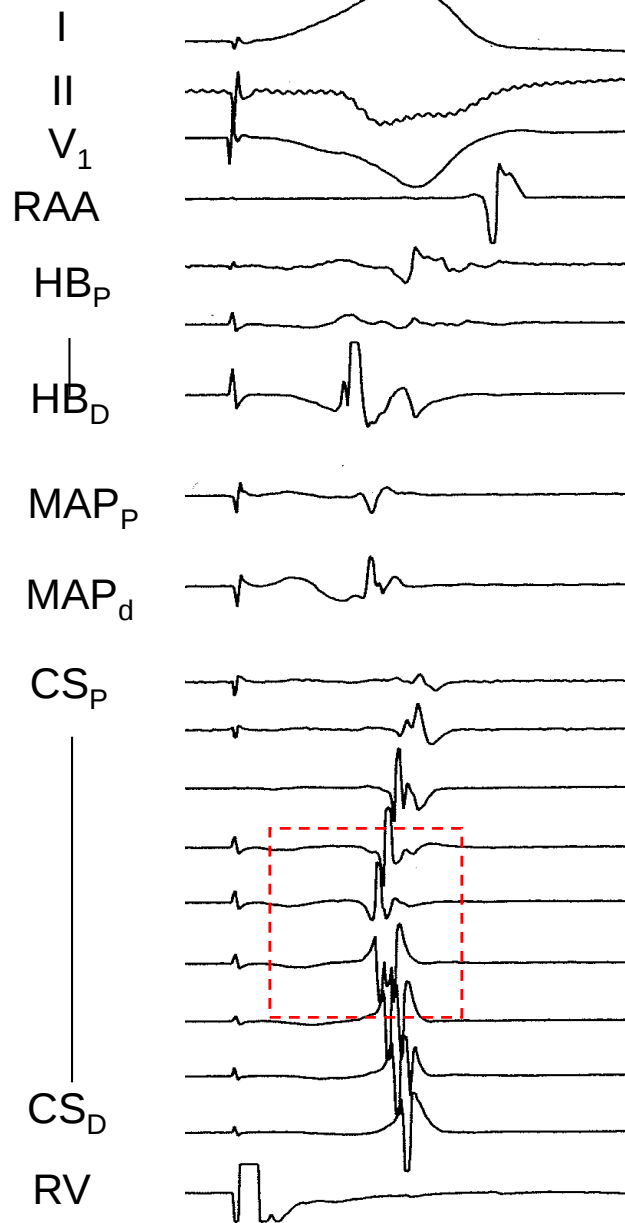


Figure 6.17A

100 ms

PS-AP or Slow/slow or Fast/slow AVNRT:
CS catheter comes from subclavian or internal jugular vein

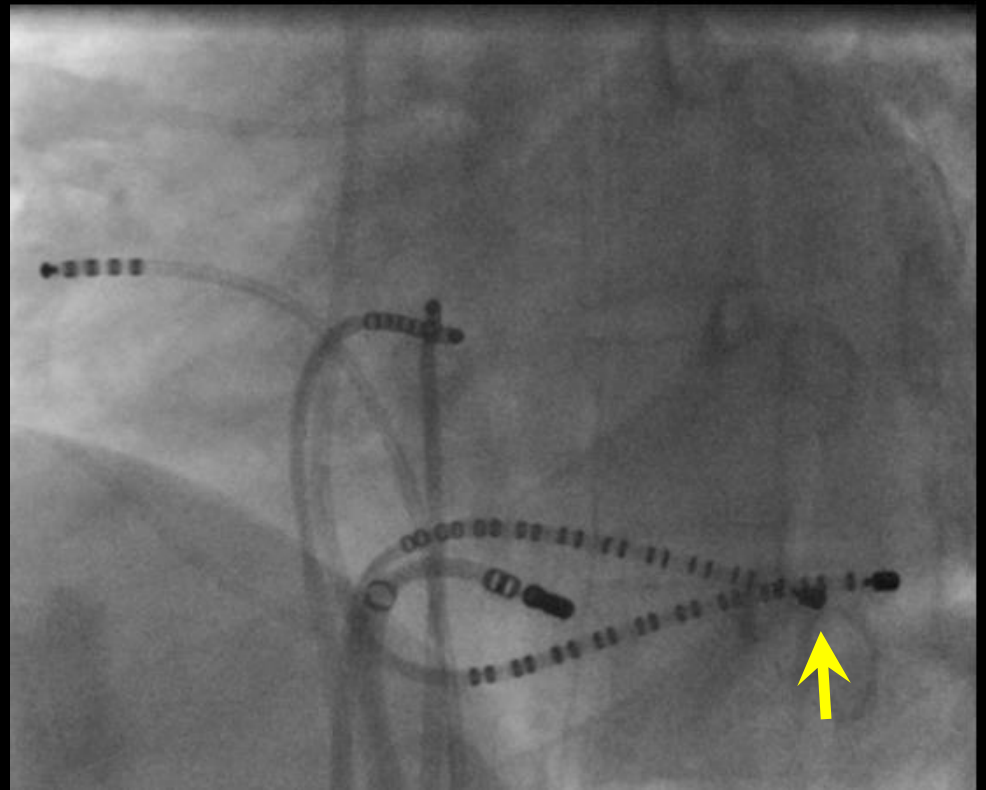
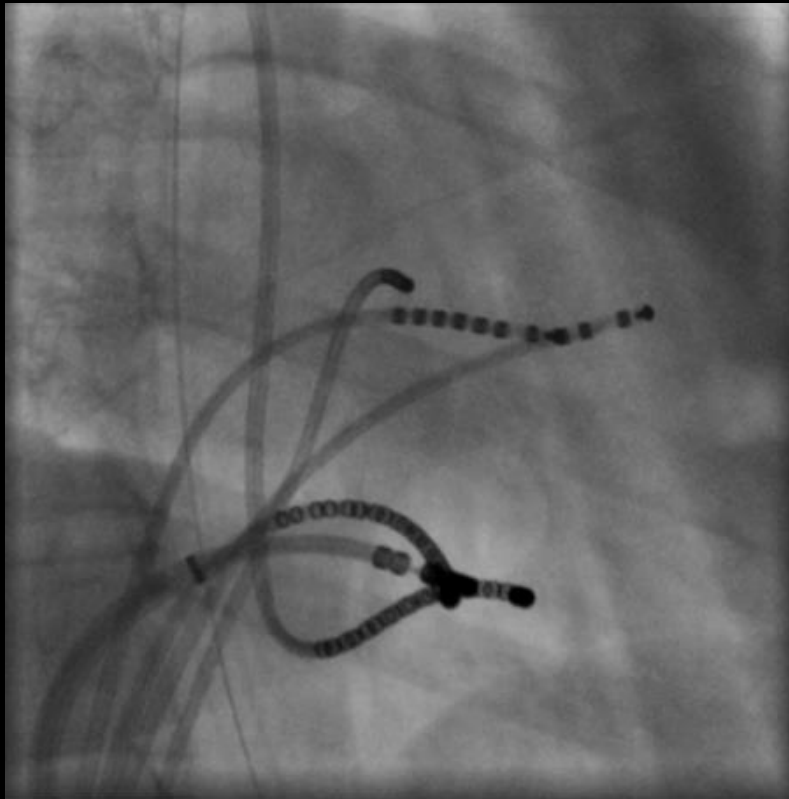


Figure 6.17B

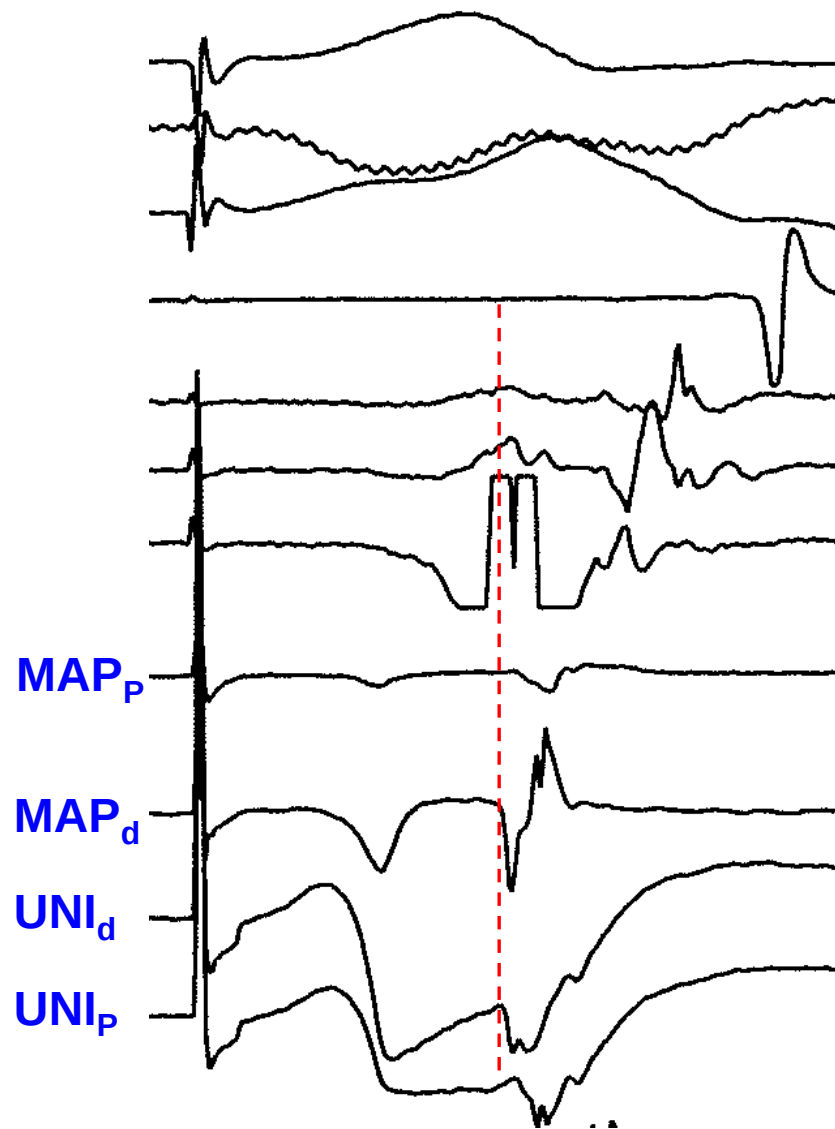
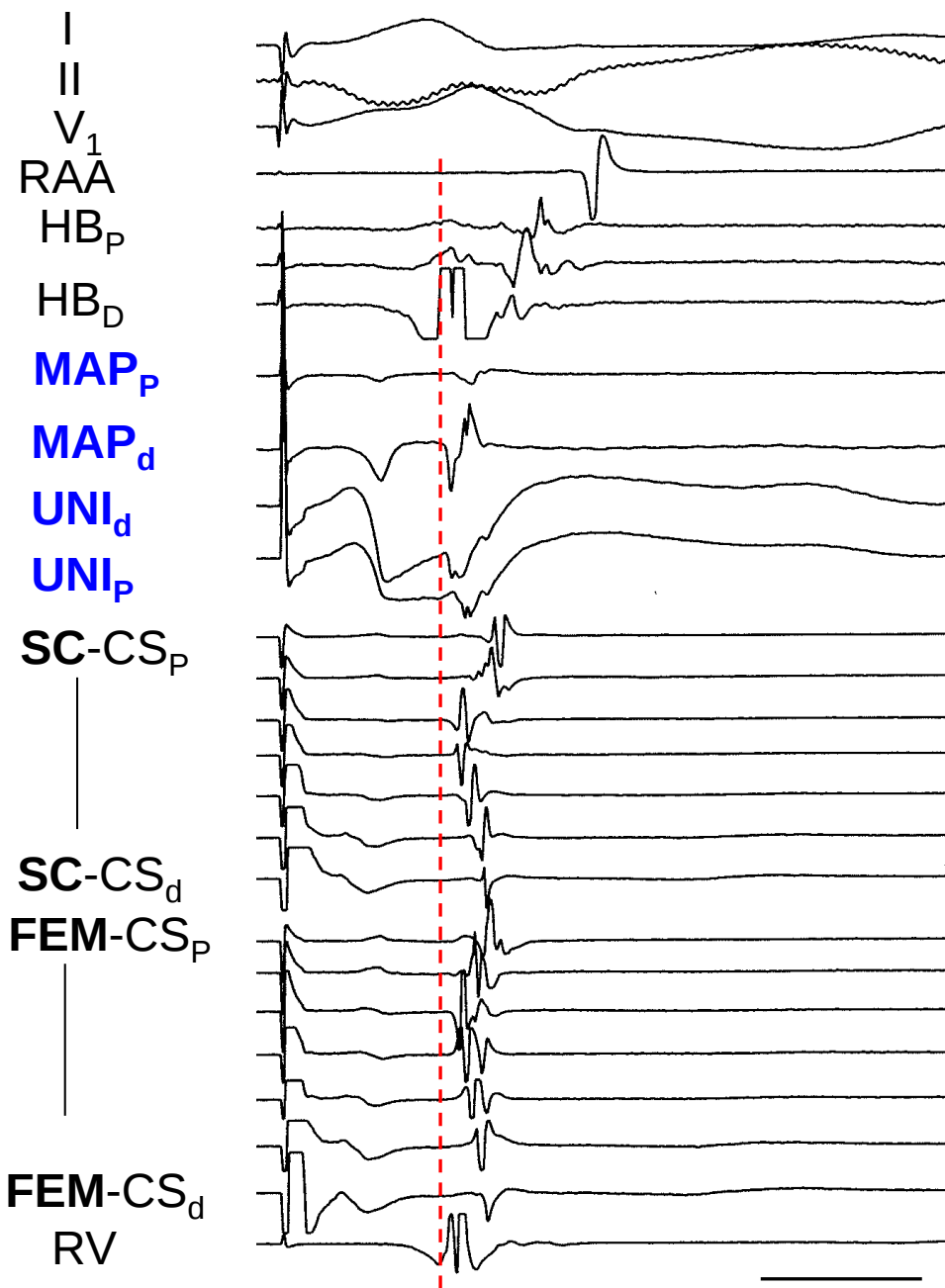
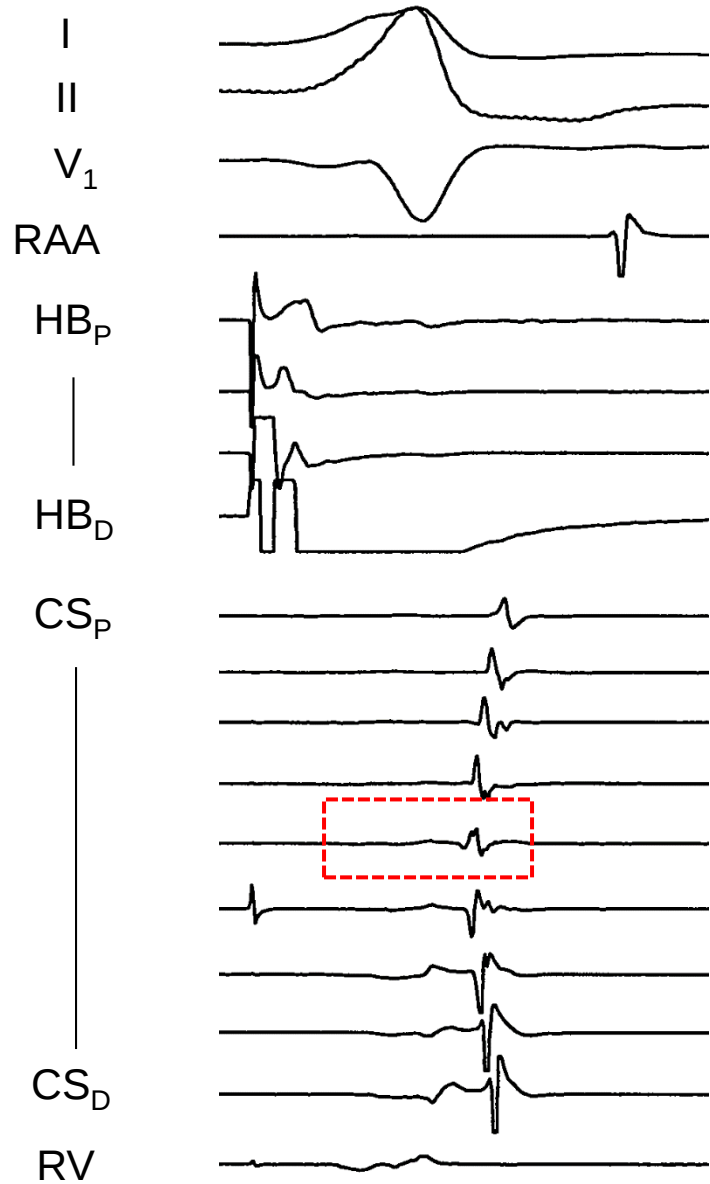


