STEREOTAXIS

ELECTROPHYSIOLOGY NAVIGANT™ V2.11

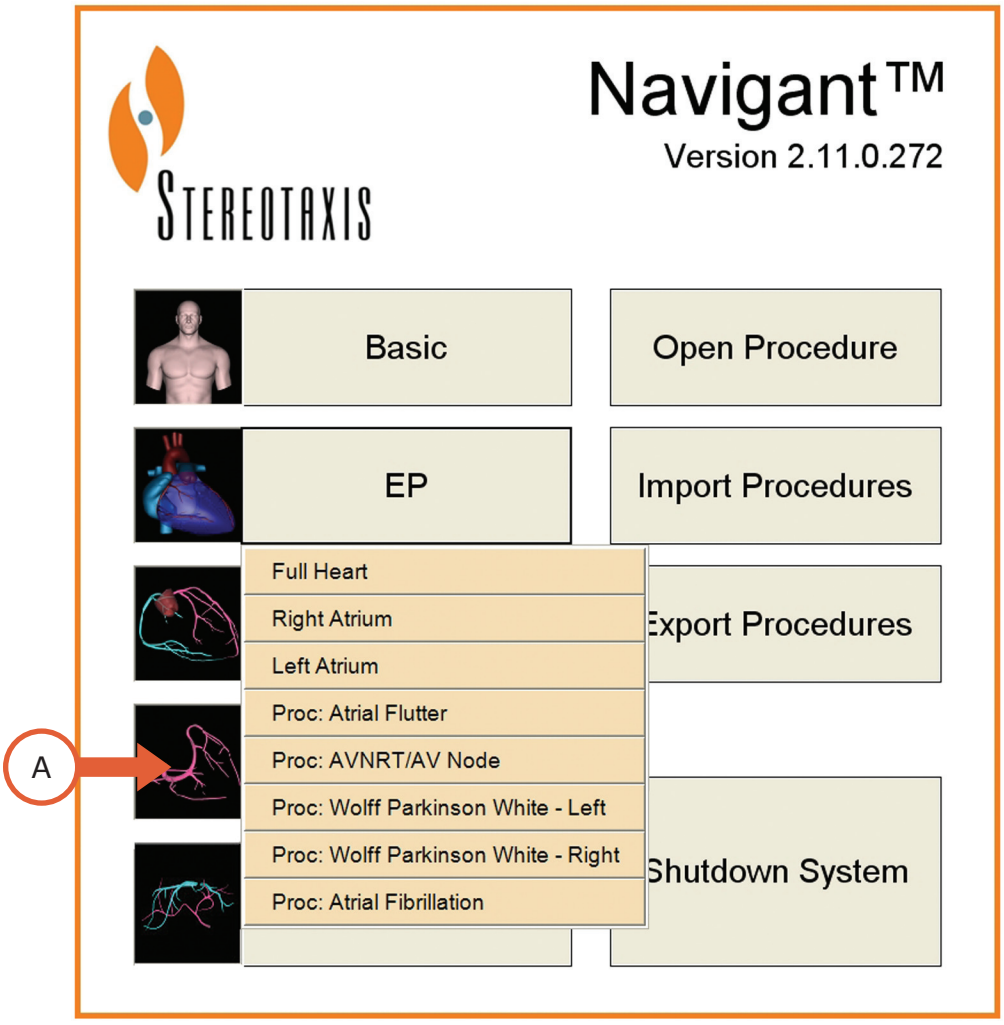
SUPRA-VENTRICULAR TACHYCARDIA NAVIGATION

Getting Started

The supraventricular tachycardia (SVT) Navigation workflow is designed to facilitate workflows that do not require the use of the Navistar RMT catheter.

The **Opening Screen** displays the application procedure selection menu. Choose an application (**EP** for electrophysiology).

Choose from the drop down menu to select the type of procedure (A).



