

ABLATION FORM

CHPACE WEB

Hospital _____

Name _____	ID _____	
First Name _____	Date of Birth _____	Age _____
Address _____	Sex <input type="radio"/> M <input type="radio"/> F	
_____	Phone _____	Country _____

Data Before Ablation	Cardiopathy _____ <input type="checkbox"/> <input type="checkbox"/> NYHA _____ <input type="checkbox"/> EF _____ %
Symptoms	<input type="checkbox"/> SCD <input type="checkbox"/> Syncope <input type="checkbox"/> Dizziness <input type="checkbox"/> Dyspnea
<input type="checkbox"/> Angina pectoris <input type="checkbox"/> Fatigue <input type="checkbox"/> Palpitations <input type="checkbox"/> Other <input type="checkbox"/> None	

Intervention	Date _____	Anesthesia <input type="checkbox"/> Local <input type="checkbox"/> General
Investigator 1 _____	Investigator 2 _____	
Investigation Time _____ min	Fluoroscopy Time _____ min	X-Ray Dose _____ cG × cm ²
<input type="checkbox"/> Ablation Aborted		

Ablation Procedure or EPS	<input type="checkbox"/> Atrial Fibrillation <input type="checkbox"/> Right At.-Flutter <input type="checkbox"/> Left At.-Flutter <input type="checkbox"/> Atrial Tachycardia
<input type="checkbox"/> Accessory Pathway <input type="checkbox"/> AVNRT <input type="checkbox"/> VT <input type="checkbox"/> PVC	
<input type="checkbox"/> AVN (to Resynchronization) <input type="checkbox"/> AVN (Rate Control in Atr. Fibrillation) <input type="checkbox"/> Other Arrhythmia	
<input type="checkbox"/> EPS only (without subsequent ablation)	

If **Intervention = Redo**, last intervention done at: _____

Atrial Fibrillation

Type	<input type="radio"/> Paroxysmal <input type="radio"/> Persistent <input type="radio"/> Long-standing Persistent (>1 Year)
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EHRA-Score	<input type="radio"/> I <input type="radio"/> II <input type="radio"/> III <input type="radio"/> IV
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Type of Intervention	<input type="radio"/> Percutaneous <input type="radio"/> Hybrid (Epicardial + Endovascular) <input type="radio"/> Surgical Ablation
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Intervention	<input type="radio"/> Primary Intervention <input type="radio"/> Redo
if Redo	<input type="checkbox"/> Post Percutan. Ablation <input type="checkbox"/> Post Hybrid (Epicardial + Endovascular)
	<input type="checkbox"/> Post Stand-Alone AF Surgery <input type="checkbox"/> Post Surgical Ablation

Antiarrhythmic Drugs	<input type="checkbox"/> β-blocker <input type="checkbox"/> Calcium Antagonist <input type="checkbox"/> Propafenone <input type="checkbox"/> Flecainide
<input type="checkbox"/> Amiodarone <input type="checkbox"/> Sotalol <input type="checkbox"/> Dronedaronе <input type="checkbox"/> Digitalis <input type="checkbox"/> Other <input type="checkbox"/> None	

Anticoagulation, Antiaggregation	<input type="checkbox"/> Clopidogrel <input type="checkbox"/> Prasugrel <input type="checkbox"/> Ticagrelor <input type="checkbox"/> Aspirin
<input type="checkbox"/> Vitamin K-Antagonist <input type="checkbox"/> Direct Thrombin Inhibitor <input type="checkbox"/> Factor Xa-Antagonist <input type="checkbox"/> Other <input type="checkbox"/> None	

Thromboembolic Risk Factors	<input type="checkbox"/> Hypertension <input type="checkbox"/> Diabetes <input type="checkbox"/> Stroke, TIA, Other Embolic Event
<input type="checkbox"/> Prior myocardial infarction, peripheral artery disease, aortic plaque	
<input type="checkbox"/> Congestive Heart Failure, LV dysfunction (EF≤40%)	Resulting CHA2DS2-VASc Score _____