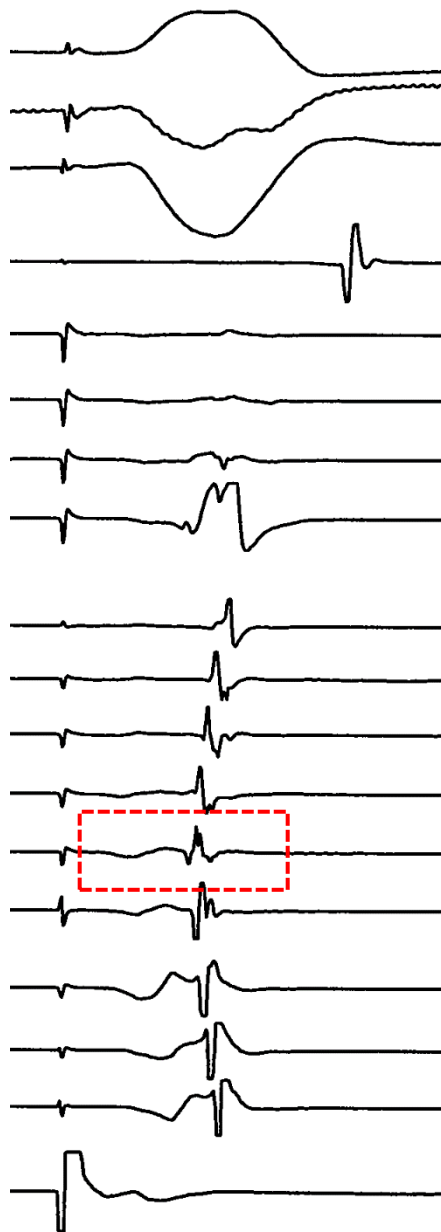
Figure 6.17C

100 ms

Anteroseptal RV



Posteroseptal RV



Posterolateral Coronary Vein

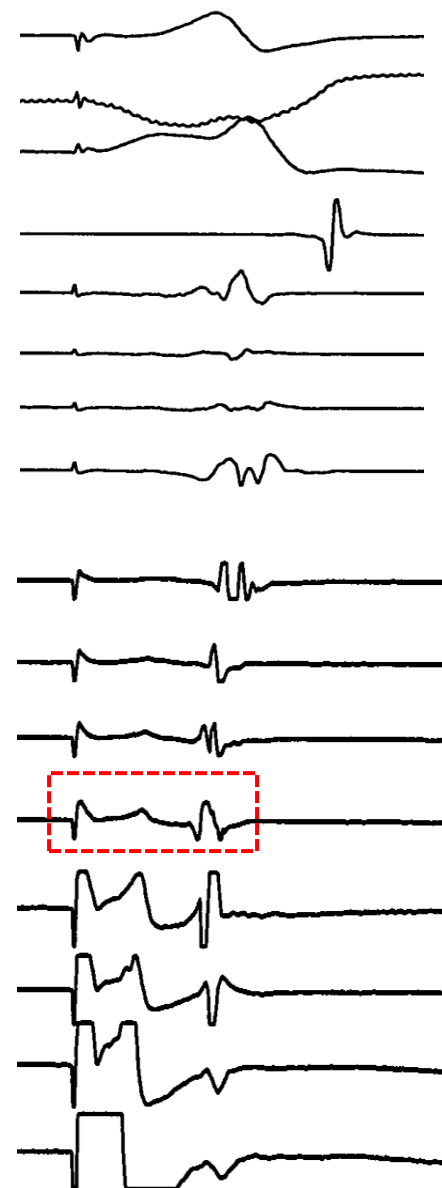
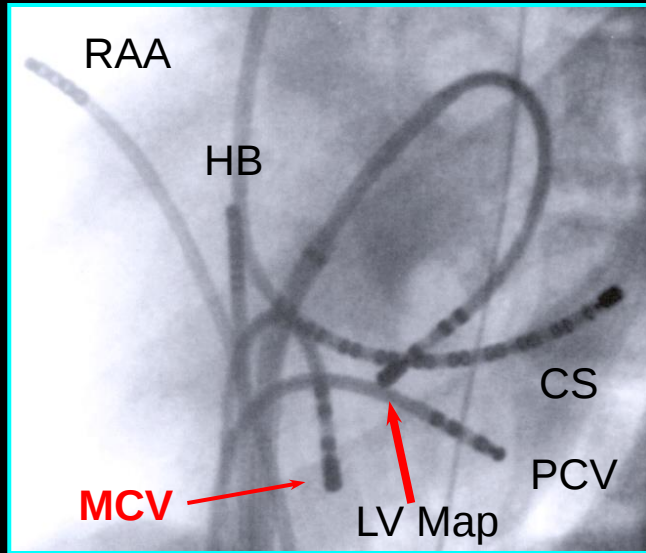


Figure 6.17D

LV Endocardial Mapping - Antegrade AP Conduction

LAO



RAO

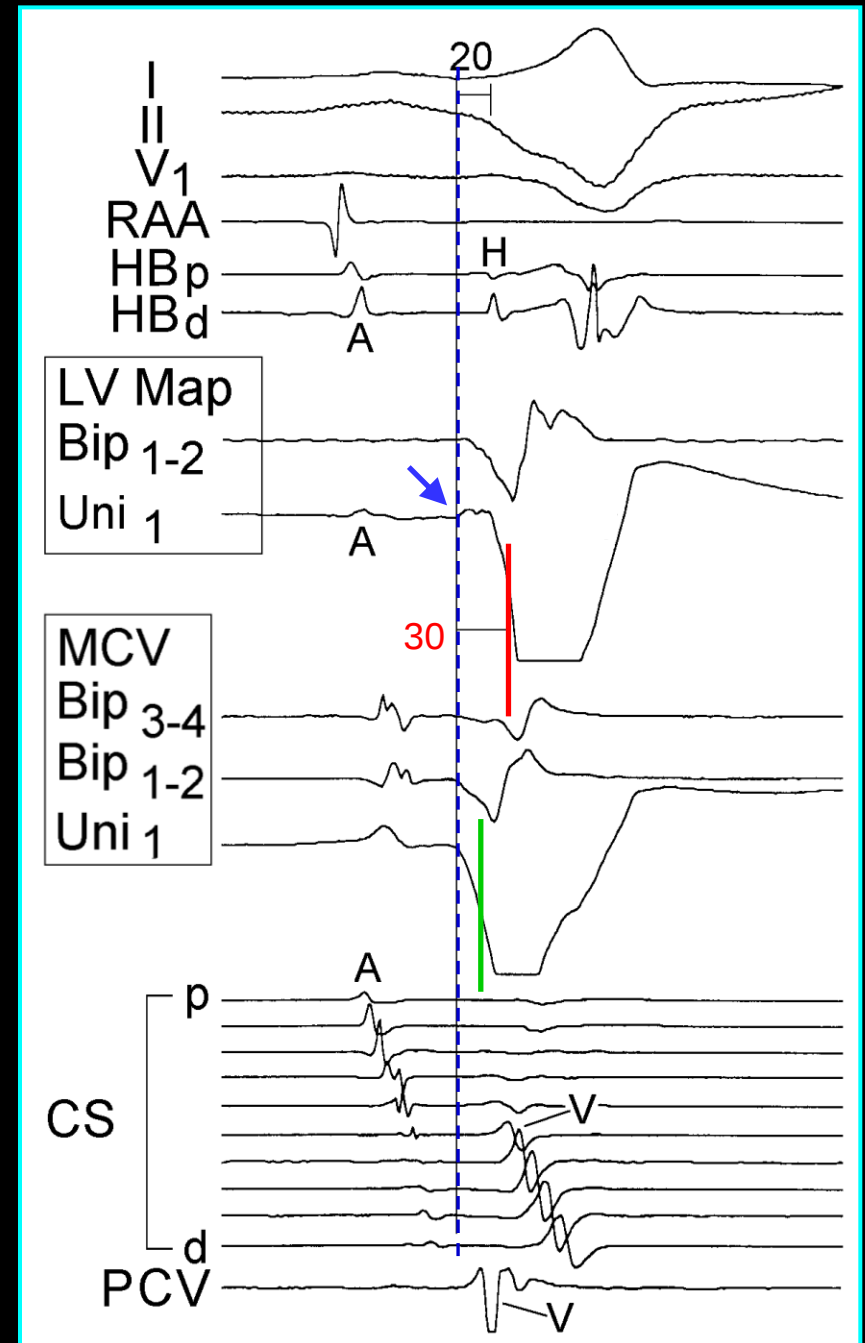
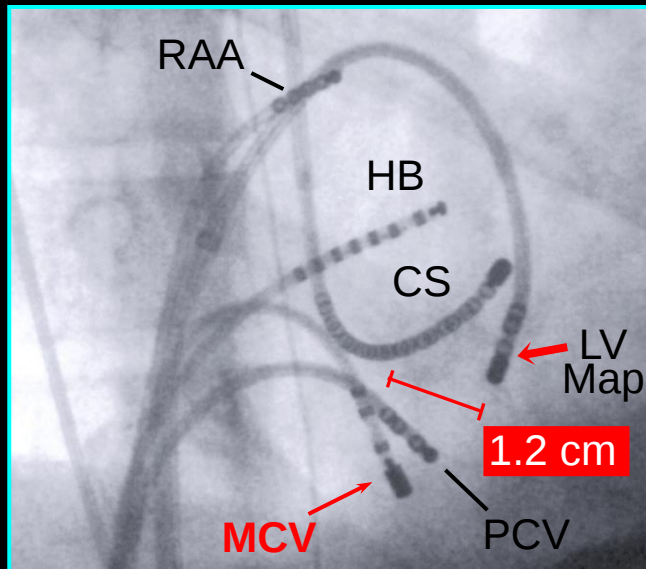
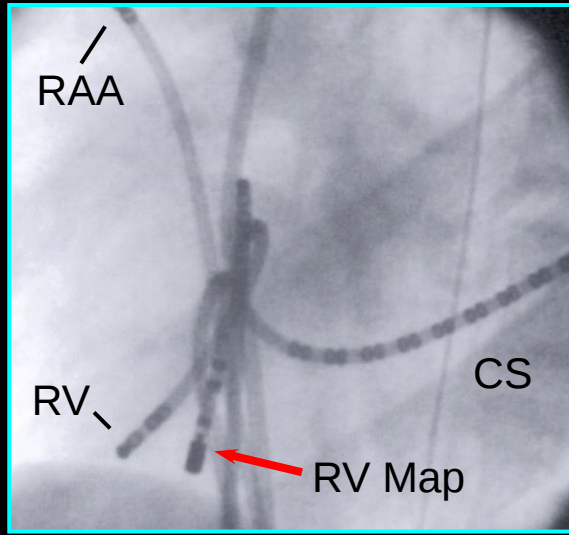


