EPreward
Serving the Heart of Cardiology
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Dear EP Managers & Staff,

The Ensite NavX Navigation & Visualization Technology (St. Jude Medical) is one of the more common 3-D mapping systems used for performing complex ablations. This submitted* article and in room reminder provide three quick and practical tips to make you more efficient and improve your results.

Additionally, the free EP Education section of our website has recently helped EP Lab Staff pass the RCES and IBHRE examinations. Containing over 100 educational programs and 20+ CEUs it includes a dedicated EP Training & Review area to advance your knowledge. Good Luck to your growth.

Respectfully,
Steve Miller, RN & The Staff at EPreward

3 Quick EnSite NavX Mapping Tips

To make your life a little less stressful and in the eyes of your physician a more prepared mapping tech, here are three simple tips for setup that can help you when mapping with EnSite NavX – Classic System. Once you have completed the Check Wizard utility you can then customize and anticipate your physician's movements for faster and more accurate mapping.

1- Establish your views in dual pane windows. This is a way to potentially save procedure time, particularly if you work in a single plane fluoro room. Select the Views drop down menu then choose Dual Maps and Waveforms. Now that you have dual views displayed you can adjust these as need or use the default settings (LAO -45, RAO 30). Remember to fine tune your views to match your fluoro images.

By having both RAO and LAO windows displayed you can assist the physician with catheter placement and anatomical location. In conjunction with having your labels ready you can mark the HIS location, show the TA and help direct the CS catheter posteriorly for Coronary Sinus cannulation. If your Physician is interested in using the least amount of fluoro as possible you can follow all catheters up the IVC when they have exited the sheaths. For this you will need to be on System Reference and adjust your map views to follow the catheters as they advance up the IVC. Once your catheters are in stable positions for the procedure you can then switch from System reference to an appropriate catheter reference.

2- Setup your labels and shadows. As an experienced EP Tech, you know what catheters are going in first and where. Whether it's your HIS catheter, CS, Quad or 20 pole catheter, preset your map labels so that as soon as that catheter is in place you can tag it's location. Make sure that the catheter is the Active EnGuide, that way you can also place 3-D points (lesions) as an anatomical

maker. This catheter should also be the first catheter you shadow.

We all know these catheters never stay where we want them to, especially when other catheters are being moved around and placed for the procedure.

Invariably something gets bumped out of place, but if you are ready and have placed labels, shadows, or lesions, you can show the Doctor where those signals were the first time and really save on procedure time.

June Conferences

Wynwood, PA 16th; Nice, France 16th-18th; Quebec, Canada 16th; Concord, CA 18th-19th; Berlin, Germany 21st; London, England 28th