Site of Ablation	<input type="checkbox"/> LSPV <input type="checkbox"/> LIPV <input type="checkbox"/> RSPV <input type="checkbox"/> RIPV
<input type="checkbox"/> Non-PV Focus <input type="checkbox"/> RMPV <input type="checkbox"/> SVC <input type="checkbox"/> Vein of Marshall <input type="checkbox"/> Other Veins	
<input type="checkbox"/> Mitral Isthmus Line <input type="checkbox"/> Roof Line <input type="checkbox"/> Septal Line <input type="checkbox"/> Other Lines <input type="checkbox"/> CFAE	

Technique	<input type="checkbox"/> Radiofrequency <input type="checkbox"/> Irrigated Technology
<input type="checkbox"/> RF Duty Cycled	
<input type="checkbox"/> Cryoablation <input type="checkbox"/> Additional RF or Cryo Cath Needed	Duration _____ min Total Duration _____ min
<input type="checkbox"/> Laser-Balloon <input type="checkbox"/> Contact Force <input type="checkbox"/> Irrigated Multielectrode Ablation	

Access _____ <input type="checkbox"/> <input type="checkbox"/>	Mapping _____ <input type="checkbox"/> <input type="checkbox"/>	Catheter Steering _____ <input type="checkbox"/> <input type="checkbox"/>
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Result	<input type="checkbox"/> All Veins Isolated <input type="checkbox"/> Mitral Isthmus Line Block Confirmed <input type="checkbox"/> Roof Line Block Confirmed
Sinus Rhythm Achievement	<input type="checkbox"/> Spontaneous <input type="checkbox"/> By Ablation <input type="checkbox"/> AAD
	<input type="checkbox"/> With Electrical Cardioversion <input type="checkbox"/> Not Achieved

Right Atrial Flutter	Type of Flutter	<input type="checkbox"/> Cavotricuspid	<input type="checkbox"/> Scar Related	<input type="checkbox"/> Other
Intervention	<input type="radio"/> Primary Intervention	<input type="radio"/> Redo		
Technique	<input type="checkbox"/> Radiofrequency	Duration ____ min	<input type="checkbox"/> Irrigated Technology	
	<input type="checkbox"/> Cryoablation	Total Duration ____ min		
	<input type="checkbox"/> Additional RF or Cryo Cath Needed			
Access _____	<input type="checkbox"/>	Mapping _____	<input type="checkbox"/>	Catheter Steering _____
Result	Block Confirmed	<input type="radio"/> yes	<input type="radio"/> no	

Left Atrial Flutter	Type of Flutter	<input type="checkbox"/> Roof-dependant	<input type="checkbox"/> Perimitral	
	<input type="checkbox"/> Peri Ostial Pulmonary Vein	<input type="checkbox"/> Peri-Incisional	<input type="checkbox"/> Other	
EHRA-Score	<input type="radio"/> I	<input type="radio"/> II	<input type="radio"/> III	<input type="radio"/> IV
Type of Intervention	<input type="radio"/> Percutaneous	<input type="radio"/> Hybrid (Epicardial + Endovascular)	<input type="radio"/> Surgical Ablation	
Intervention	<input type="radio"/> Primary Intervention	<input type="radio"/> Redo		
if Redo	<input type="checkbox"/> Post Percutan. Ablation	<input type="checkbox"/> Post Hybrid (Epicardial + Endovascular)		
	<input type="checkbox"/> Post Stand-Alone AF Surgery	<input type="checkbox"/> Post Surgical Ablation		
Antiarrhythmic Drugs	<input type="checkbox"/> β -blocker	<input type="checkbox"/> Calcium Antagonist	<input type="checkbox"/> Propafenone	<input type="checkbox"/> Flecainide
<input type="checkbox"/> Amiodarone	<input type="checkbox"/> Sotalol	<input type="checkbox"/> Dronedaron	<input type="checkbox"/> Digitalis	<input type="checkbox"/> Other
	<input type="checkbox"/> None			
Anticoagulation, Antiaggregation	<input type="checkbox"/> Clopidogrel	<input type="checkbox"/> Prasugrel	<input type="checkbox"/> Ticagrelor	<input type="checkbox"/> Aspirin
<input type="checkbox"/> Vitamin K-Antagonist	<input type="checkbox"/> Direct Thrombin Inhibitor	<input type="checkbox"/> Factor Xa-Antagonist	<input type="checkbox"/> Other	<input type="checkbox"/> None
Thromboembolic Risk Factors	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Stroke, TIA, Other Embolic Event	
<input type="checkbox"/> Prior myocardial infarction, peripheral artery disease, aortic plaque				
<input type="checkbox"/> Congestive Heart Failure, LV dysfunction (EF \leq 40%)	Resulting CHA2DS2-VASc Score _____			
Technique	<input type="checkbox"/> Radiofrequency	Duration ____ min	<input type="checkbox"/> Irrigated Technology	
	<input type="checkbox"/> RF Duty Cycled			
Access _____	<input type="checkbox"/>	Mapping _____	<input type="checkbox"/>	Catheter Steering _____
Result	Block Confirmed	<input type="radio"/> yes	<input type="radio"/> no	