Opening Dialogue Box

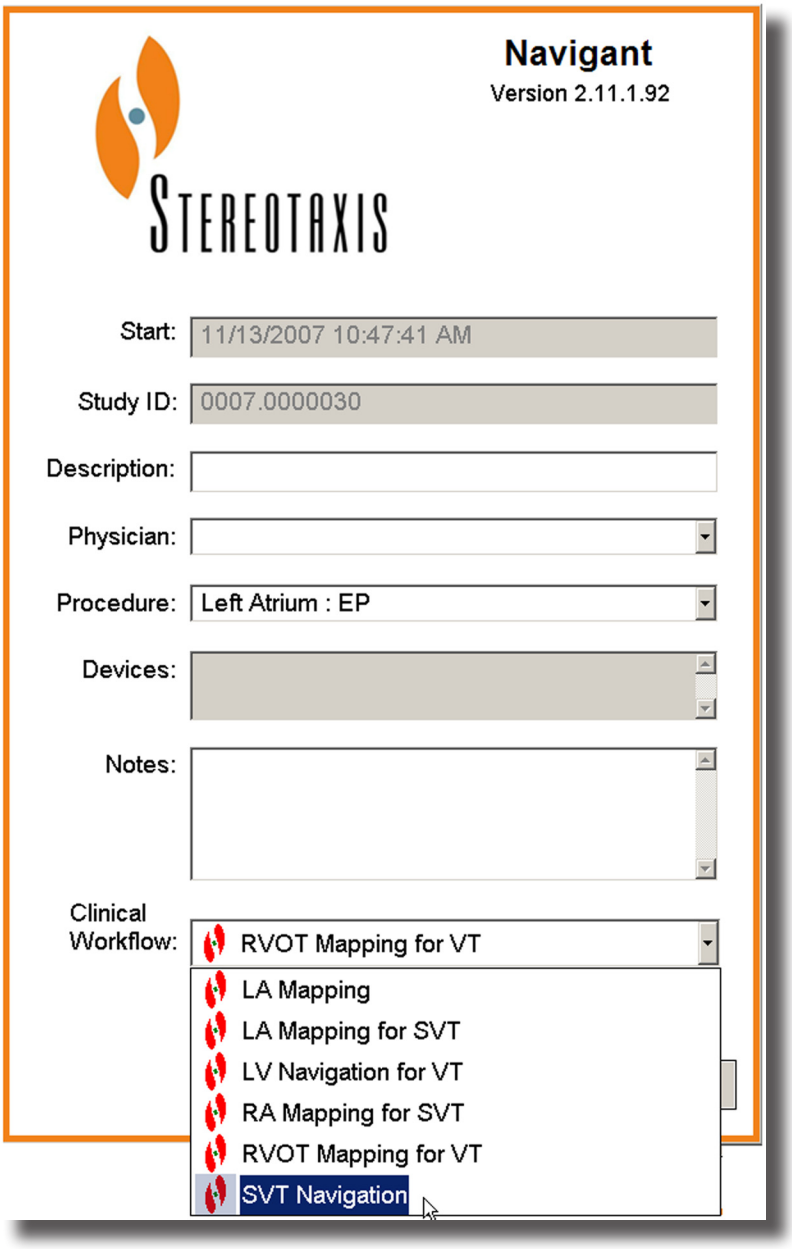
Choose a Clinical Workflow

Once the procedure has been selected, the Procedure Information Window will appear. A start date, time, and a study ID are automatically assigned. Fill in the description and physician by typing or selecting from a drop-down list if available.

Click OK once the Clinical Workflow has been selected. The Navigant main screen will appear.

The devices window will be grayed out.

Select the Clinical Workflow from the menu.



TIP

You must fill in the physician and description in order to save a physician layout.

SVT Navigation Workflow

Prior to activating any tabs in this workflow the catheter should be in the chamber of interest. The exception to this is the L-WPW retro tab which includes steps to assist in advancing the catheter over the aortic arch and across the aortic valve.

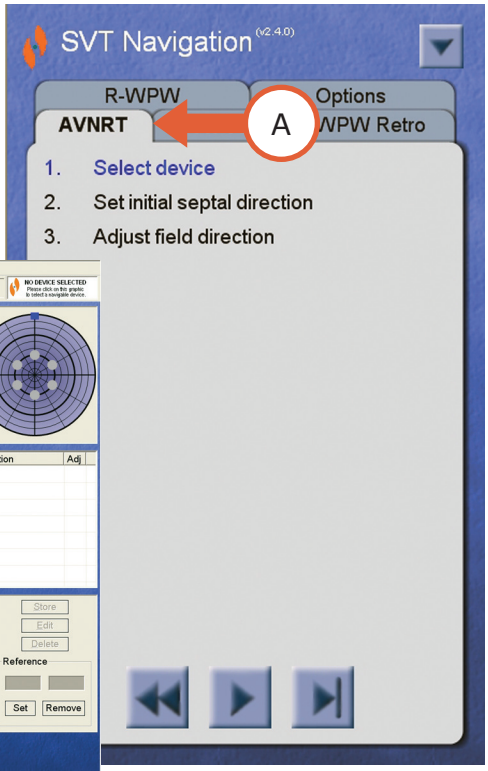
The clinical workflow manager for SVT is comprised of 5 tabs:

