

# The role of SmartTouch and Visitag in AF ablation: can we foresee a new predictor of procedural success?

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# Outline

- ✓ Aim of this preliminary study
- ✓ SmartTouch catheter technology and features
- ✓ Carto3 Visitag Module
- ✓ Clinical work flow
- ✓ Results and discussion
- ✓ Conclusions



**CARTO® 3**  
**SMARTTOUCH™ Module**





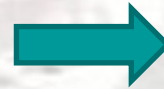
# Preliminary study

## GOAL

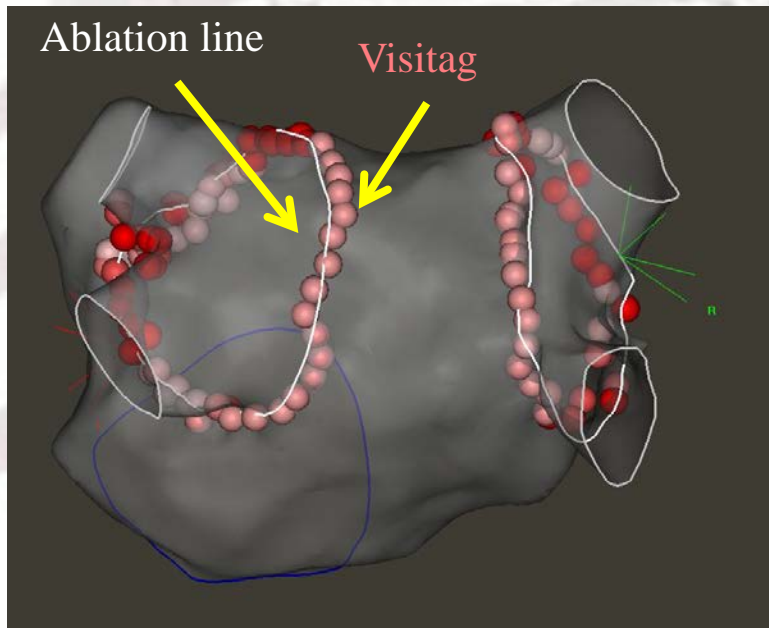
The purpose of this study is to evaluate the efficiency of Carto3 VISITAG Module associated with SmartTouch catheter in guiding efficient **low-energy** deployment of lesions to isolate PVs as judged by Lasso validation

Can we foresee lesion completeness through the use of the Visitag Tool and Smart Touch catheter?

Visitag Module  
catheter stability and contact force



Catheter positions and EP parameters during RF applications are continuously stored, tracked and quantified, enabling the user to evaluate the RF efficacy



# SmartTouch technology ...

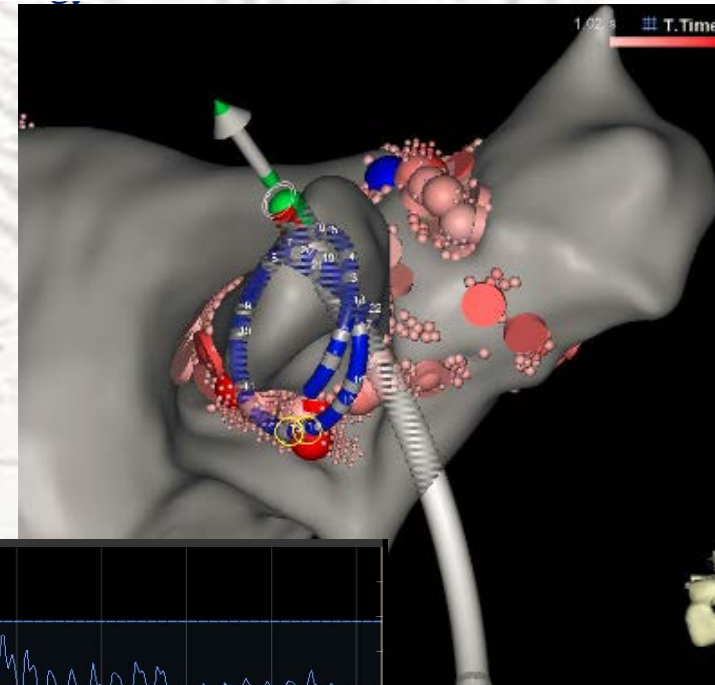
The ThermoCool® SmartTouch® Catheter measures the contact force (CF) continuously, providing the data in real time and allowing electrophysiologists to have an objective measure of tissue contact