Atrial Tachycardia	Site of Ablation	<input type="checkbox"/> right		
<input type="checkbox"/> Crista Terminalis	<input type="checkbox"/> Right Appendage	<input type="checkbox"/> Peritricuspid	<input type="checkbox"/> Septal Right	<input type="checkbox"/> Other Right
	<input type="checkbox"/> left			
<input type="checkbox"/> Periostial PV	<input type="checkbox"/> Perimitral	<input type="checkbox"/> Septal Left	<input type="checkbox"/> Left Atrial Appendage	<input type="checkbox"/> Other Left
Intervention	<input type="radio"/> Primary Intervention	<input type="radio"/> Redo		
Technique	<input type="checkbox"/> Radiofrequency	Duration ____ min	<input type="checkbox"/> Irrigated Technology	
Access _____	<input type="checkbox"/>	Mapping _____	<input type="checkbox"/>	Catheter Steering _____
Result	Success	<input type="radio"/> yes	<input type="radio"/> no	

Accessory Pathway	Type	<input type="checkbox"/> Concealed	<input type="checkbox"/> WPW	<input type="checkbox"/> Asymptomatic Preexcitation
<input type="checkbox"/> Atrio-Fascicular	<input type="checkbox"/> PJRT	<input type="checkbox"/> Mahaim	<input type="checkbox"/> Other	
Site of Ablation	<input type="checkbox"/> right	<input type="checkbox"/> Posteroseptal	<input type="checkbox"/> Coronary Sinus Aneurysm	<input type="checkbox"/> Posterior
	<input type="checkbox"/> left	<input type="checkbox"/> Anteroseptal	<input type="checkbox"/> Parahisian	<input type="checkbox"/> Midseptal
		<input type="checkbox"/> Posteroseptal	<input type="checkbox"/> Posterior	<input type="checkbox"/> Free wall
Intervention	<input type="radio"/> Primary Intervention	<input type="radio"/> Redo		
Technique	<input type="checkbox"/> Radiofrequency	Duration ____ min	<input type="checkbox"/> Irrigated Technology	
	<input type="checkbox"/> Cryoablation	Total Duration ____ min		
Access _____	<input type="checkbox"/>	Mapping _____	<input type="checkbox"/>	Catheter Steering _____
Result	Success	<input type="radio"/> yes	<input type="radio"/> no	

AVNRT			
Type	<input type="checkbox"/> Slow-Fast	<input type="checkbox"/> Fast-Slow	<input type="checkbox"/> Slow-Slow
Intervention	<input type="radio"/> Primary Intervention <input type="radio"/> Redo		
Technique	<input type="checkbox"/> Radiofrequency	Duration ____ min	<input type="checkbox"/> Irrigated Technology
	<input type="checkbox"/> Cryoablation	Total Duration ____ min	
Access _____	<input type="checkbox"/>	Mapping _____	<input type="checkbox"/>
Result	Success	<input type="radio"/> yes	<input type="radio"/> no