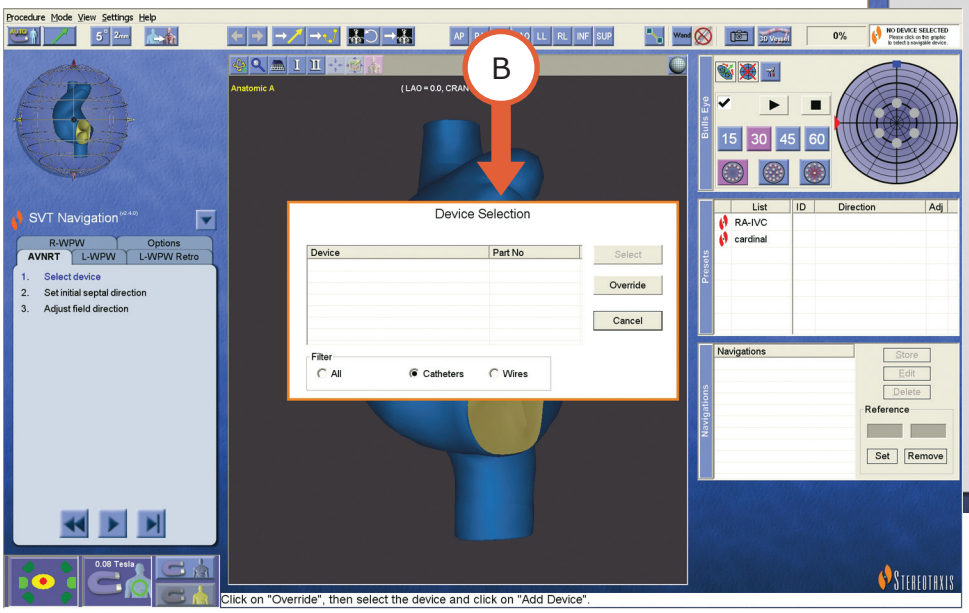
- Atrioventricular nodal reentrant tachycardia (AVNRT)
- Left (atrium) Wolff-Parkinson-White syndrome (L - WPW)
- Right (atrium) Wolff-Parkinson-White syndrome (R - WPW)
- L-WPW Retro (Retrograde Approach)
- Options

After selecting the SVT Navigation from the opening menu the AVNRT tab (A) will always be the active tab.

The Device Selection palette (B) will open. In the device selection window click the **Override** button to view the menu of available catheters. Either double-click the option of choice or select one, then click **Add Device** to choose a device.

Once the device is selected, the appropriate tab may be chosen.





Clinical workflows are designed to facilitate case progression in the following ways:

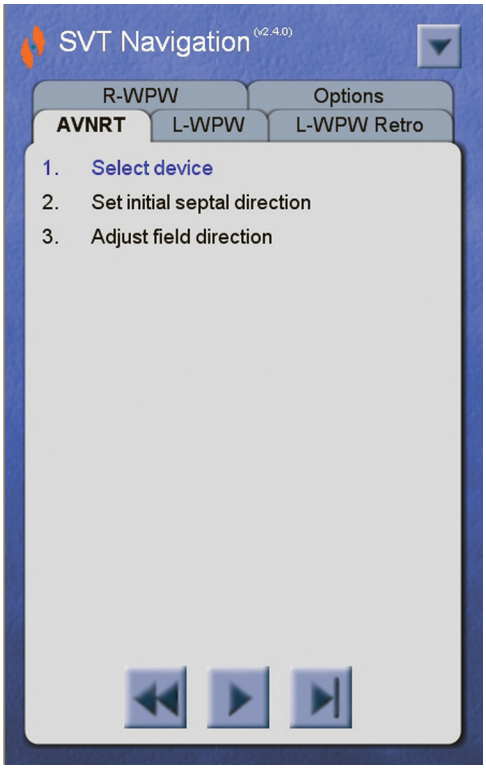
- By providing a simple step by step approach to automation and integration
- Keeping navigation and control options easily accessible throughout the case

The Clinical Workflow Manager menu will be on the left side of the monitor. Click **Execute ►** to advance to the next numbered step.