- Integrated Catheter and SW platform
- Contact Force Measurement (grams)
- Sensor based ThermoCool™ technology

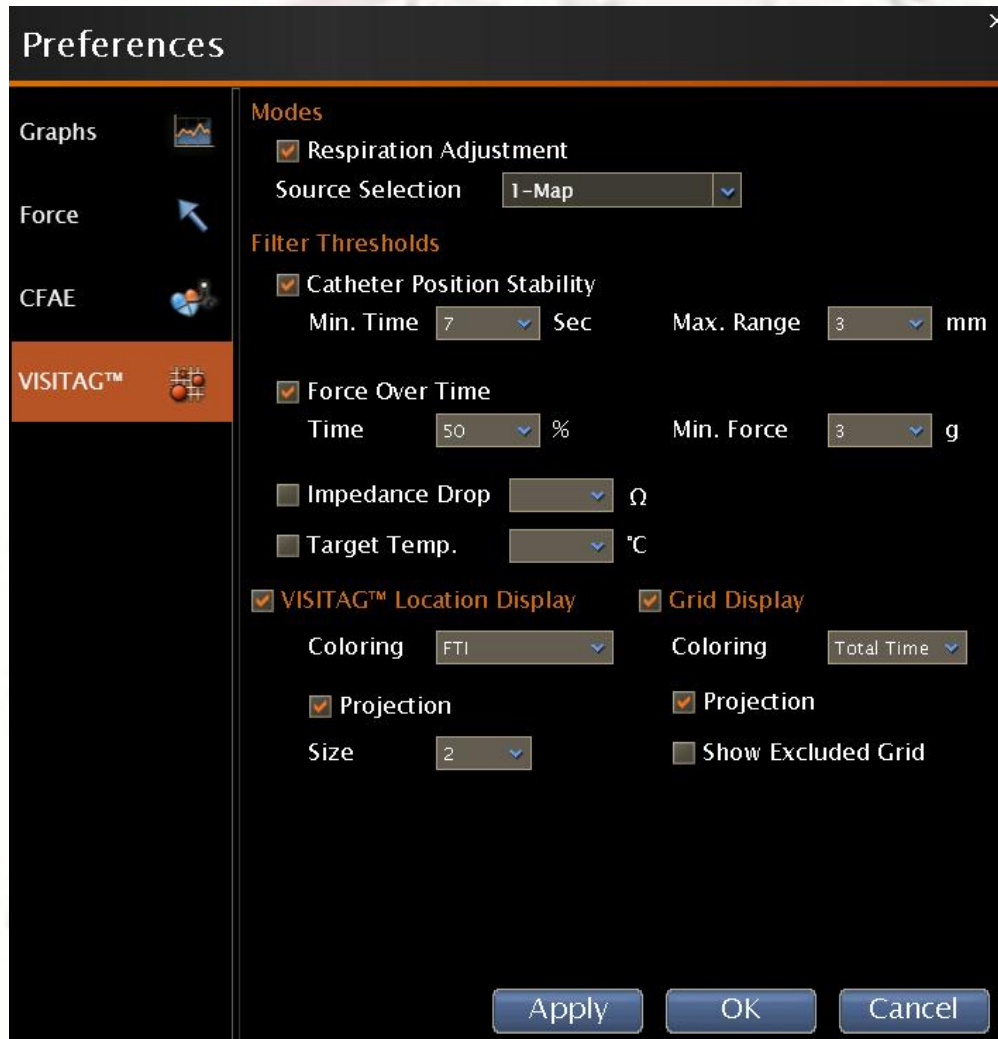
## ... and features

- Force map - Possibility to create homogenous maps
- Vector - Force direction and visual idea; possibility to reduce fluoroscopy (combined with shaft visualization)
- Graph - Real Time Force visualization



# Visitag Module

First technology to incorporate parameters of lesion formation that can be indexed by the user, according to their ablation strategy

