PMT FORM SELECTION: Ablation		**Legend: Elements in bold are required Highlighted elements are newly added/amended**
Patient ID:		
PRE-ABLATION DIAGNOSIS AND EVALUATION		
Indication for ablation:	O First-line therapy in paroxysmal AF before antiarrhythmic therapy O First-line therapy in persistent AF before antiarrhythmic therapy O Paroxysmal AF that is refractory or intolerant to ≥1 antiarrhythmic drugs	O) Persistent AF that is refractory or intolerant to ≥1 antiarrhythmic drug O Long-standing persistent AF that has failed ≥1 antiarrhythmic drug O Other (left atrial flutter, left atrial tachycardia, etc.)
Modified EHRA Symptoms Score:	O I – No symptoms O IIA – Mild symptoms (Normal daily activity not affected and symptoms not considered troublesome by patient) O IIB – Moderate symptoms (Normal daily activity not affected but patient troubled by symptoms) O III - Severe symptoms (Normal daily activity affected) O IV – Disabling symptoms (Normal daily activity discontinued) O ND	
Baseline Rhythm	O Atrial fibrillation O Atrial flutter, typical right O Atrial flutter, atypical O Sinus rhythm O Other (specify) _____ O Unknnown/ND	
Did the patient have prior ablations for atrial fibrillation (do not count ablations for other arrhythmias):	O 0 (no prior AF ablation) O 1 O 2 O ≥ 3	
Left atrial diameter _____(cm) O ND	**Left atrial volume _____ (cm) O** ND	**Left atrial volume index (mL/m2) _____ O NDs**
If Left atrial diameter ND, how was the atrial enlargement described?	O Normal O Mild enlargement O Moderate enlargement	O Severe enlargement O Unknown
What was the peri-procedural anticoagulation strategy?	O Uninterrupted anticoagulation strategy O apixaban O dabigatran O edoxaban O rivaroxaban O warfarin pre-procedure INR _____ O Interrupted anticoagulation strategy O apixaban O dabigatran	O edoxaban O rivaroxaban O warfarin O Bridging anticoagulation strategy O bivalirudin O LMWH O Unfractioned heparin O Other

ABLATION PROCEDURE

What was the primary intraprocedural parenteral anticoagulant used?

- O Heparin
- O Bivalirudin
- O Other
- O None, Reason for not prescribing (check all that apply):
  - O Major bleeding event
  - O Minor bleeding event
  - O Risk of bleeding

Anesthesia used during the procedure:

- O General anesthesia with endotracheal tube intubation
- O General anesthesia with JET or high frequency ventilation
- O General anesthesia with laryngeal mask airway
- O IV conscious sedation without intubation or mechanical airway
- O Other
- O Unable to determine

Type of Ablation Procedure

- O Percutaneous catheter ablation
- O Surgical ablation
- O Hybrid approach (surgical and percutaneous)
- O Other _____

Energy and catheter type used (check all that apply):

- ❑ Irrigated RFA without contact force sensing
- ❑ Irrigated RFA with contact force sensing
- ❑ Cryo balloon
- ❑ Laser balloon
- ❑ Other _____

Imaging/mapping used: (check all that apply):

- ❑ Preprocedure TEE
- ❑ Intraoperative TEE
- ❑ Preprocedure CT
- ❑ Preprocedure MRI
- ❑ Rotational angiography
- ❑ Intracardiac echocardiography (ICE)
- ❑ 3D electroanatomic mapping

Trans-septal approach used for the ablation procedure:

- O Brockenbrough/mechanical needle
- O Radiofrequency needle
- O Other, such as entry through patent foramen ovale
- O Trans-septal method not utilized

Procedure Date and Time:

Date (MM/DD/YYYY): ____/_____/_____

Total Procedure Time _ _:_ _(MM:SS)

Total Ablation time: _ _:_ _(MM:SS)

Total Fluoroscopy time: _ _:_ _ (MM:SS)

Total Fluoroscopy Dose: _____ (mGy/cm^2)

Ablation Approach (Check all that apply):

❑ Wide-area catheter ablation
- ❑ Isolation of all PVs was attempted
- ❑ Left superior PV isolation attempted
- ❑ Left inferior PV isolation attempted
- ❑ Right superior PV isolation was attempted
- ❑ Right inferior PV isolation was attempted

❑ Segmental ostial isolation
- ❑ Isolation of all PVs was attempted
- ❑ Left superior PV isolation attempted
- ❑ Left inferior PV isolation attempted
- ❑ Right superior PV isolation was attempted
- ❑ Right inferior PV isolation was attempted

❑ Circumferential PV ablation
- ❑ Isolation all PVs was attempted
- ❑ Left superior PV isolation was attempted
- ❑ Left inferior PV isolation was attempted
- ❑ Right superior PV isolation was attempted
- ❑ Right inferior PV isolation was attempted

Other Approaches
- ❑ Complex fractionated atrial electrogram (CFAE) ablation
  - ❑ Left atrium ❑ Right atrium
- ❑ Left atrial roof line
- ❑ Mitral isthmus line
- ❑ Septal mitral isthmus line
- ❑ Targeted ganglia ablation
- ❑ Superior vena cava isolation
- ❑ Left atrial appendage
- ❑ Left atrial posterior/inferior line
- ❑ Left carinal ablation
- ❑ Right carinal ablation
- ❑ Right-sided CTI line for flutter

Ablation endpoints achieved (Check all that apply):	❑ AF not inducible ❑ AF termination during ablation ❑ Left inferior pulmonary vein isolation ❑ Entrance block ❑ Exit block ❑ Bidirectional block ❑ Left superior pulmonary vein isolation ❑ Entrance block ❑ Exit block ❑ Bidirectional block ❑ Right inferior pulmonary vein isolation ❑ Entrance block ❑ Exit block ❑ Bidirectional block ❑ Right superior pulmonary vein isolation ❑ Entrance block ❑ Exit block ❑ Bidirectional block ❑ Right middle pulmonary vein isolation ❑ Entrance block ❑ Exit block ❑ Bidirectional block
Provocation testing (Check all that apply):	❑ Burst pacing ❑ Isoproterenol ❑ Adenosine ❑ Other ❑ None/ND
Did cardioversion occur?	○Yes ○ No ○ Resulted from procedure ○ Electrocardioversion performed ○ Pharmacological cardioversion performed
Post ablation rhythm:	○ Atrial fibrillation ○ Atrial flutter, typical right ○ Atrial flutter, atypical ○ Sinus rhythm ○ Other (specify) ☐ ○Unknnown/ND

COMPLICATIONS

Complications noted during and post-procedure:	**O** Yes **O** No (If yes, Check all that apply): ❑ Air embolus ❑ Atrioesophageal fistula ❑ Aspiration ❑ AV fistula ❑ Requiring surgical repair ❑ Complication from anesthesia ❑ Death ❑ Deep venous thrombosis ❑ Hematoma ❑ Hemopericardium (check all that apply): ❑ Tamponade ❑ Pericardiocentesis ❑Requiring surgical drainage and/or repair	❑ Hemorrhage requiring transfusion ❑ Phrenic nerve injury ❑ Pseudo aneurysm ❑ Requiring surgical repair ❑ Hemorrhage requiring transfusion ❑ Phrenic nerve injury ❑ Pseudo aneurysm ❑ Pulmonary embolism ❑ PV stenosis ❑ Retroperitoneal bleed ❑ Stroke ~~❑ Perforation or tamponade requiring surgery~~ ❑ Transient ischemic attack ❑ Urinary tract infection ❑ Volume overload/pulmonary edema) ❑ Other