Once all steps have been completed, use the **Execute ►** button at the bottom of the tab window to advance to the next tab window.

Each tab on the CWM lists steps pertaining to a part of the procedure. By progressing through the appropriate steps, you can complete a portion of the study.

CWM Tab Controller buttons:
Start Over (left)
Execute Step (middle)
Next Section (right)



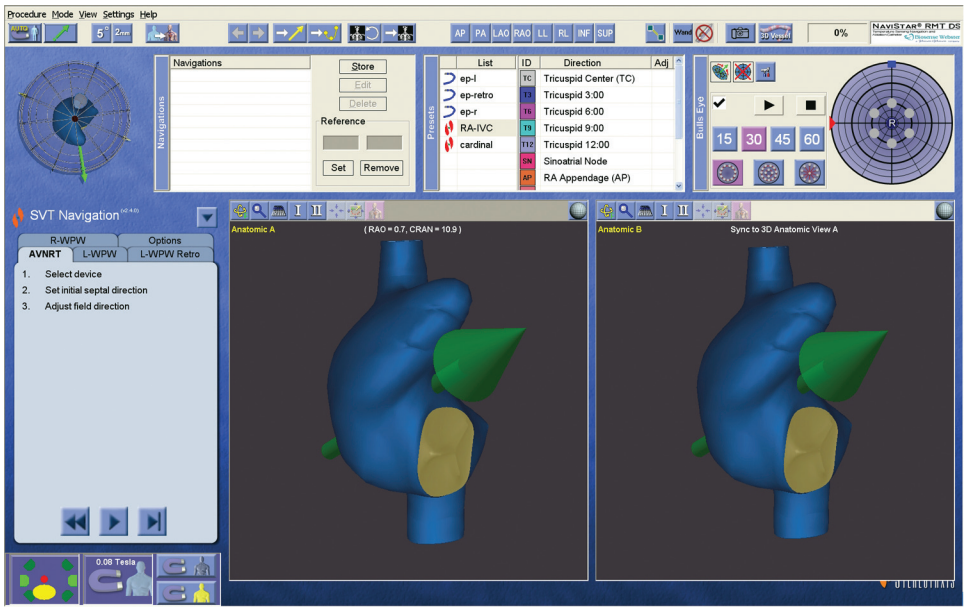
AVNRT Tab

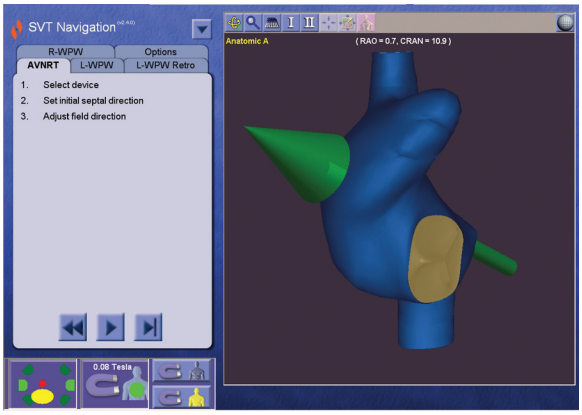
AVNRT Workflow

After the device has been selected the user will set the **initial septal direction**. This will assist in placing the catheter in the slow pathway region for the treatment of AVNRT.

Adjust Field Direction

Manipulate the catheter to the desired location on the septal aspect of the Tricuspid Annulus. Manually manipulate the field direction and CAS advance/retract in small increments while observing the intracardiac electrograms. The Presets panel may also be utilized if needed.





The Navigant Screen in the AVNRT workflow. (above)