Figure 6.18A

RV Endocardial Mapping - Antegrade AP Conduction

LAO



RAO

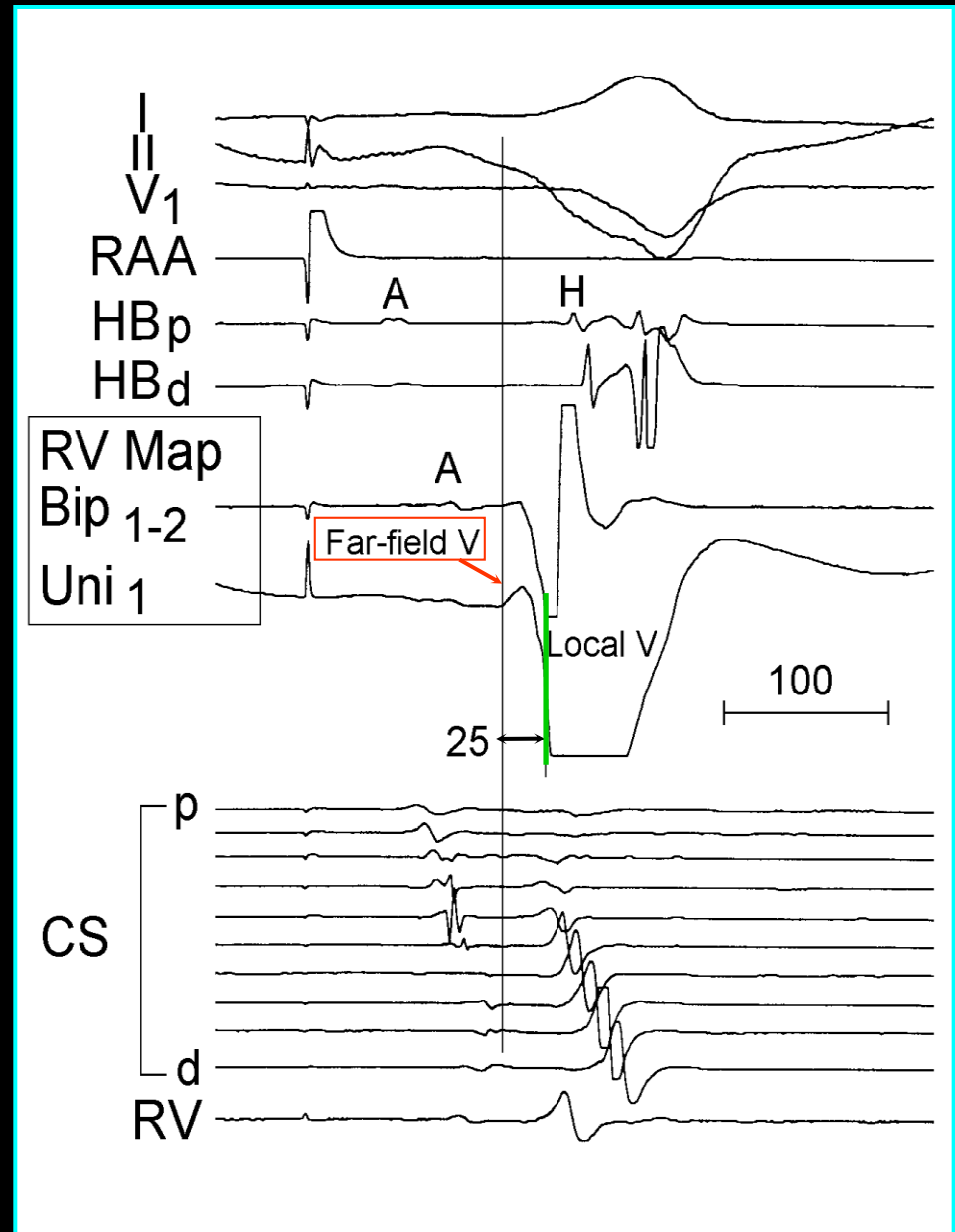
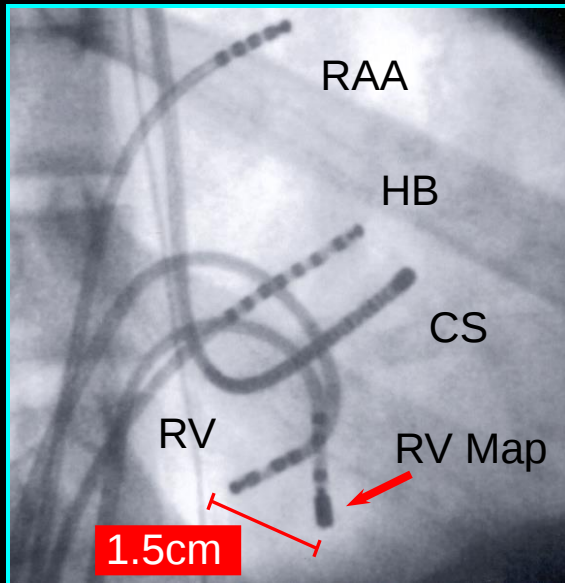
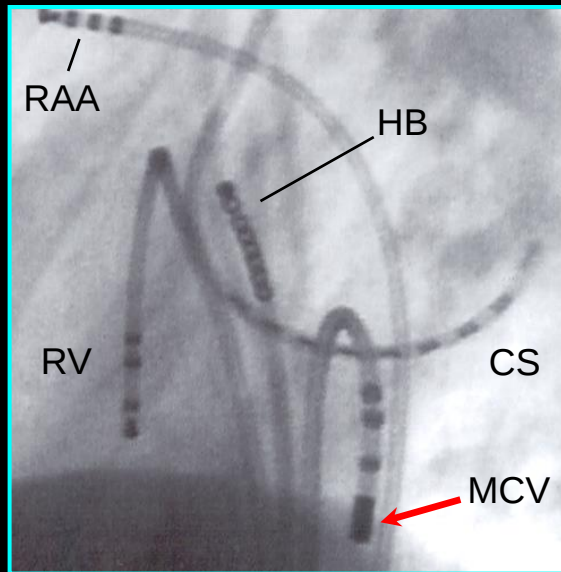


Figure 6.18B

Courtesy of Dr. Jackman

CS Extension – AP Potential (CSE-AP) Deep in Middle Cardiac Vein

LAO



RAO

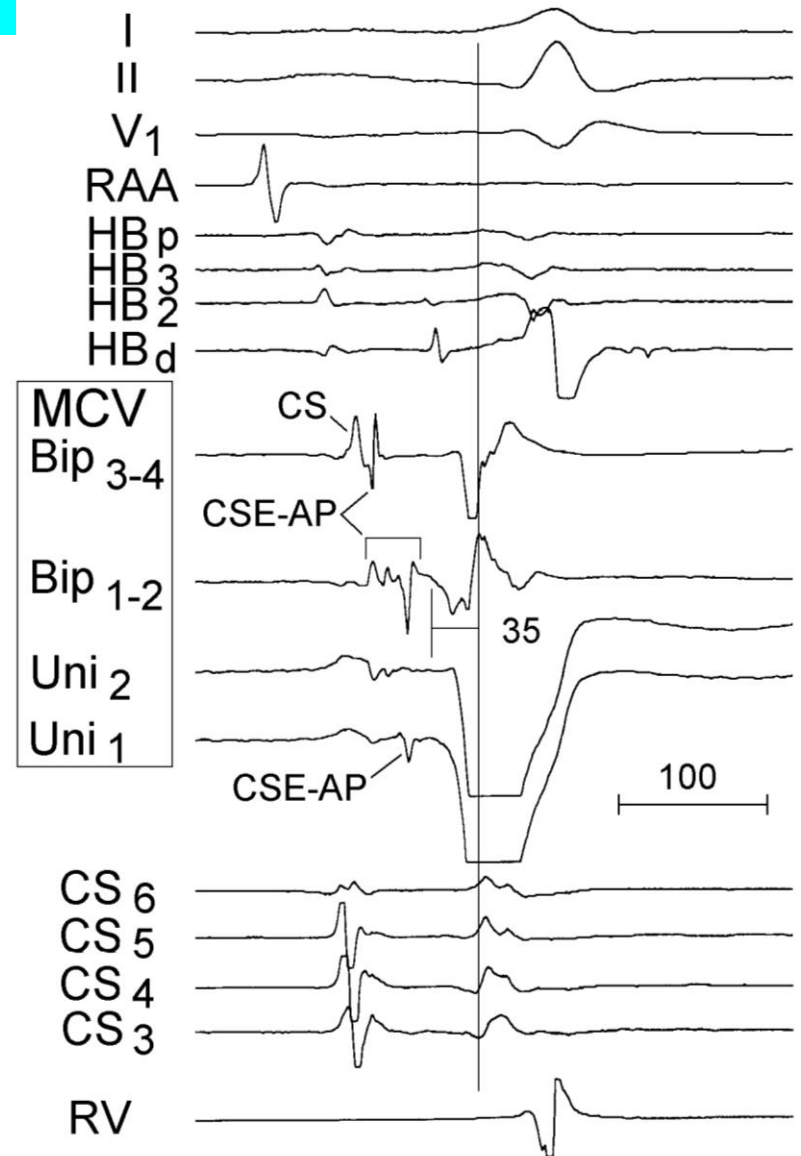
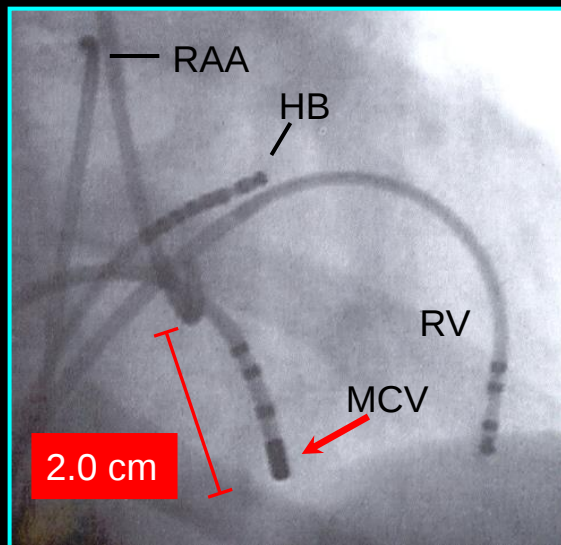