July Conferences

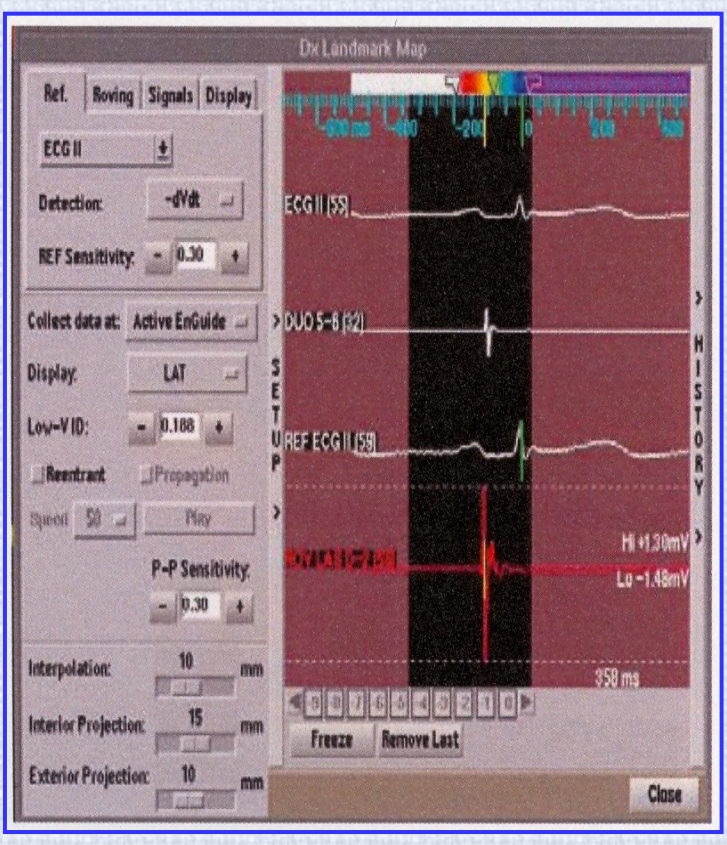
Chicago, IL 22nd; Kansas City, MO 31st

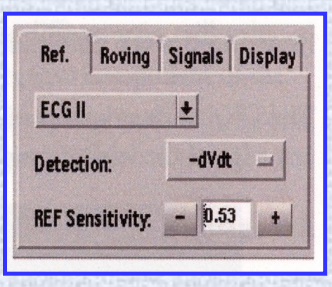
August Conferences

New York, NY 17th; Aspen, CO 19th; San Diego, CA 21st; Milwaukee, WI 26th; Rochester, MN 26th; Jacksonville, FL 28th

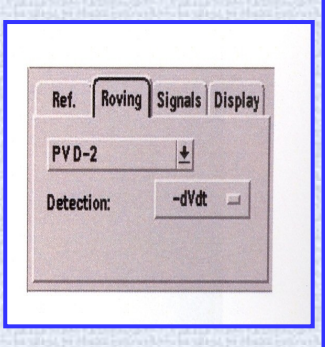
See details on our Conference Calendar page.

3- Setting up a Diagnostic (Dx) Landmarking Map. As with your labels, if you take a few moments to set up your Dx Landmark tool you will be ready to collect data once a rhythm initiates. This simple four-step process is designed so that you can just follow the tabs across the top of your Dx Landmark Map window.





1) Preset your **reference** using either a surface ECG or if you already have a stable catheter in place select an electrode that has a good signal. If you're looking for an A Tach sometimes you can use a surface lead with good P wave morphology and you won't have to wait for an intracardiac signal.



2) Next, select your **roving catheter** so that you can start collecting data points right away with QS or –dv/dt for detection. Once you are comfortable and more confident with Dx Landmark mapping other detection criteria are available, but for the fast setup and the majority of cases QS or –dv/dt will work fine.

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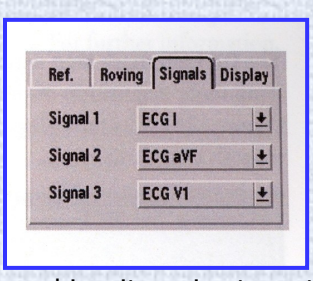
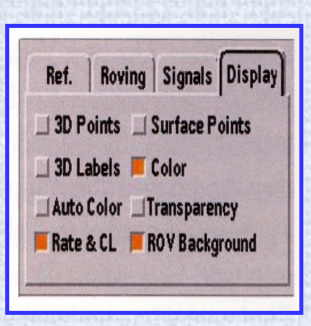


3) Chose any three **signals** that will give you the best representation of the rhythm you are looking for. These traces are for you to help facilitate confirmation of the rhythm you are mapping and making it easier to gather correct data.



4) Regarding **Display,** be careful not to crowd your map with too much information to start with. You can always toggle on more items as you need them to help locate or mark points that are of interest. If you're looking for a focal rhythm remember to toggle reentrant off and Auto Color on.

In summary, it really won't take very long to go through these steps, particularly if you're an experienced mapping tech. Even if you're not, by just taking a small amount of time you'll be ready to assist the doctor and anticipate the case needs. There will be a time when all this comes in very handy and could make the difference of getting a successful outcome or not. One final thing, remember to record some segments once you are ready. Record some baseline pacing or attempted induction, this way if you need to you can always reload the map and not have to start from scratch.

*Author requested anonymity.

Additional Articles of Interest involving the Ensite NavX system:

Electroanatomical systems to guided circumferential pulmonary veins ablation for atrial fibrillation: Initial experience from comparison between the Ensite/NavX and CARTO system.

Real-Time, Three-Dimensional Localization of a Brockenbrough Needle during Transseptal Catheterization Using a Nonfluoroscopic Method

Flutter Loop

Electrogram-guided substrate ablation with or without pulmonary vein isolation in patients with persistent atrial fibrillation.