**INTRACARDIAC ECHOCARDIORAPHY DOES NOT INCREASE ABLATION PROCEDURE TIME**

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Introduction: Intracardiac echocardiography (ICE) as an adjuvant imaging technology for complex catheter ablation procedures facilitates catheter navigation, 3-D reconstruction, and early identification of complications. Potential prolongation of the procedure is a common concern regarding its use.

Methods: We evaluated total procedure time (PT) and fluoroscopy time (FT) during catheter ablation procedures including pulmonary vein isolation and ventricular tachycardia ablation in an academic medical center. We compared consecutive procedures immediately before, immediately following the introduction of ICE, and after having completed one hundred consecutive procedures using this technology.

Results: average PT immediately before introduction of ICE in our laboratory was 294 ± 95 min in 20 patients; FT was 77 ± 31 min, fluoroscopy to procedure time ratio (FT/PT) 0.3±0.1. Immediately after introduction of ICE for catheter ablation procedures, PT was 285 ±77 min (p=0.75); FT 66±24 min (p=0.19) and FT/PT 0.2±0.1 (p=0.14) in 24 patients. After one hundred procedures were performed with ICE, PT decreased in 25 consecutive patients from 294±95 to 232±49 min (p<0.01), and FT from 77±31 to 53±19 min (p<0.01; see Figure).

Conclusions: Routine use of ICE for complex catheter ablation procedures does not result in increased procedure time or exposure to fluoroscopy. On the contrary, after the learning curve is surpassed, ICE reduces fluoroscopy and procedure times, probably due to improved accuracy and navigation control.