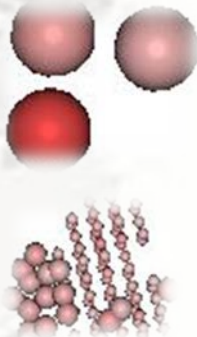


## STABILITY Parameters

- **Catheter stability position:**  
TIME and SPACE
- **Filter threshold:**  
Force over time

## VISITAG visualization mode

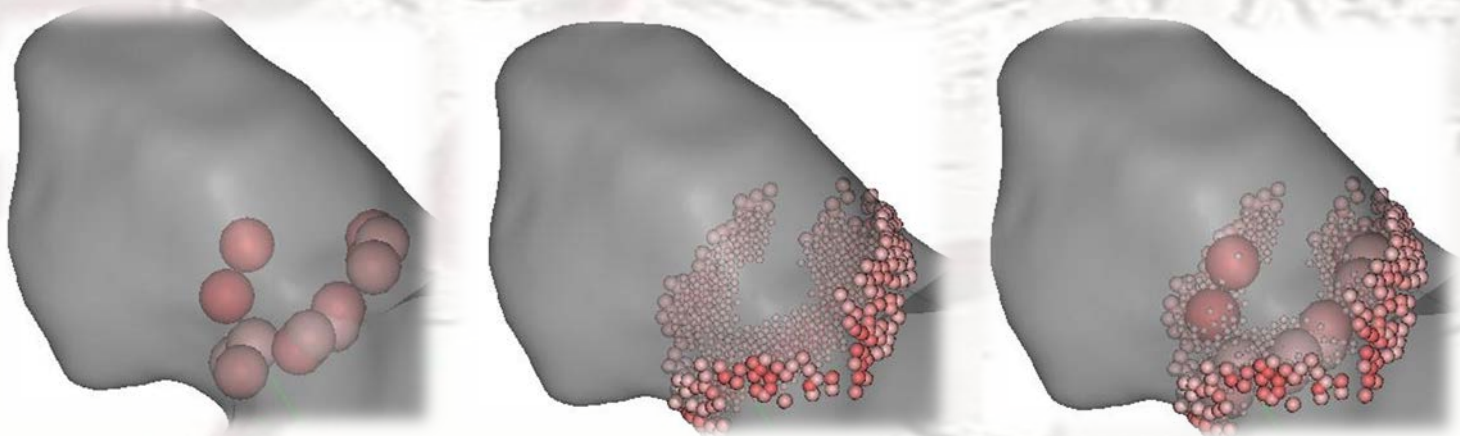
- **Location:**  
Force Integral Time (FTI)
- **Grid:**  
Total Time





# Mapping Protocol

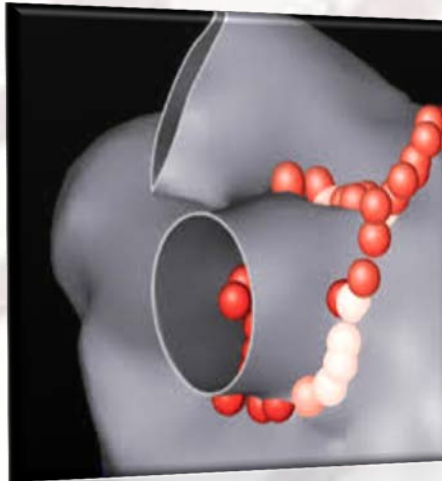
- The Map was reconstructed initially with Lasso in order to assess baseline PV potential and to tag up to which level PV potential were still present
- Thereafter, the regions of the map in which lesions are to be deployed were revisited with ablation catheter to confirm absence of “excessive” interpolation
- At the end of the procedure Lasso was reintroduced in the Left Atrium
- First 3 cases to select best parameters -> 7 sec, 3 mm, 3 g, 50%



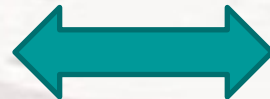
# Study Endpoint



Can we predict successful PV isolation through  
the use of VISISTAG tool + Smart Touch catheter  
?