Figure 6.18C

Courtesy of Dr. Jackman

Validation of Antegrade CSE-AP Potential

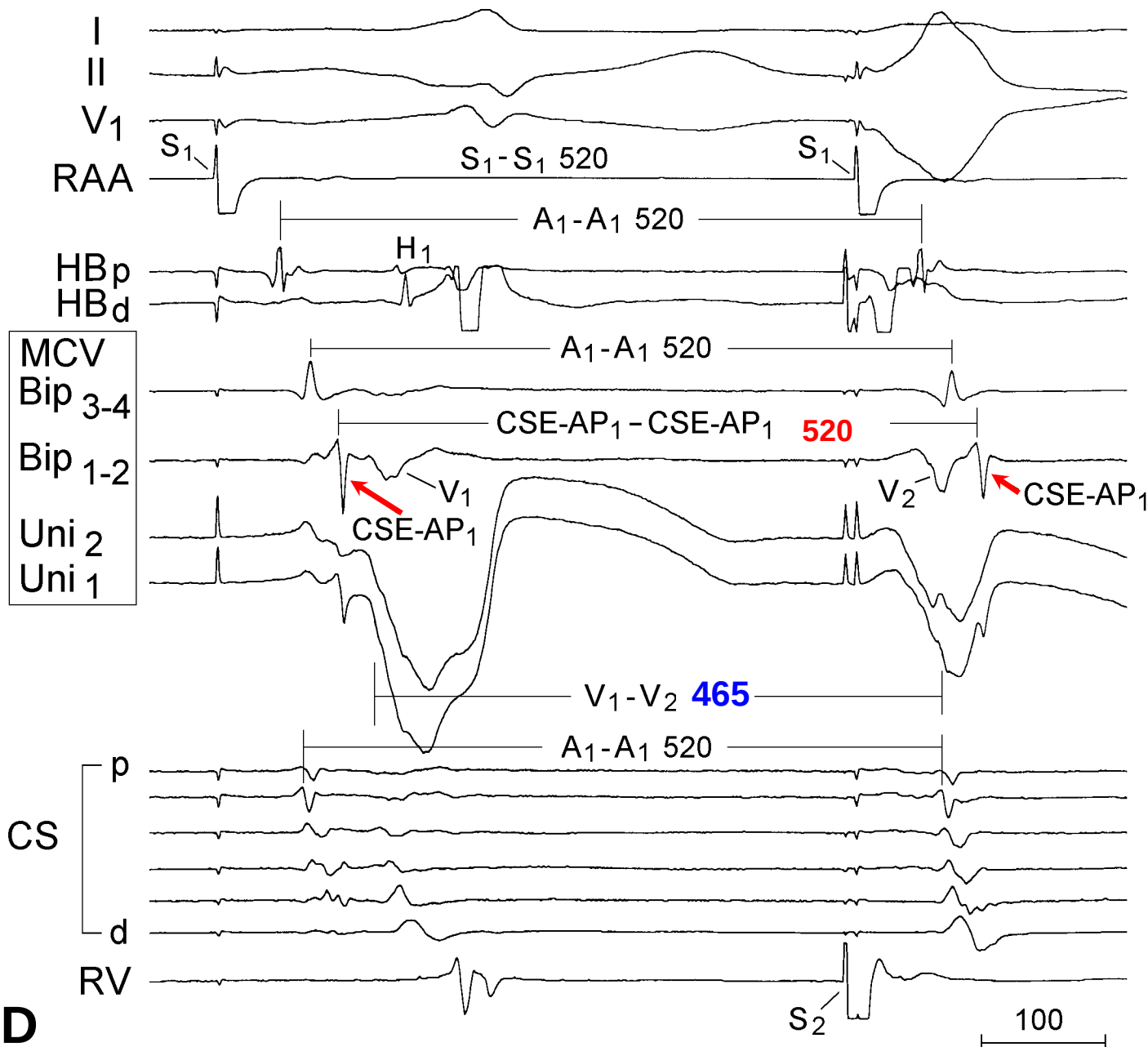


Figure 6.18D

Validation of Antegrade CSE-AP Potential

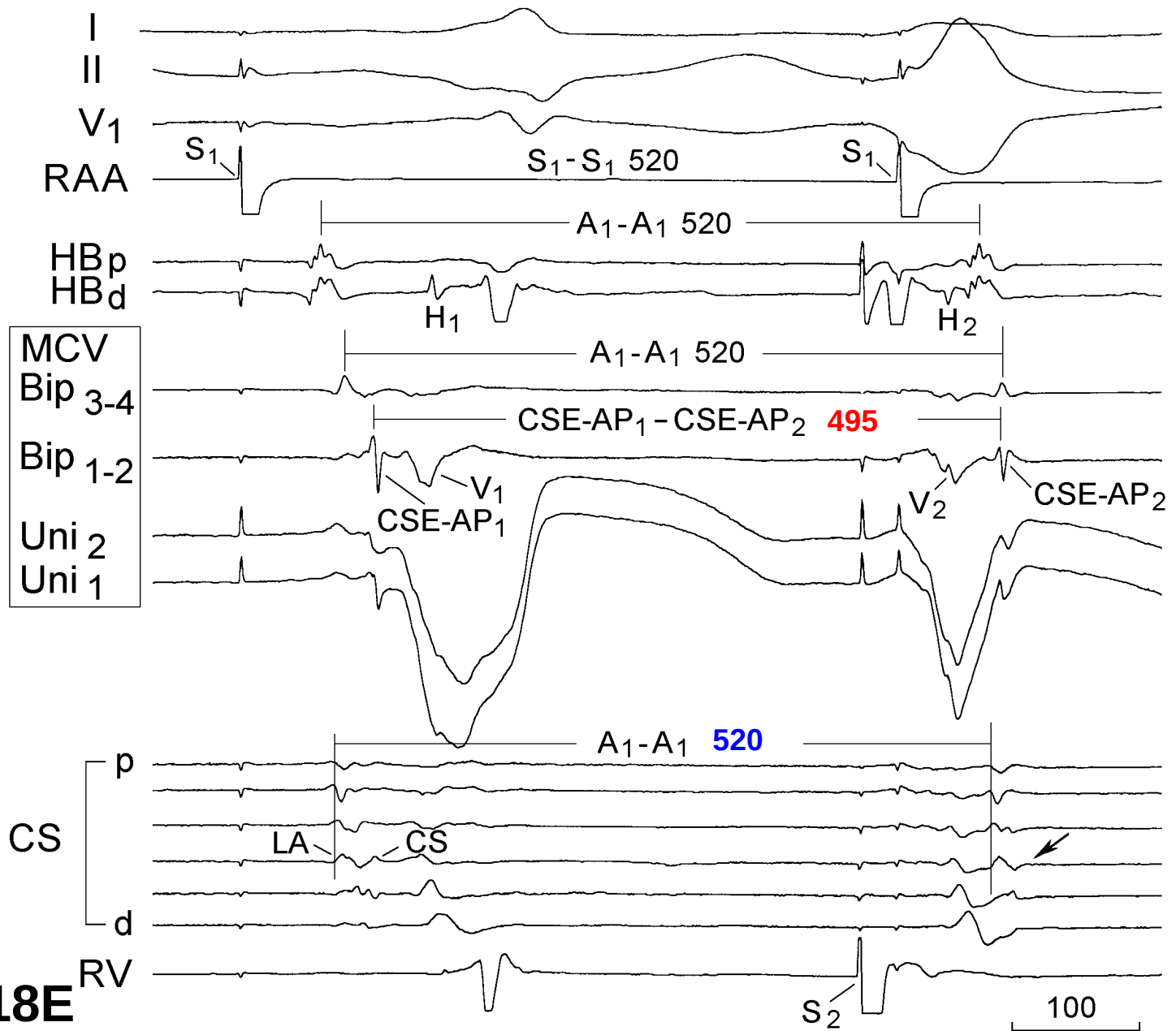