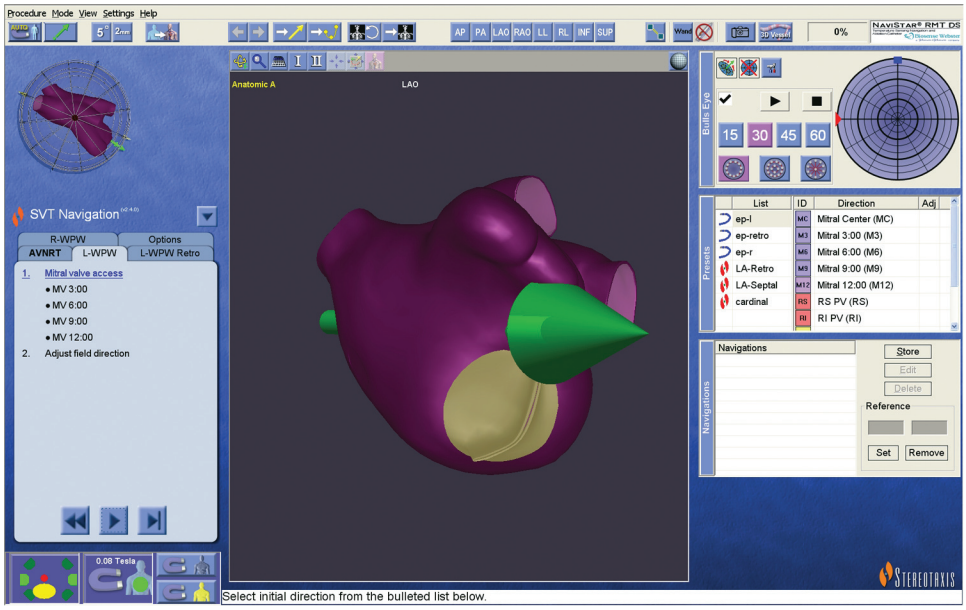
Variation in field direction. (left)

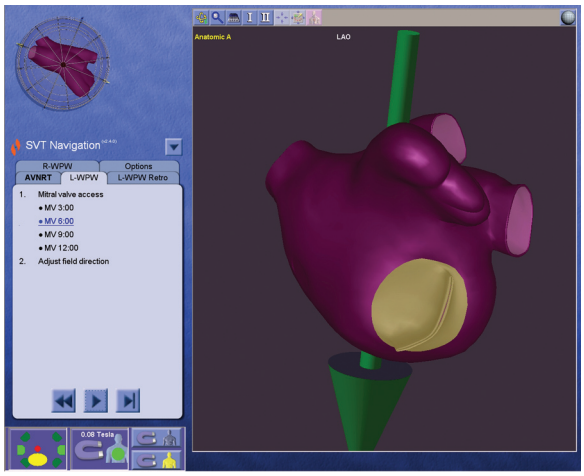
L-WPW Workflow

After the catheter has been placed in the left atrium via the transeptal access, select the device then choose the L-WPW tab.

The presets under step 1 will provide quick anatomic reference locations to assist in mapping the mitral valve annulus.

Field direction and CAS advance/retract should be manually adjusted using small incremental movements to facilitate catheter placement while observing the intracardiac electrograms.





The Navigant Screen in the L-WPW workflow. (above)

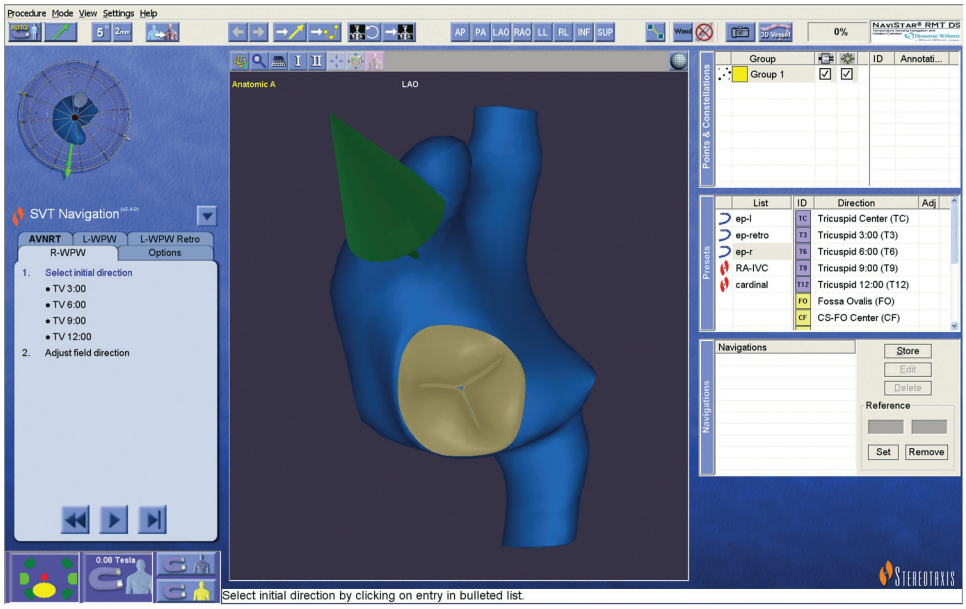
Variation in field direction. (left)