**We compare  
Ablation line  
through**



**VISITAG Tool  
Smart Touch**



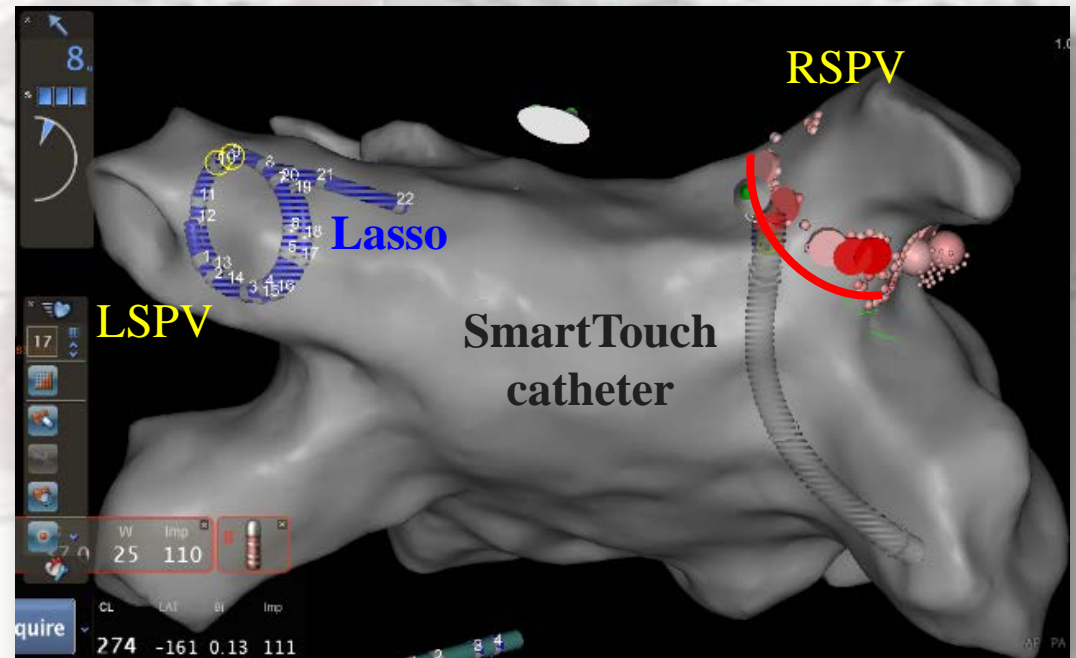
**Vein potentials  
Lasso catheter**

## Right Superior Polmonary Vein (RSPV) base

# Results

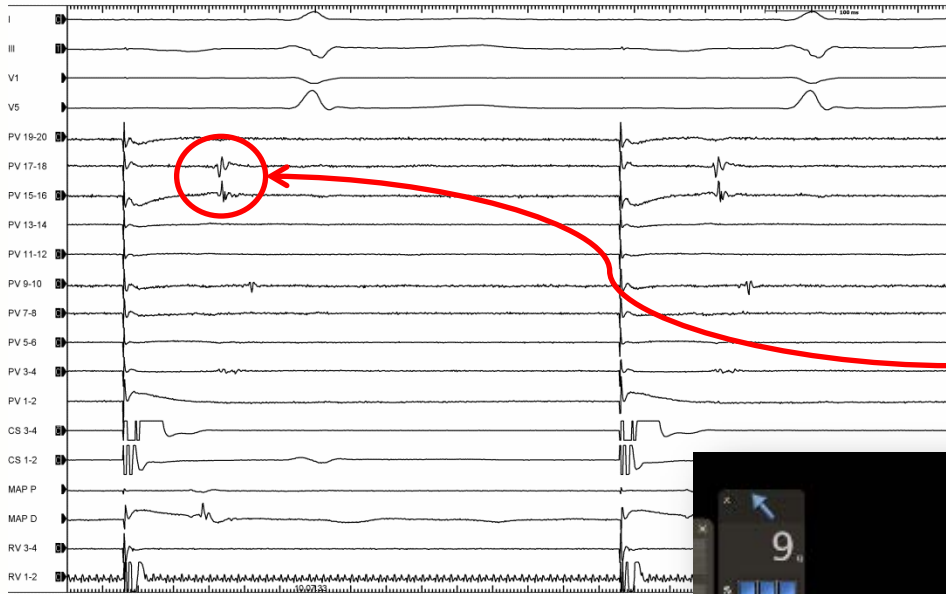


Catheter dragging technique  
Anatomical ablation line around  
the RSPV ostium drawn by  
Visitag Tool