Figure 6.18E

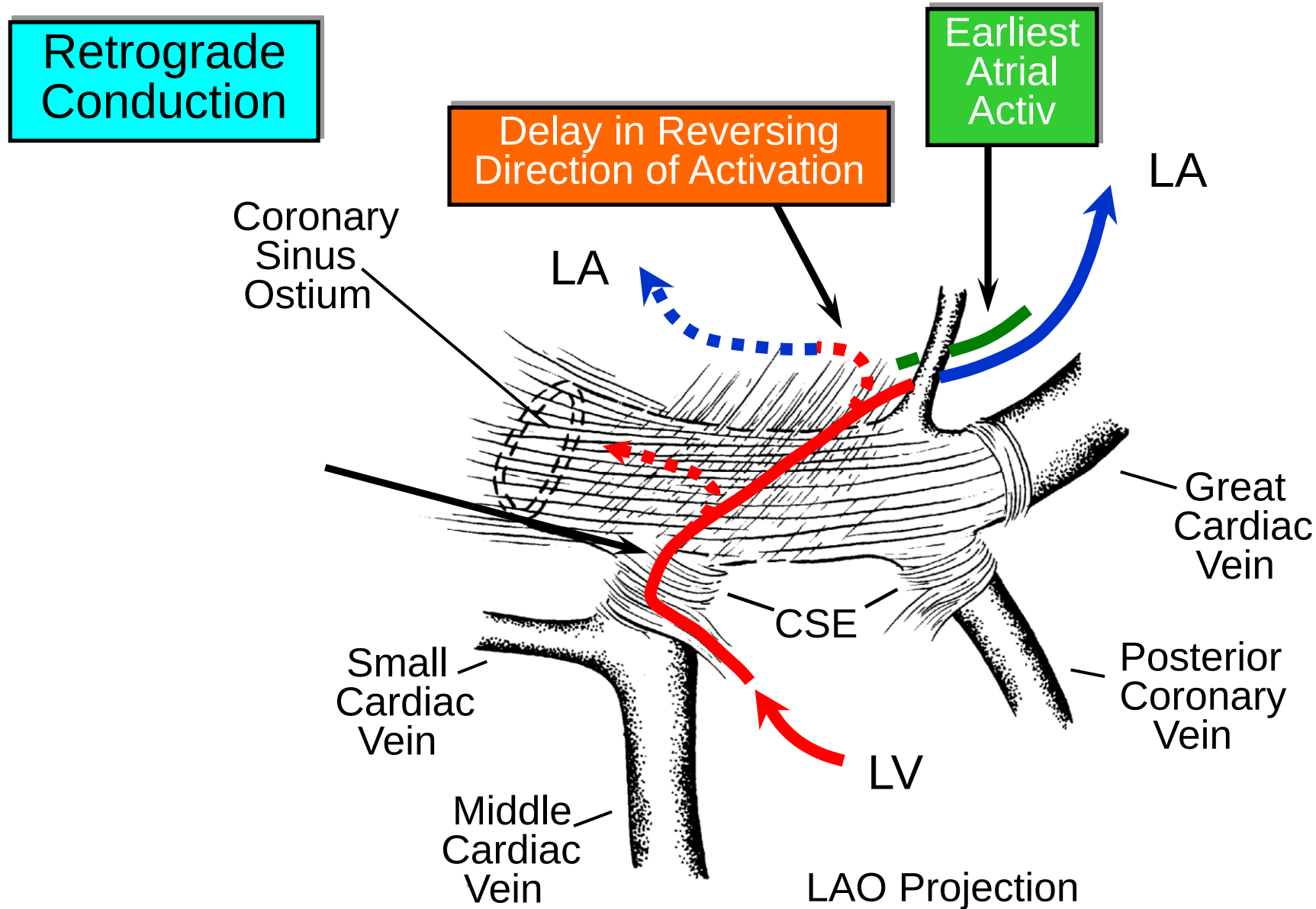


Figure 6.19A

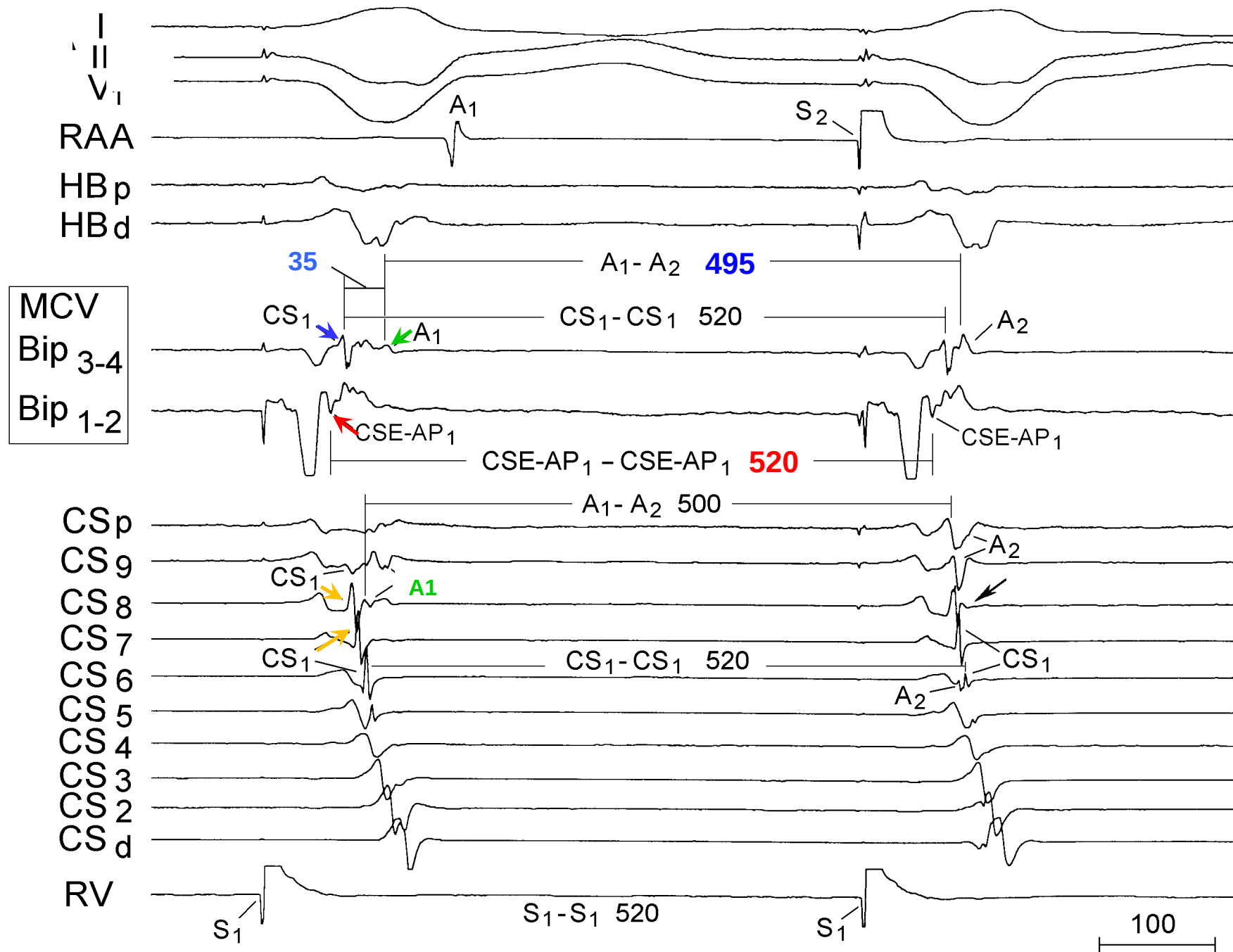


Figure 6.19B

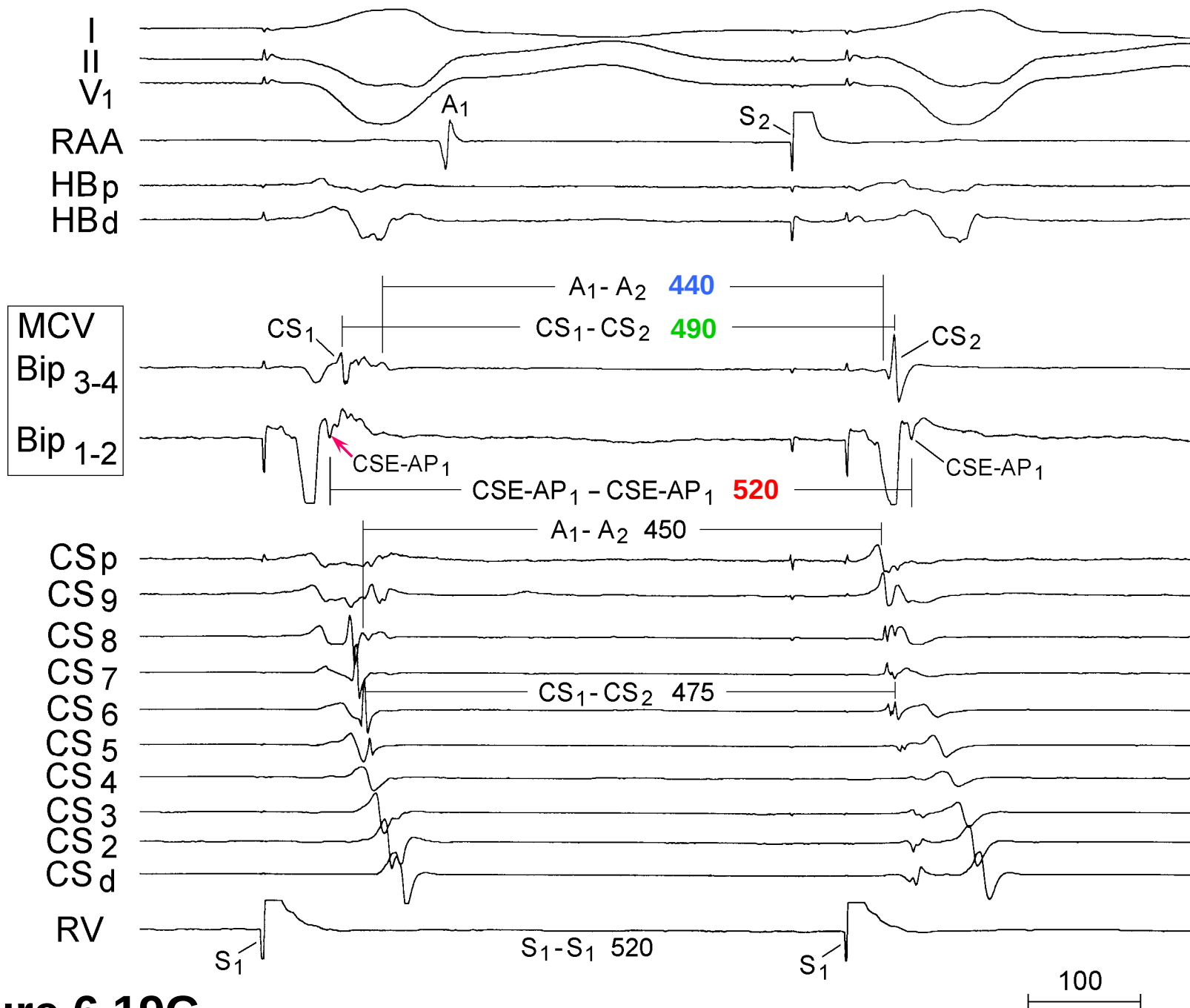


Figure 6.19C