VT			
Type	<input type="checkbox"/> Monomorphic	<input type="checkbox"/> Polymorphic/VF	
Location	<input type="checkbox"/> RVOT/Cusp/PA	<input type="checkbox"/> Tricuspid Annulus	<input type="checkbox"/> Right Pap Muscle
	<input type="checkbox"/> BB Reentry	<input type="checkbox"/> LVOT/Cusp	<input type="checkbox"/> Parahisian
	<input type="checkbox"/> Left Pap Muscle	<input type="checkbox"/> Epicardial LF/RV	<input type="checkbox"/> Fascicular
		<input type="checkbox"/> Other	
Intervention	<input type="radio"/> Primary Intervention <input type="radio"/> Redo		
Antiarrhythmic Drugs	<input type="checkbox"/> β -blocker	<input type="checkbox"/> Calcium Antagonist	<input type="checkbox"/> Propafenone
	<input type="checkbox"/> Amiodarone	<input type="checkbox"/> Sotalol	<input type="checkbox"/> Flecainide
		<input type="checkbox"/> Other	<input type="checkbox"/> None
Technique	<input type="checkbox"/> Radiofrequency	Duration ____ min	<input type="checkbox"/> Irrigated Technology
Number of Induced VT	_____		
Access _____	<input type="checkbox"/>	Mapping _____	<input type="checkbox"/>
Result	<input type="radio"/> All Induced VT Ablated	<input type="radio"/> Target VT Ablated	<input type="radio"/> Failure

PVC			
Type	<input type="checkbox"/> Monomorphic	<input type="checkbox"/> Polymorphic	<input type="checkbox"/> Ischemic
Location	<input type="checkbox"/> RVOT	<input type="checkbox"/> LVOT/Aortic Cusp	<input type="checkbox"/> HP System
		<input type="checkbox"/> Left Fascicular VT	<input type="checkbox"/> Other
Site of Ablation	<input type="checkbox"/> Right Ventricle <input type="checkbox"/> Left Ventricle		
Intervention	<input type="radio"/> Primary Intervention <input type="radio"/> Redo		
Technique	<input type="checkbox"/> Radiofrequency	Duration ____ min	<input type="checkbox"/> Irrigated Technology
Access _____	<input type="checkbox"/>	Mapping _____	<input type="checkbox"/>
Result	Success	<input type="radio"/> yes	<input type="radio"/> no

AV-Node (Rate Control)			
Type	<input type="radio"/> Paroxysmal	<input type="radio"/> Persistent	<input type="radio"/> Long-standing Persistent (>1 Year)
EHRA-Score	<input type="radio"/> I	<input type="radio"/> II	<input type="radio"/> III
		<input type="radio"/> IV	
Intervention	<input type="radio"/> Primary Intervention	<input type="radio"/> Redo	<input type="radio"/> Previous AF Abl. Procedure
if Previous AF Abl. Procedure	<input type="checkbox"/> Post Percutan. Ablation	<input type="checkbox"/> Post Hybrid (Epicardial + Endovascular)	
	<input type="checkbox"/> Post Stand-Alone AF Surgery	<input type="checkbox"/> Post Surgical Ablation	
Antiarrhythmic Drugs	<input type="checkbox"/> β -blocker	<input type="checkbox"/> Calcium Antagonist	<input type="checkbox"/> Propafenone
	<input type="checkbox"/> Amiodarone	<input type="checkbox"/> Sotalol	<input type="checkbox"/> Flecainide
	<input type="checkbox"/> Dronedaron	<input type="checkbox"/> Digitalis	<input type="checkbox"/> None
Anticoagulation, Antiaggregation	<input type="checkbox"/> Clopidogrel	<input type="checkbox"/> Prasugrel	<input type="checkbox"/> Ticagrelor
	<input type="checkbox"/> Vitamin K-Antagonist	<input type="checkbox"/> Direct Thrombin Inhibitor	<input type="checkbox"/> Aspirin
		<input type="checkbox"/> Factor Xa-Antagonist	<input type="checkbox"/> Other
			<input type="checkbox"/> None
Thromboembolic Risk Factors	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Stroke, TIA, Other Embolic Event
	<input type="checkbox"/> Prior myocardial infarction, peripheral artery disease, aortic plaque		
	<input type="checkbox"/> Congestive Heart Failure, LV dysfunction (EF \leq 40%)		
		Resulting CHA2DS2-VASc Score _____	
Access _____	<input type="checkbox"/>	Mapping _____	<input type="checkbox"/>
Result	Success	<input type="radio"/> yes	<input type="radio"/> no