## Right Superior Polmonary Vein (RSPV) base



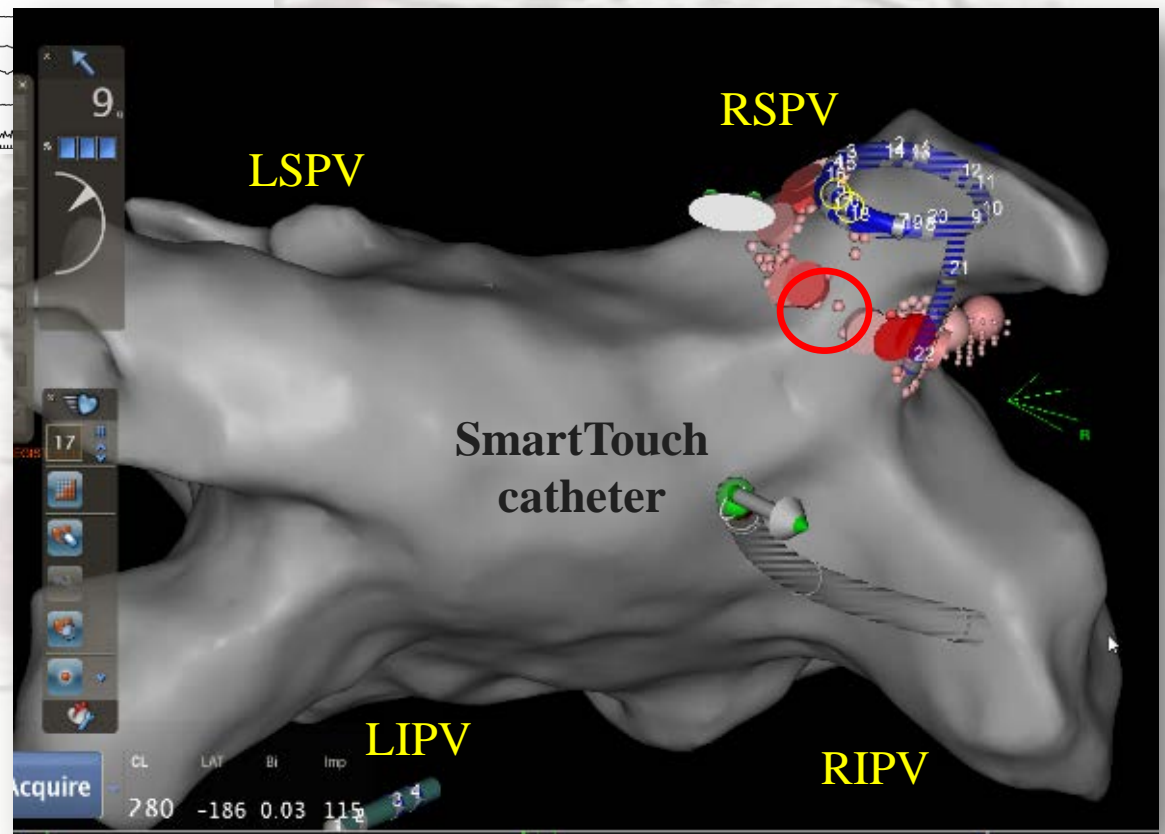
Lasso catheter placed in RSPV  
after anatomical ablation