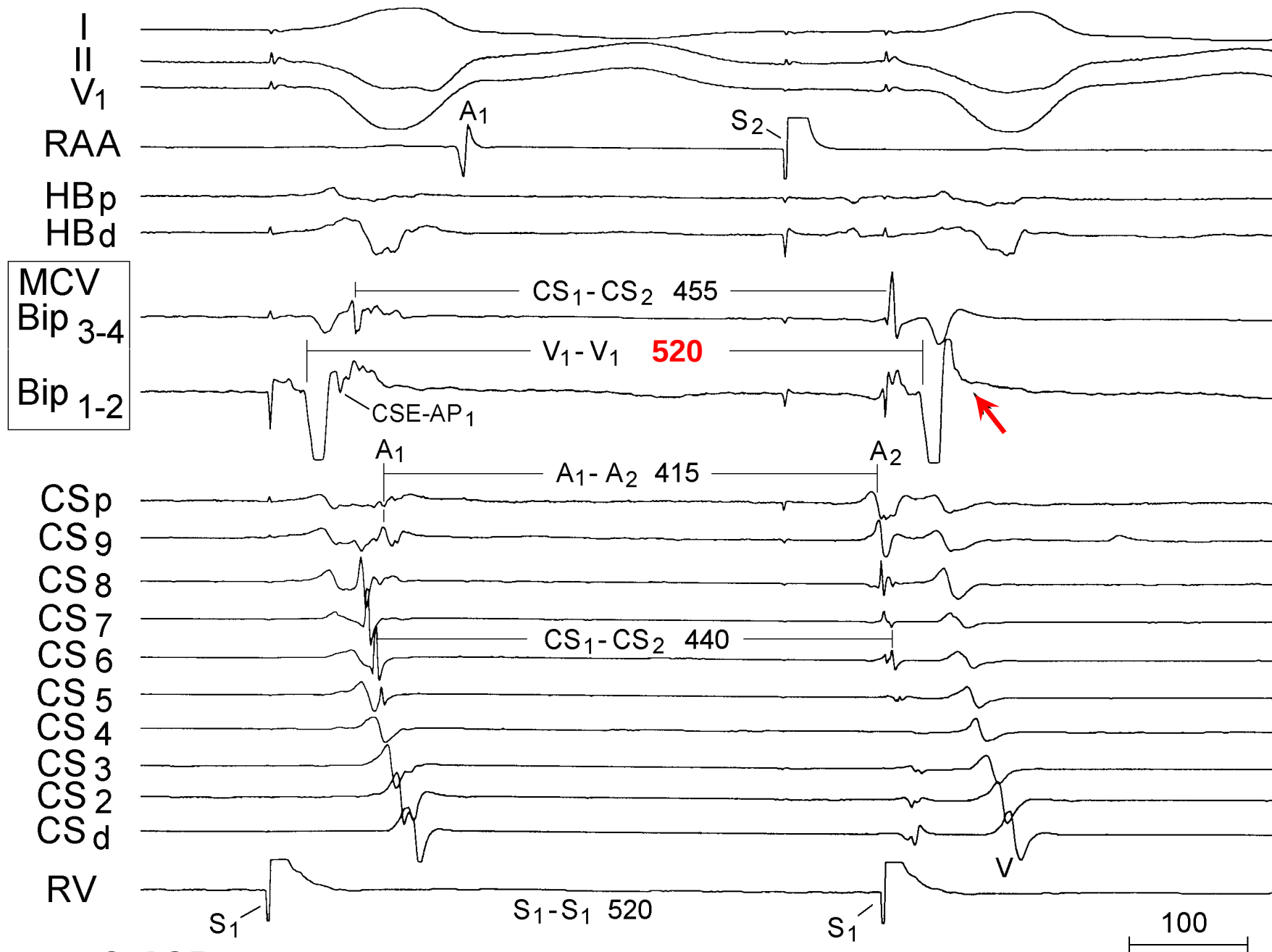


Figure 6.19D

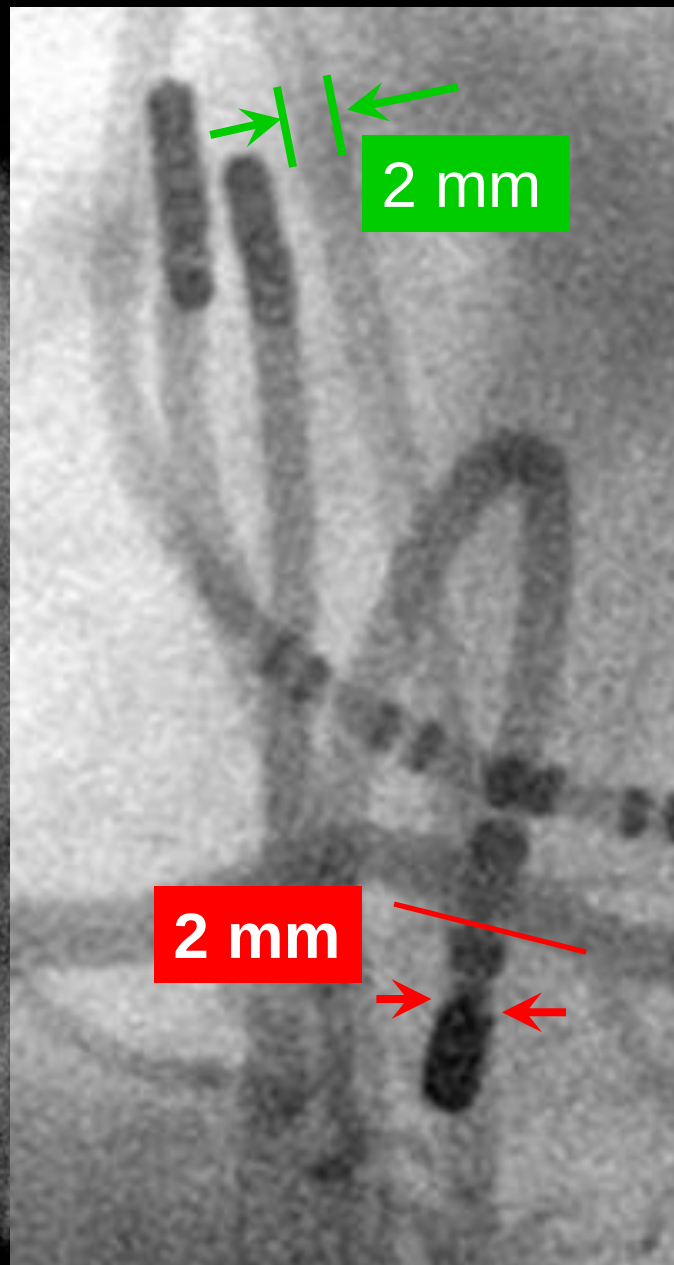
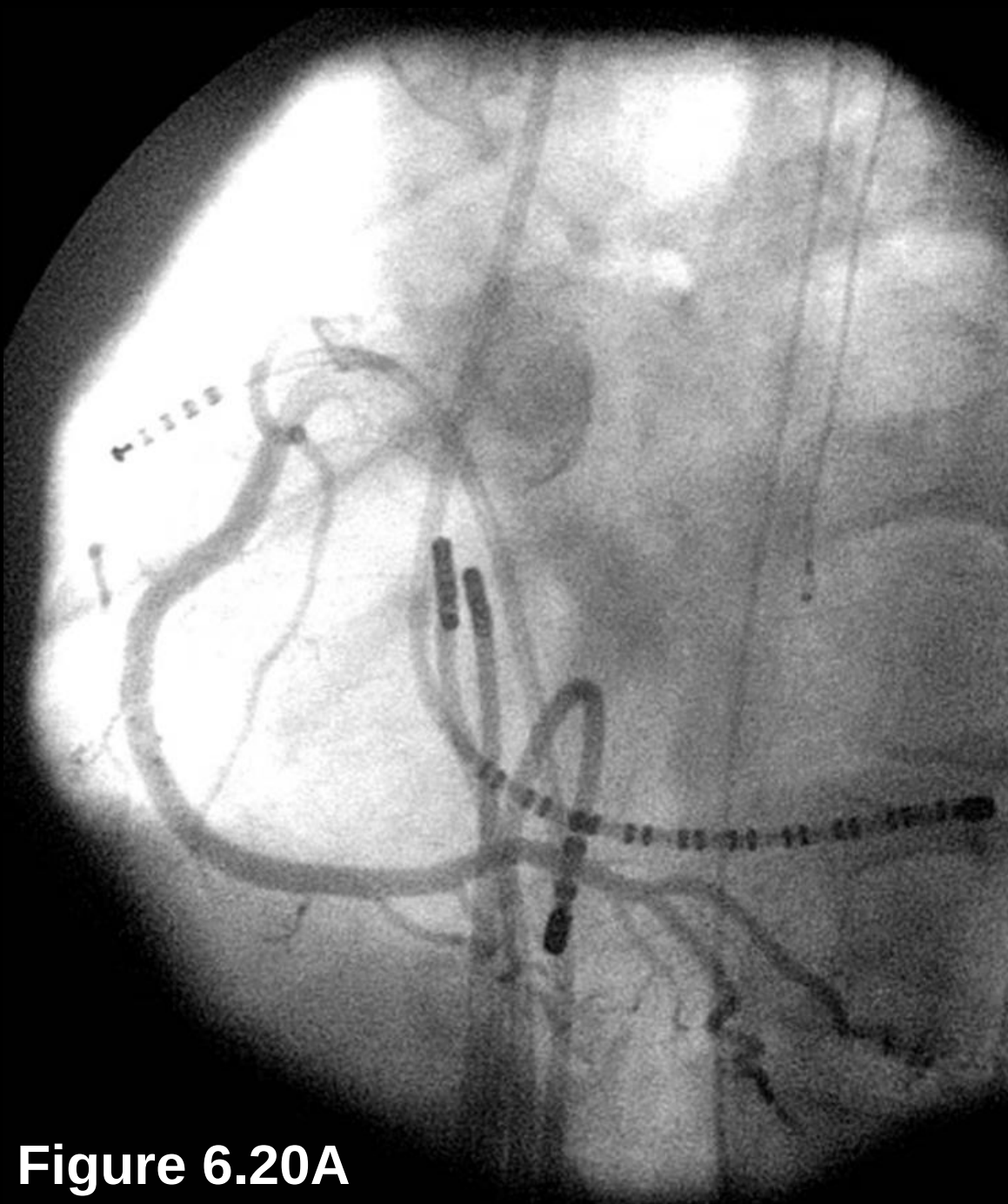
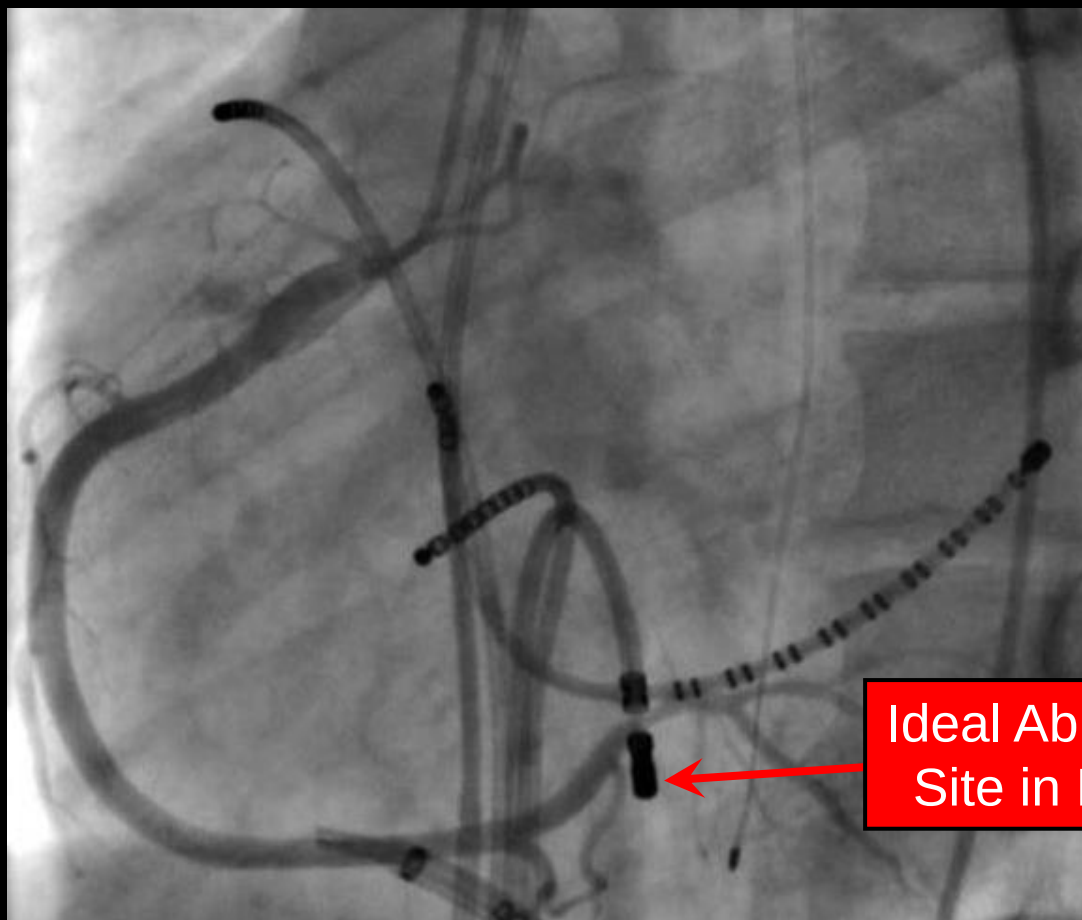
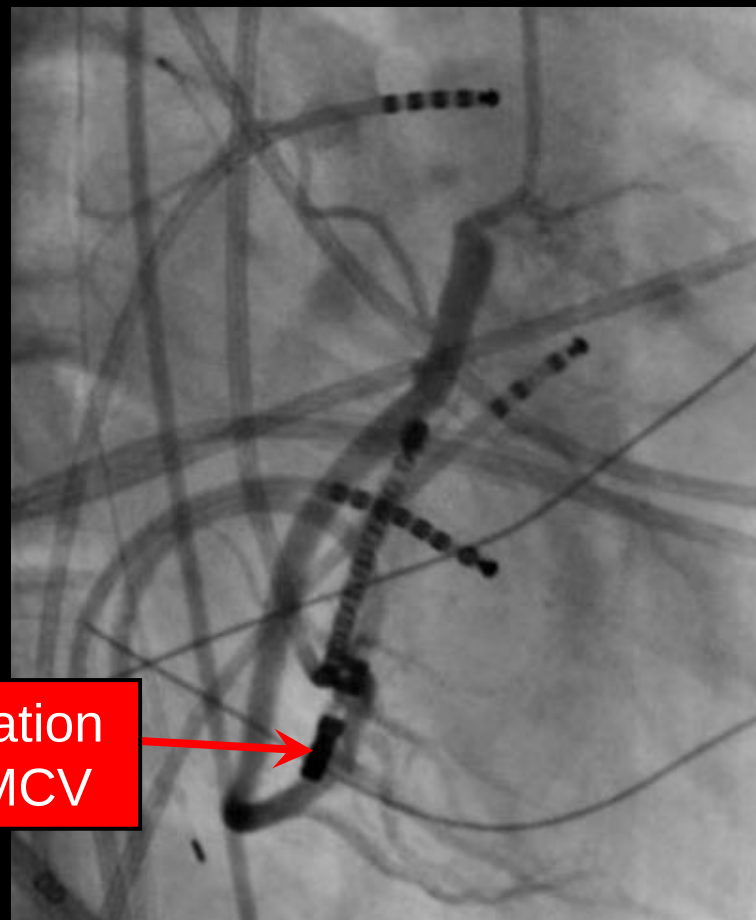