Other Arrhythmia

Type	<input type="checkbox"/> PAC	<input type="checkbox"/> JET	<input type="checkbox"/> SNT	<input type="checkbox"/> Other	
Intervention	<input type="radio"/> Primary Intervention	<input type="radio"/> Redo			
Technique	<input type="checkbox"/> Radiofrequency	Duration _____ min	<input type="checkbox"/> Irrigated Technology		
	<input type="checkbox"/> Cryoablation	Total Duration _____ min			
Access _____	<input type="checkbox"/>	Mapping _____	<input type="checkbox"/>	Catheter Steering _____	<input type="checkbox"/>
Result	Success	<input type="radio"/> yes	<input type="radio"/> no		

Number of Catheters Used

	Ablation Catheters	Diagnostic Catheters Steerable	Diagnostic Catheters Non-Steerable
Bard	_____	_____	_____
Biosense Webster	_____	_____	_____
Biotronik	_____	_____	_____
Medtronic	_____	_____	_____
St. Jude	_____	_____	_____
Boston Scientific	_____	_____	_____
Sorin	_____	_____	_____
_____	_____	_____	_____

Periprocedural Complications

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Inguinal Hematoma | <input type="checkbox"/> AV Fistula | <input type="checkbox"/> Pseudoaneurysm | <input type="checkbox"/> Aortic Dissection |
| <input type="checkbox"/> Arterial Thrombosis | <input type="checkbox"/> Arterial Occlusion | <input type="checkbox"/> Pulmonary Embolism | <input type="checkbox"/> TIA |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Myocardial Infarction | <input type="checkbox"/> Pericardial Effusion | <input type="checkbox"/> Tamponade |
| <input type="checkbox"/> Pneumothorax | <input type="checkbox"/> Hemothorax | <input type="checkbox"/> Transient AV Block | <input type="checkbox"/> Phrenic Nerve Paralysis |
| <input type="checkbox"/> High Degree or Complete AV Block | <input type="checkbox"/> Infection | <input type="checkbox"/> PV Stenosis | |
| <input type="checkbox"/> Valvular Lesion | <input type="checkbox"/> Pulmonary Oedema | <input type="checkbox"/> Death | <input type="checkbox"/> Other |
| <input type="checkbox"/> None | <input type="checkbox"/> Procedure Aborted | | |

Comments: _____

Code List

Cardiopathy

- | | |
|------------------------------------|---------------------------------------|
| 01 = None | 12 = Catecholaminergic Polymorphic VT |
| 02 = Ischemic | 13 = RV Cardiomyopathy |
| 03 = Valvular | 14 = CABG |
| 04 = Congenital | 15 = Angioplasty |
| 05 = Dilated | 16 = Post Congenital Surgery |
| 06 = Hypertrophic | 17 = Post Valvular Surgery |
| 07 = Infiltrative | 18 = Tachycardiomyopathy |
| 08 = Channelopathy long QT | 19 = Hypertensive cardiomyopathy |
| 09 = Channelopathy short QT | 99 = Other |
| 10 = Brugada Syndrome | |
| 11 = Early Repolarization Syndrome | |

Access

- | |
|-------------------------------------|
| 01 = Venous |
| 02 = Arterial |
| 03 = Trans-septal, Puncture |
| 04 = Trans-septal, PFO |
| 05 = Epicardial, Coronary Sinus |
| 06 = Epicardial, Thoracotomy |
| 07 = Epicardial, Thoracoscopy |
| 08 = Epicardial, Sub-xiphoid |
| 09 = Trans-septal Puncture+arterial |
| 99 = Other |

Mapping

- | |
|-------------------|
| 01 = Conventional |
| 02 = Lasso |
| 03 = Basket |
| 04 = 3D Mapping |
| 05 = Non Contact |
| 06 = HD Mesh |
| 99 = Other |

Catheter Steering

- | | |
|-------------------|-------------|
| 01 = Conventional | 03 = Hansen |
| 02 = Stereotaxis | 99 = Other |