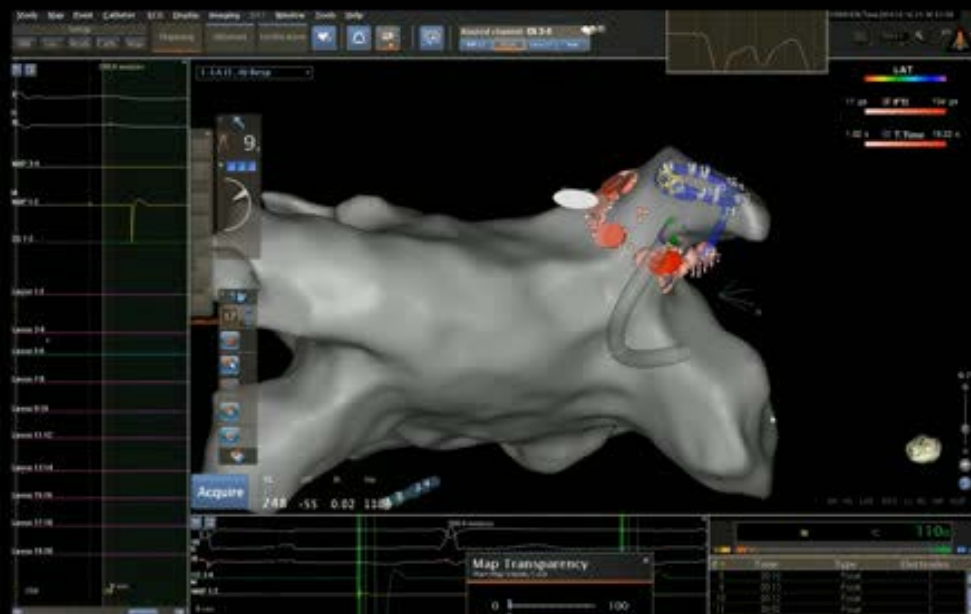
Conduction GAP  
Lasso 17-18 electrodes

Visitag line confirms  
conduction gap presence

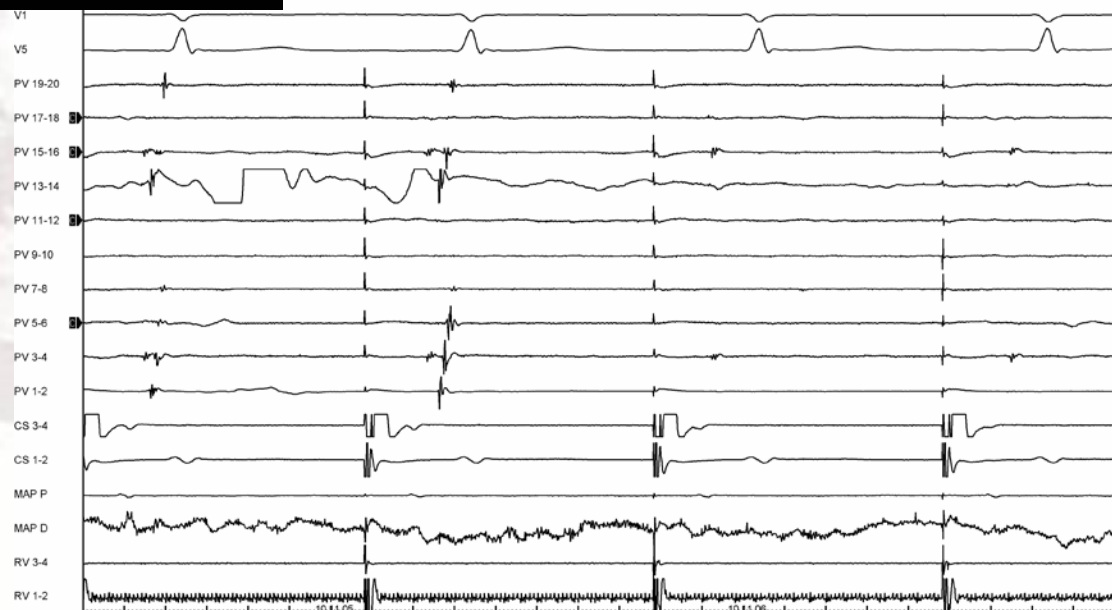


Radio frequency application to  