Figure 6.20A



LAO



RAO

Ideal Ablation
Site in MCV

Figure 6.20B

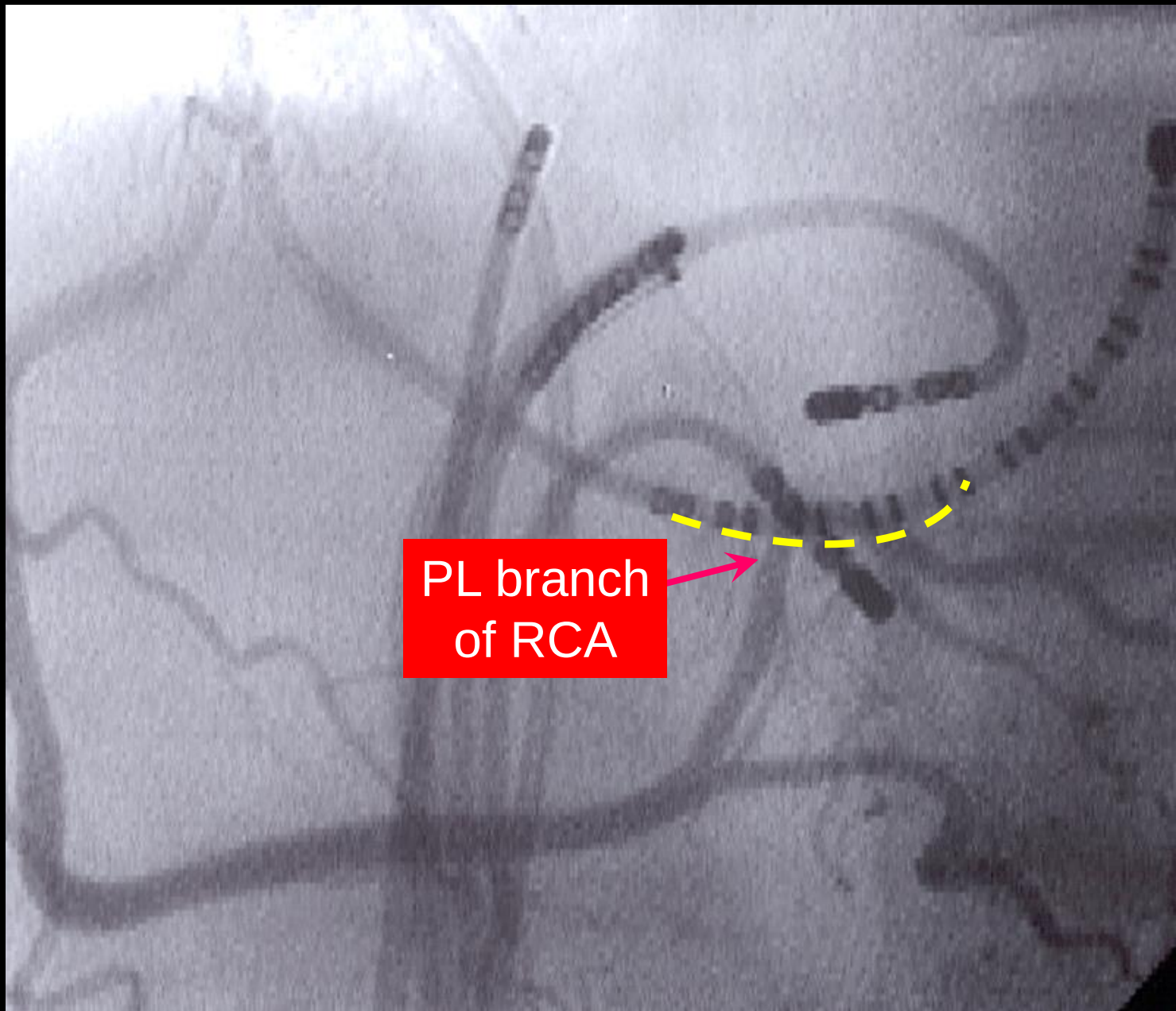


Figure 6.20C

LAO

LAO

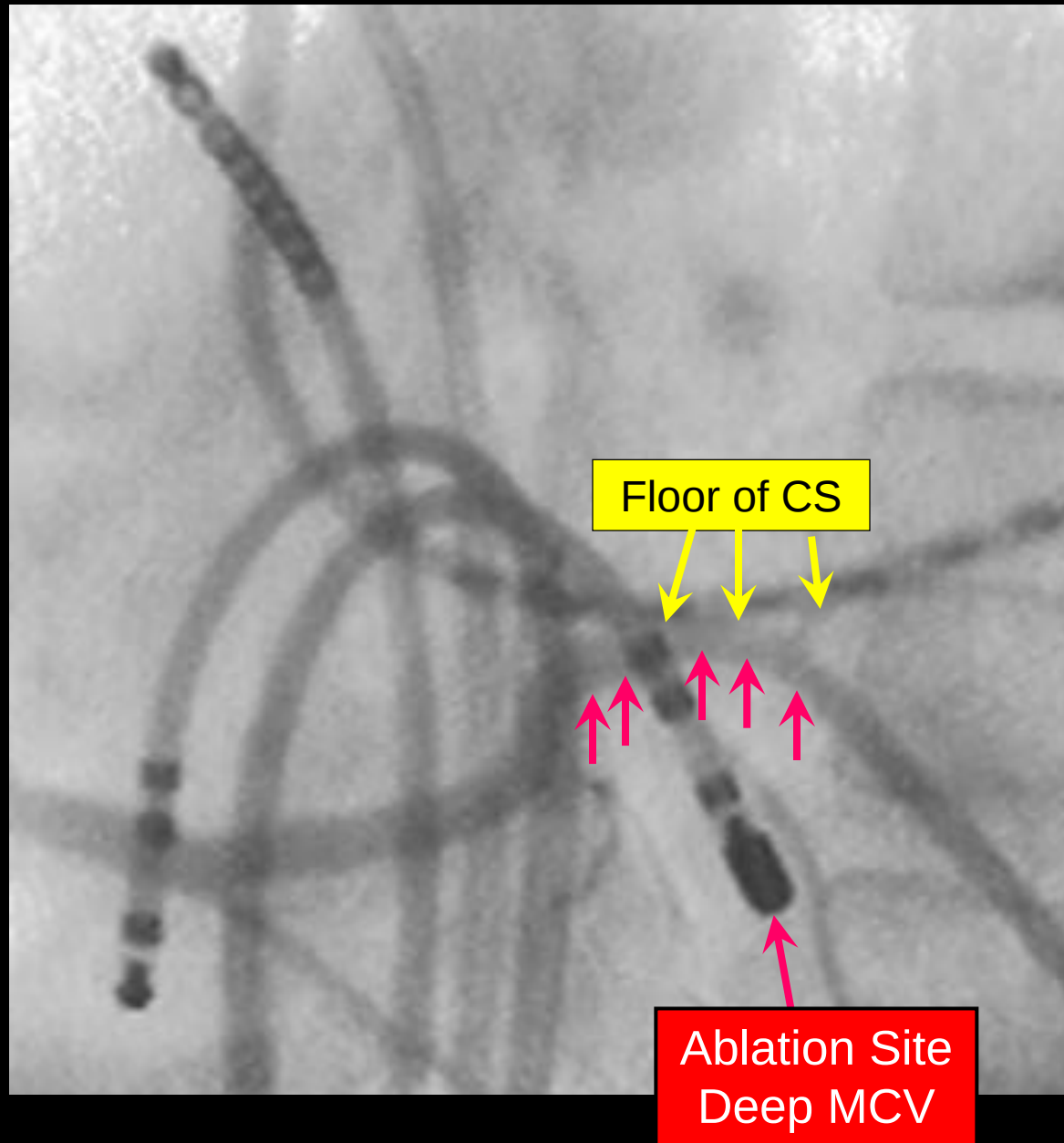


Figure 6.20D

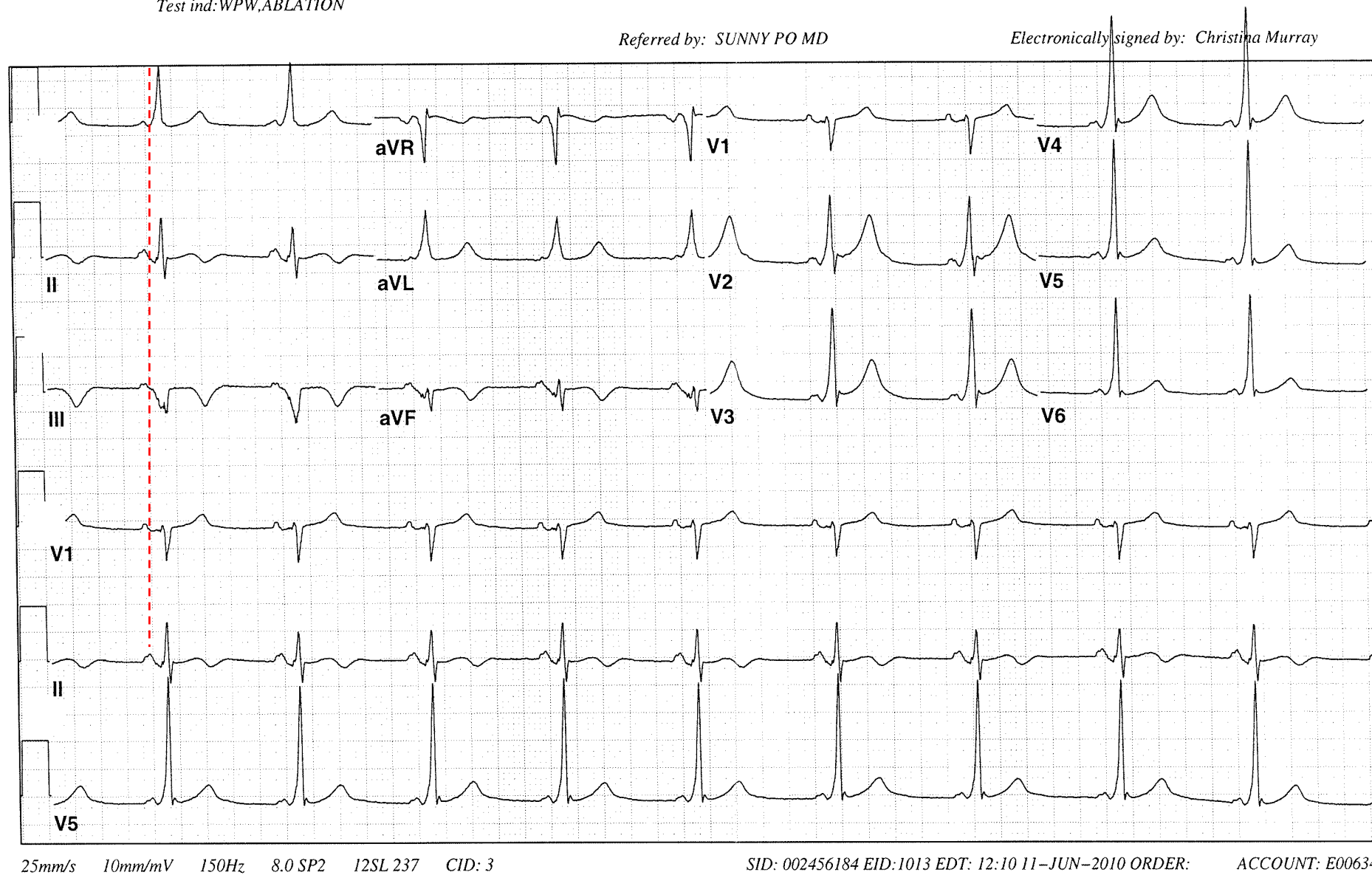
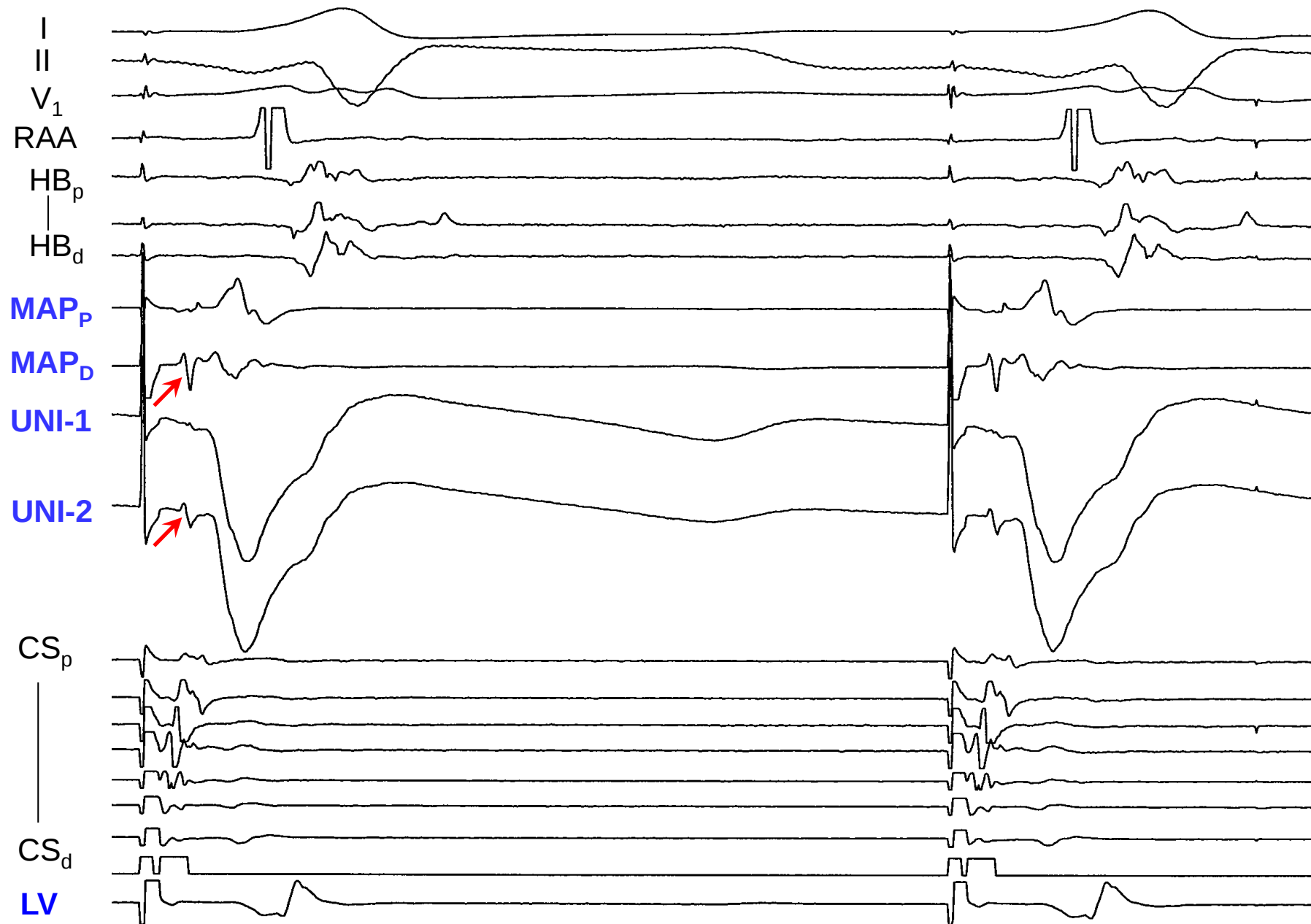
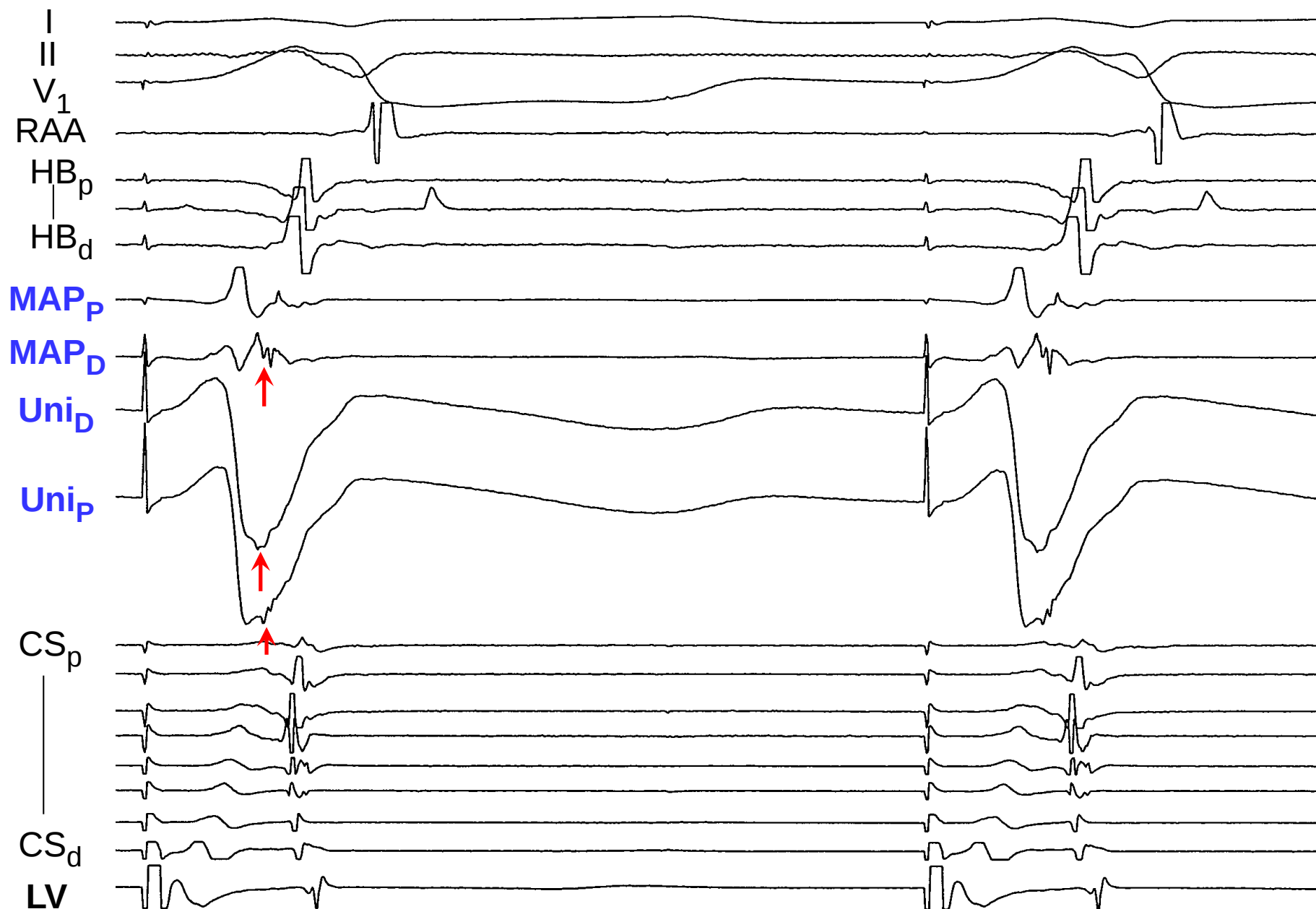


