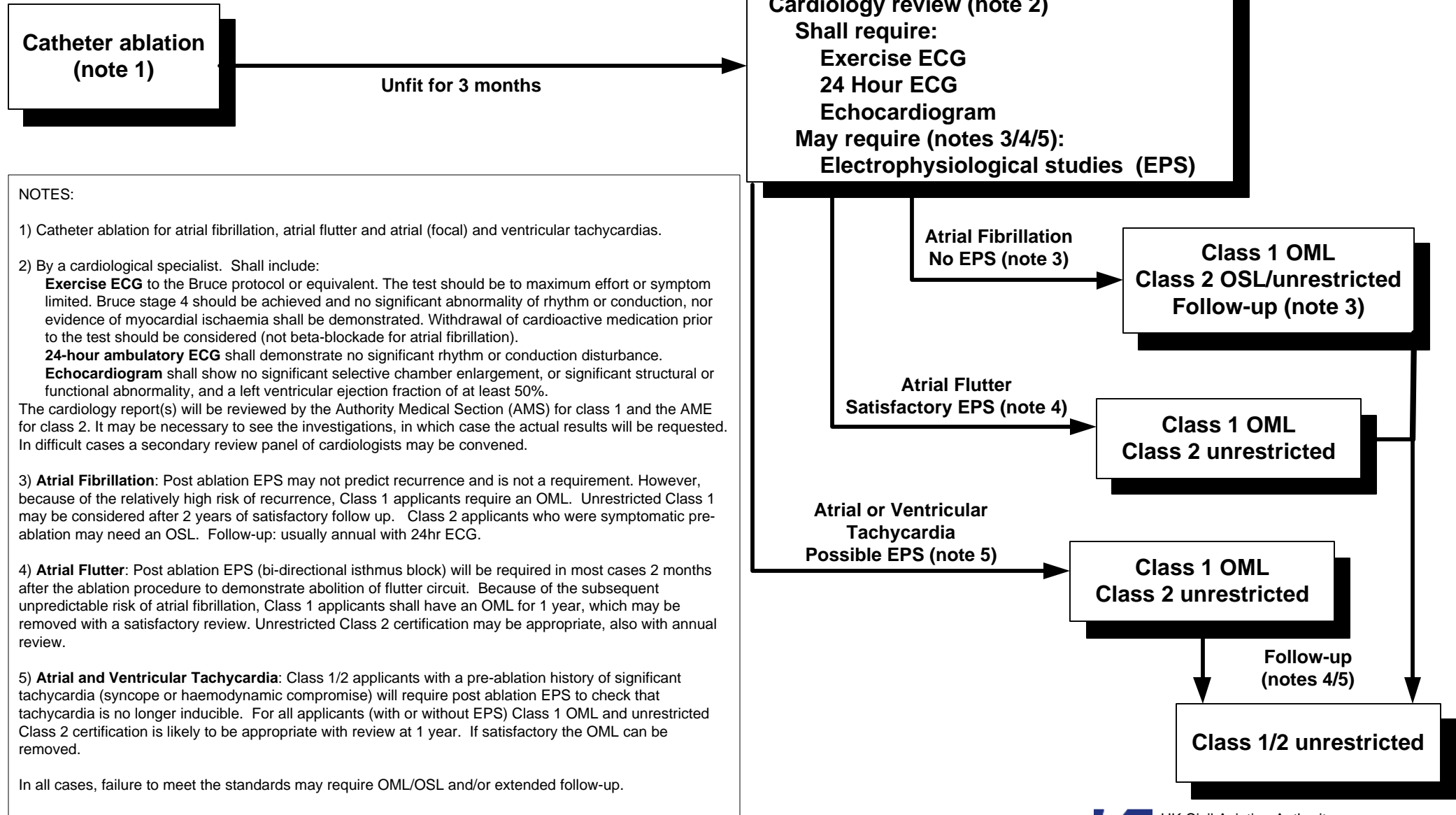


Class 1/2 certification - Catheter ablation for tachycardias (except WPW and AVNRT)



NOTES:

1) Catheter ablation for atrial fibrillation, atrial flutter and atrial (focal) and ventricular tachycardias.

2) By a cardiological specialist. Shall include:
Exercise ECG to the Bruce protocol or equivalent. The test should be to maximum effort or symptom limited. Bruce stage 4 should be achieved and no significant abnormality of rhythm or conduction, nor evidence of myocardial ischaemia shall be demonstrated. Withdrawal of cardioactive medication prior to the test should be considered (not beta-blockade for atrial fibrillation).
24-hour ambulatory ECG shall demonstrate no significant rhythm or conduction disturbance.
Echocardiogram shall show no significant selective chamber enlargement, or significant structural or functional abnormality, and a left ventricular ejection fraction of at least 50%.
 The cardiology report(s) will be reviewed by the Authority Medical Section (AMS) for class 1 and the AME for class 2. It may be necessary to see the investigations, in which case the actual results will be requested. In difficult cases a secondary review panel of cardiologists may be convened.

3) **Atrial Fibrillation:** Post ablation EPS may not predict recurrence and is not a requirement. However, because of the relatively high risk of recurrence, Class 1 applicants require an OML. Unrestricted Class 1 may be considered after 2 years of satisfactory follow up. Class 2 applicants who were symptomatic pre-ablation may need an OSL. Follow-up: usually annual with 24hr ECG.

4) **Atrial Flutter:** Post ablation EPS (bi-directional isthmus block) will be required in most cases 2 months after the ablation procedure to demonstrate abolition of flutter circuit. Because of the subsequent unpredictable risk of atrial fibrillation, Class 1 applicants shall have an OML for 1 year, which may be removed with a satisfactory review. Unrestricted Class 2 certification may be appropriate, also with annual review.

5) **Atrial and Ventricular Tachycardia:** Class 1/2 applicants with a pre-ablation history of significant tachycardia (syncope or haemodynamic compromise) will require post ablation EPS to check that tachycardia is no longer inducible. For all applicants (with or without EPS) Class 1 OML and unrestricted Class 2 certification is likely to be appropriate with review at 1 year. If satisfactory the OML can be removed.

In all cases, failure to meet the standards may require OML/OSL and/or extended follow-up.