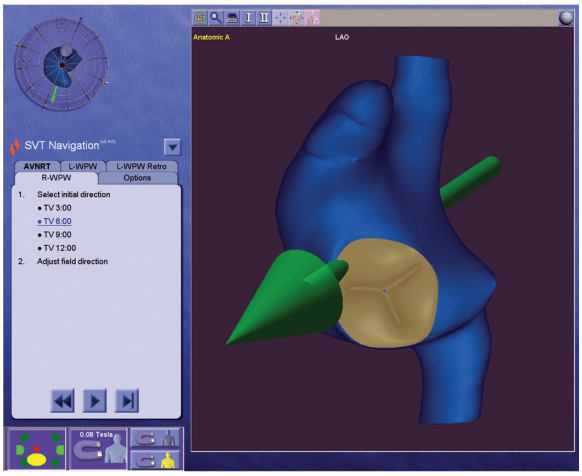
R-WPW Workflow

After the catheter has been placed in the right atrium select the device and activate the R-WPW tab.

The presets under step 1 will provide quick anatomic reference locations to assist in mapping the tricuspid valve annulus.

Field direction and CAS advance/retract should be manually adjusted using small incremental movements to facilitate catheter placement while observing the intracardiac electrograms.





The Navigant Screen in the R-WPW workflow. (above)

Variation in field direction. (left)

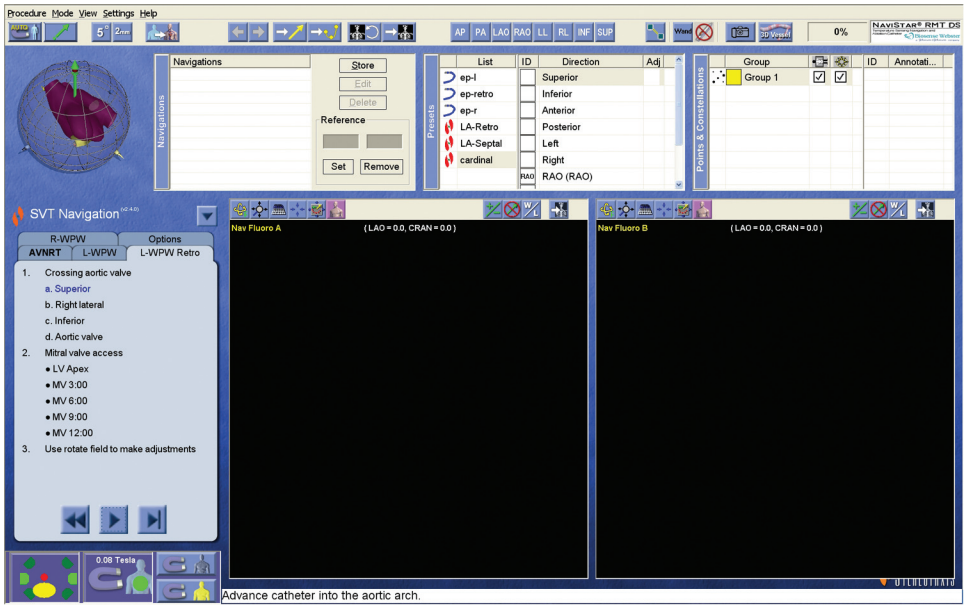
L-WPW Retro

This workflow is designed for the retrograde approach. It can be initiated while the catheter is in the descending aorta.

Once the device has been selected, utilize the presets under step 1 to facilitate the advancement of the catheter over the aortic arch and across the aortic valve.

After crossing the aortic valve and advancing the catheter further into the left ventricle, the presets in step 2 will provide quick anatomic reference locations to assist in mapping the mitral valve annulus.

Field direction and CAS advance/retract should be manually adjusted in small incremental movements to facilitate catheter placement.



The Navigant Screen in the L-WPW Retro workflow. (above)

TIP

Be sure to save the field direction in stored navigations to assist in re-crossing the aortic valve as needed.

Options Tab

The Options tab provides the ability to change window display views and calibrate the Cardiodrive for limited automated function.

By following the steps in the Calibrate Cardiodrive sequence the user will be able to utilize the "auto-flip toward septum in LA" tool. This function is designed for use in the left atrium.

If the Cardiodrive Calibration sequence is not completed the Automation Tools will not function.

CWM with Options Tab (right)

The Navigant Screen with the Options Tab (below)