Figure 6.21A



100 ms

Figure 6.21B



100 ms

Figure 6.21C

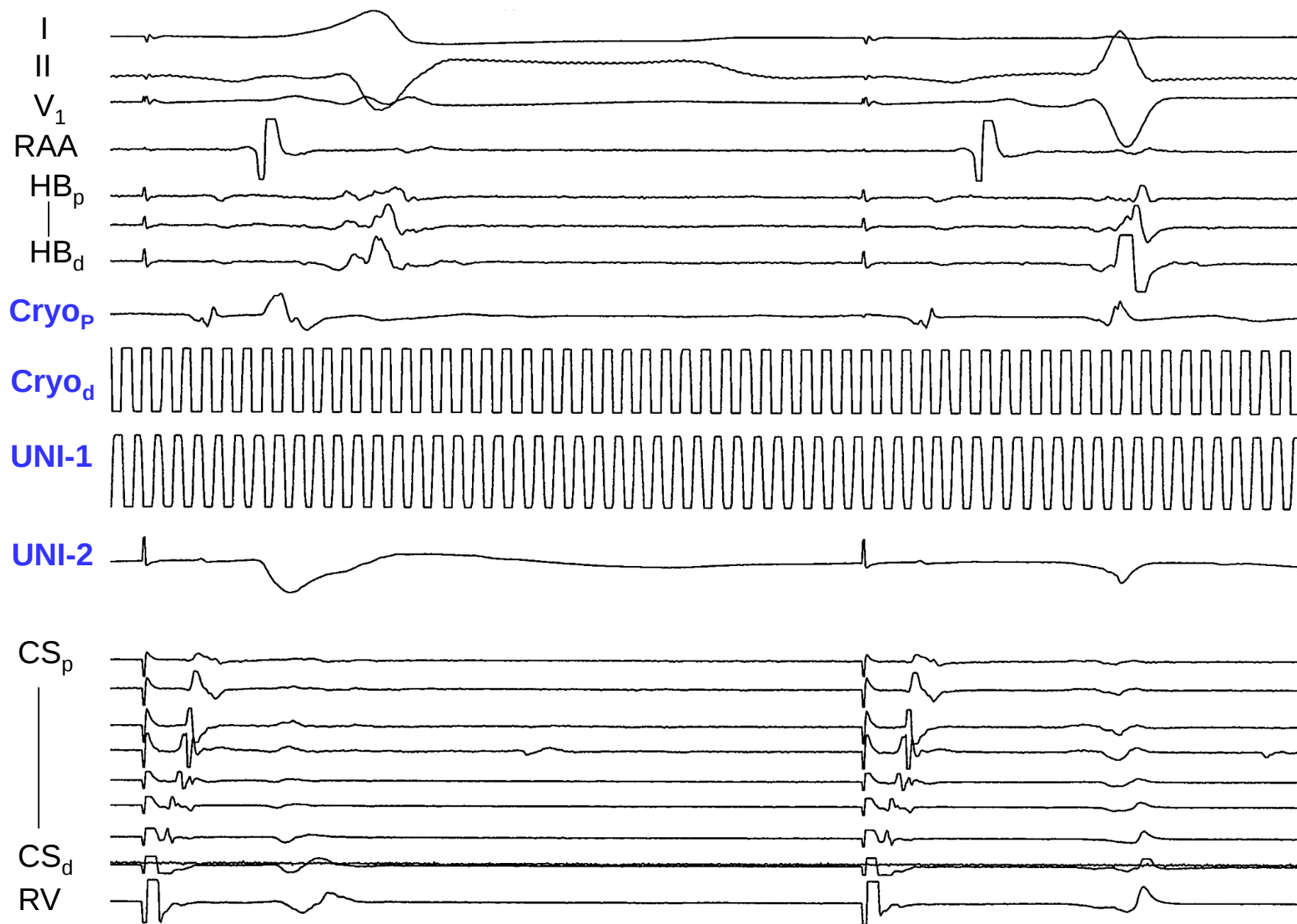


Figure 6.21D

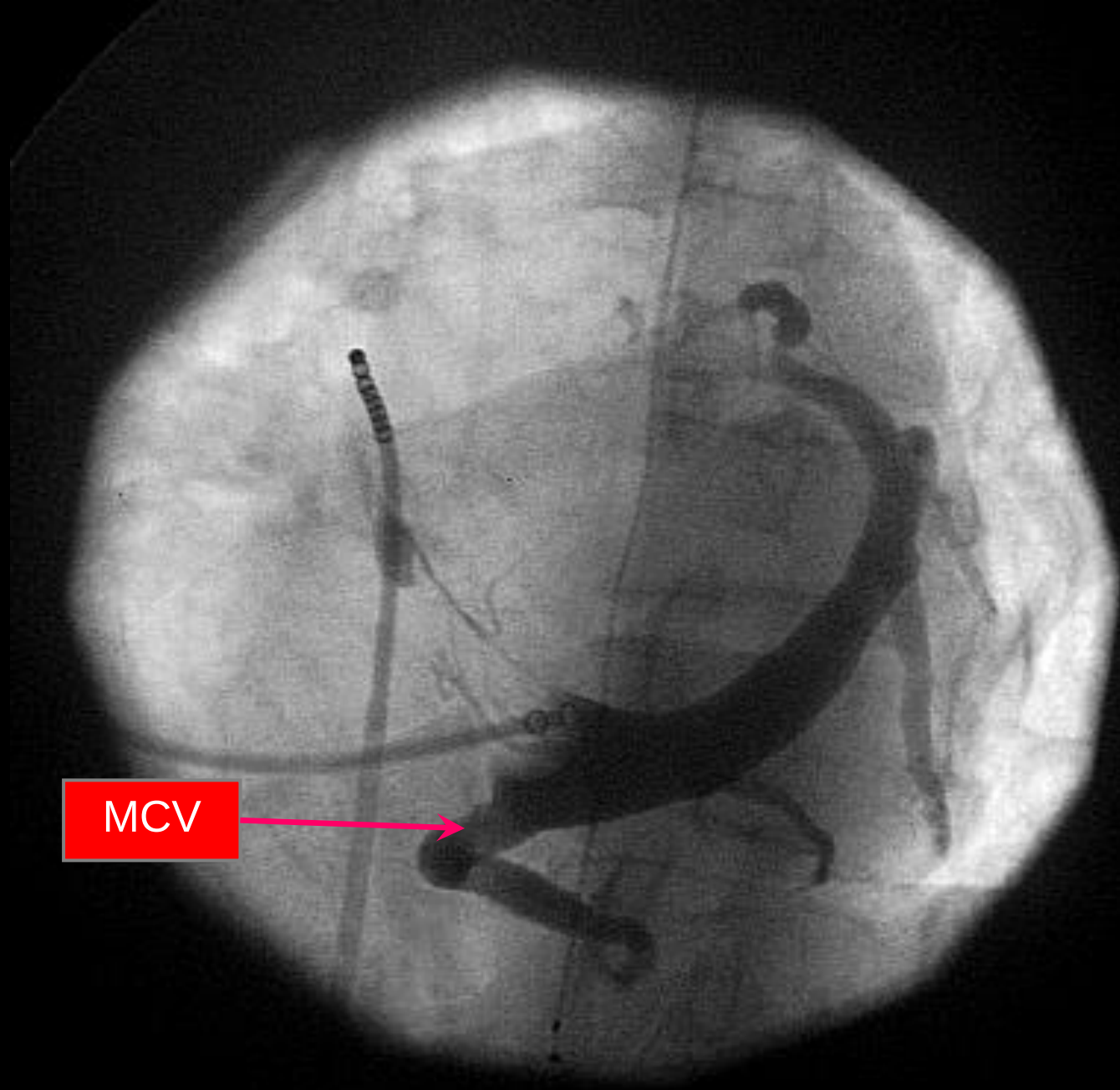
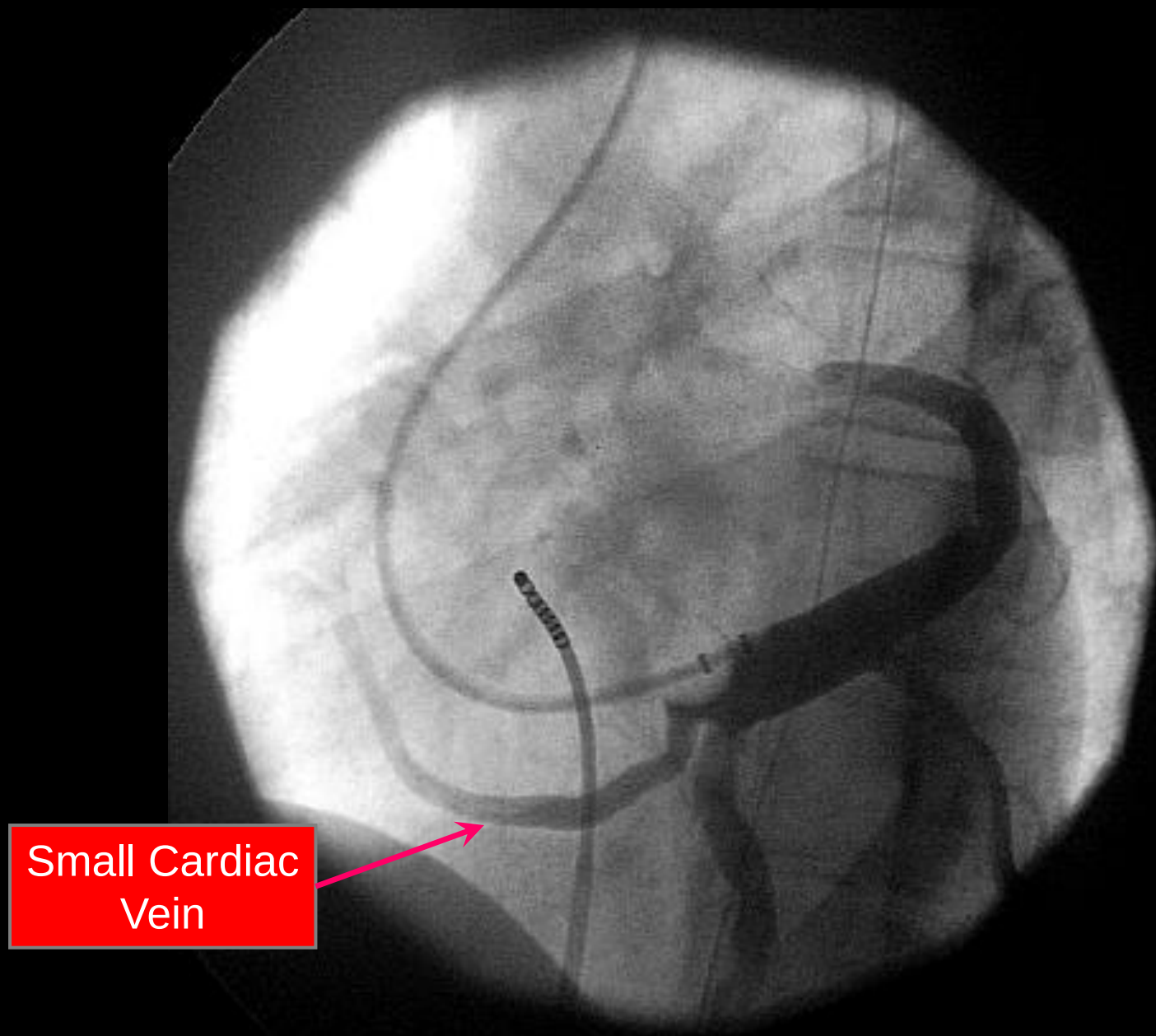


Figure 6.22A



Small Cardiac
Vein

Figure 6.22B