

**Procedural Adaptations to Avoid Hemodynamic Instability During Catheter Ablation of
Scar-Related Ventricular Tachycardia**

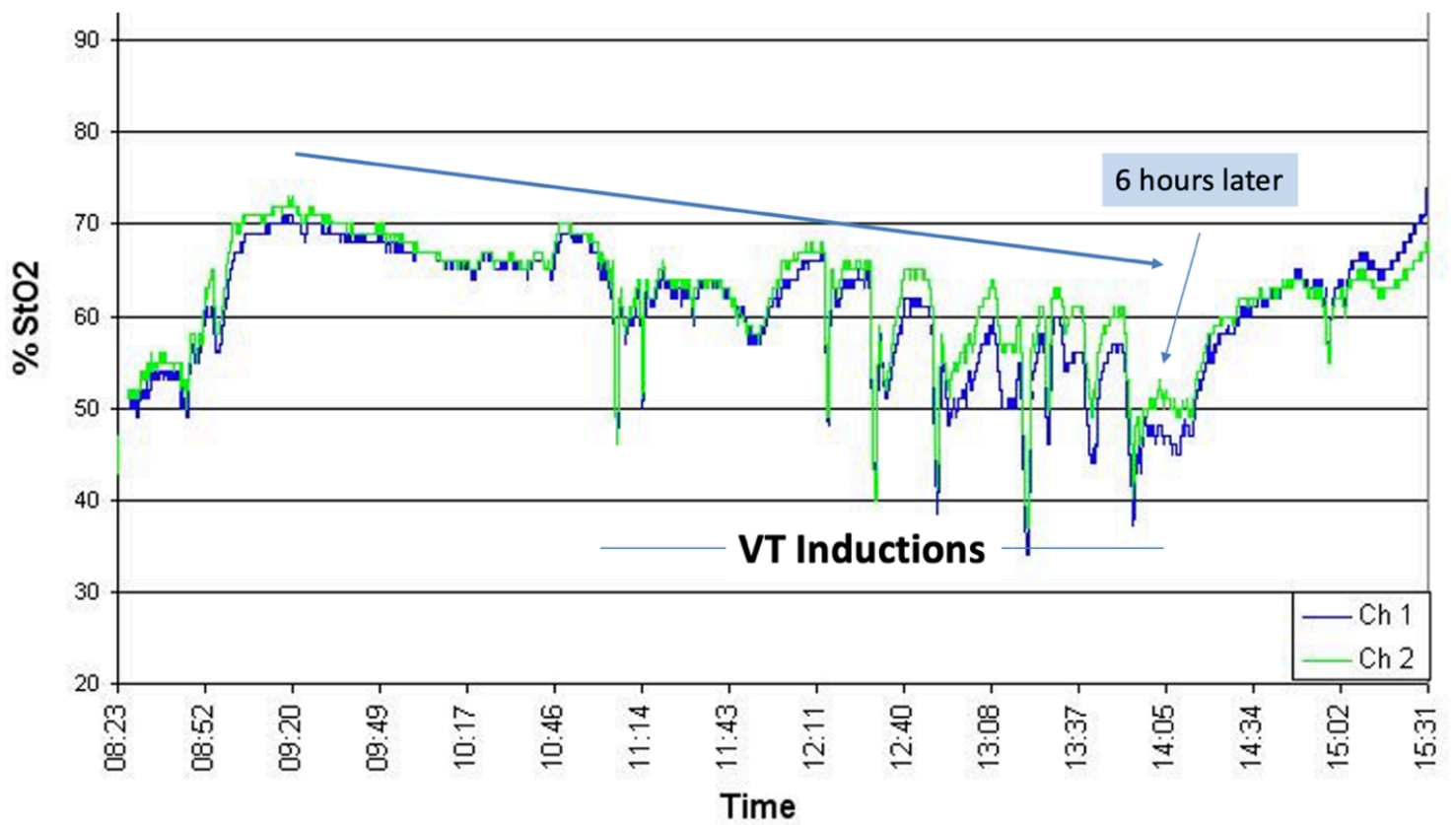
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Supplementary Material

Supplementary Figure 1: Cerebral Oximetry of a Patient with Structural Heart Disease

Undergoing Impella-Assisted VT Ablation.

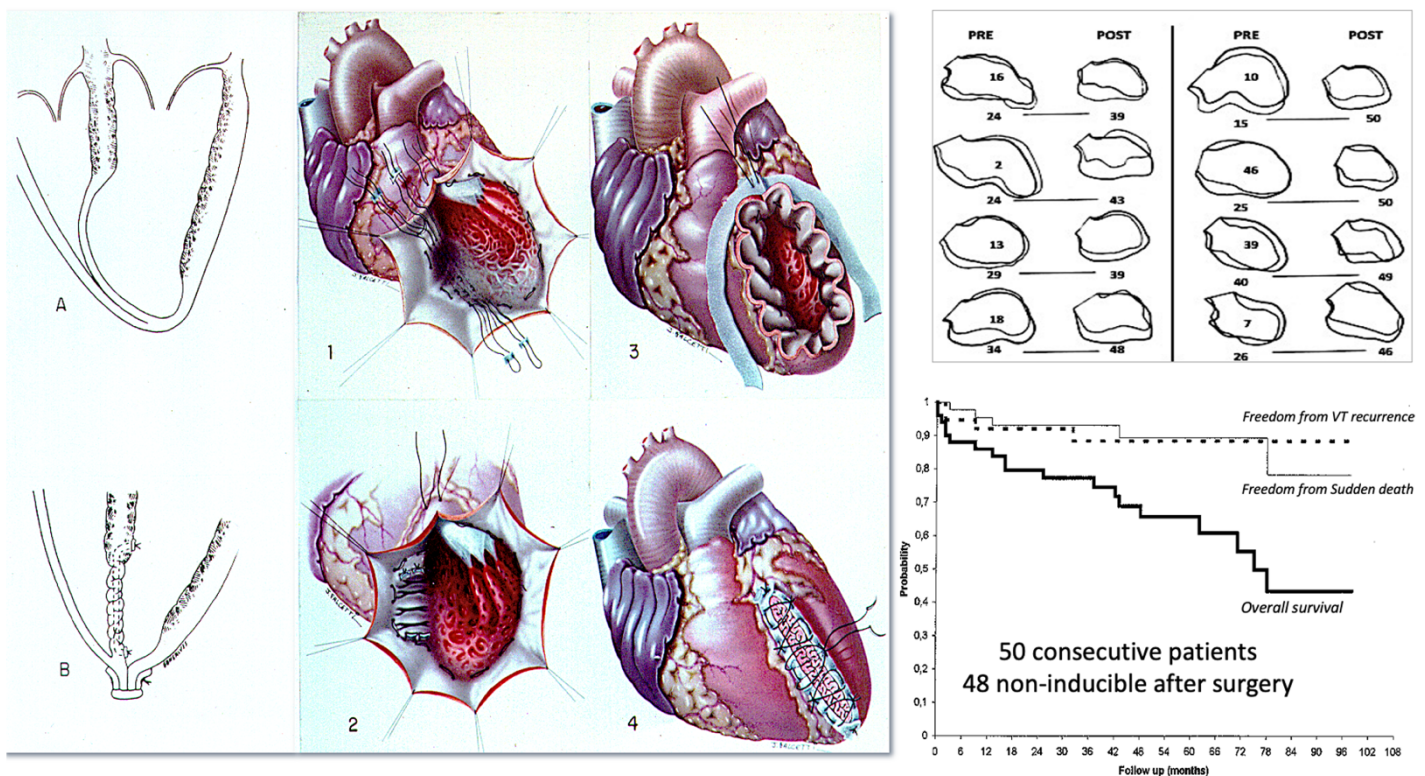
Despite mechanical circulatory support, cerebral O₂ saturation declined progressively over the course of the procedure with repeated VT inductions.



Supplementary Figure 2: Surgical Reconstruction of Left Ventricular Aneurysm as a Substrate-Based Treatment for Ventricular Tachycardia.

(A) and (B) Aneurysm schematic demonstrating the geometric effect of aneurysm resection and septal plicature extending to healthy myocardium. (C) Panels 1–4 demonstrate the surgical resection and plicature technique. (D) Representative ventriculography illustrations with the RAO projection before and after the surgery showed a significant improvement in LVEF after surgery (bottom numbers). (E) While the patients had excellent long-term freedom from VT recurrence and sudden death, the overall rate of mortality was high in the cohort.

Source: Sosa et al. 1998.¹ Reproduced with permission from Wiley.



1. Sosa E, Scanavacca M, d'Avila A, et al. Long-term results of visually guided left ventricular reconstruction as single therapy to treat ventricular tachycardia associated with postinfarction anteroseptal aneurysm. *J Cardiovasc Electrophysiol* 1998;9:1133–43. <https://doi.org/10.1111/j.1540-8167.1998.tb00084.x>; PMID: 9835256.