consolidate the conduction gap





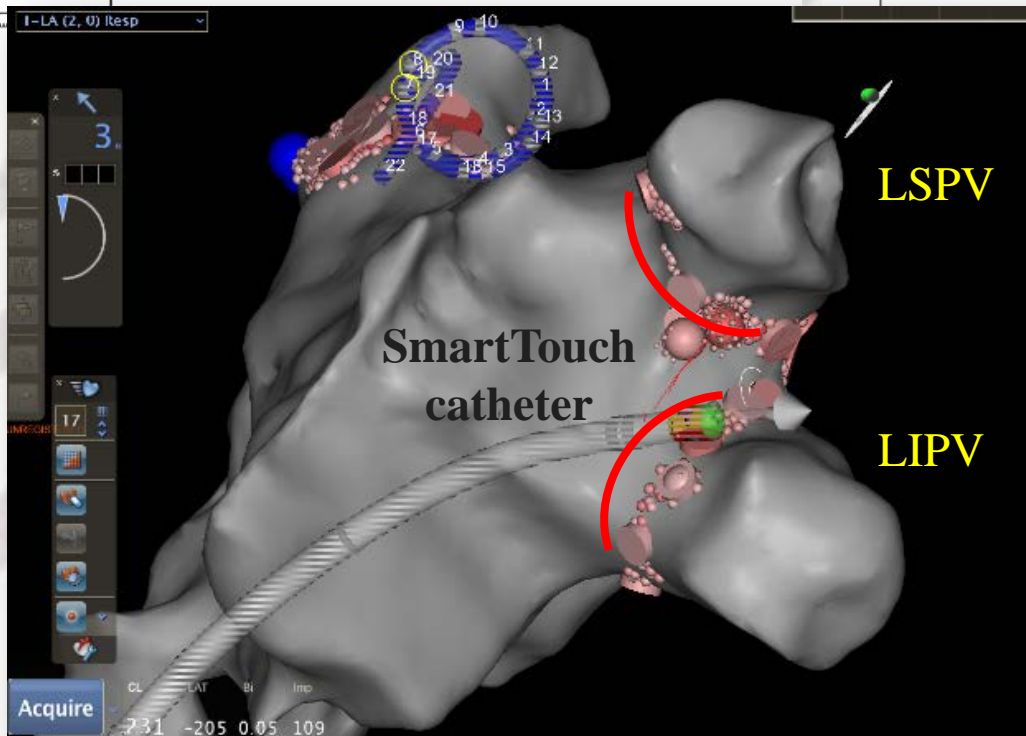
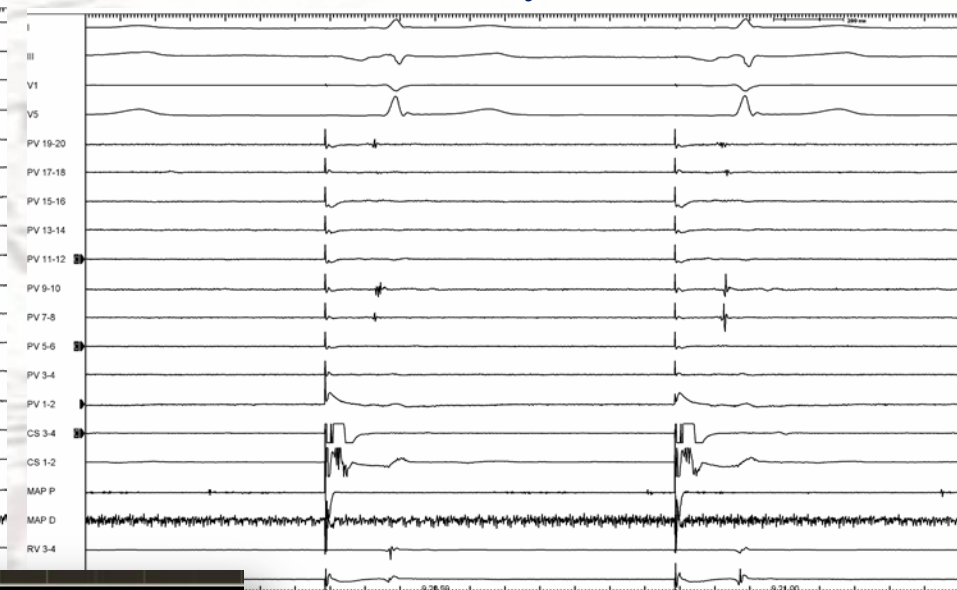
RSPV during RF  
consolidation of the GAP



## Left Superior Polmonary Vein (LSPV) base



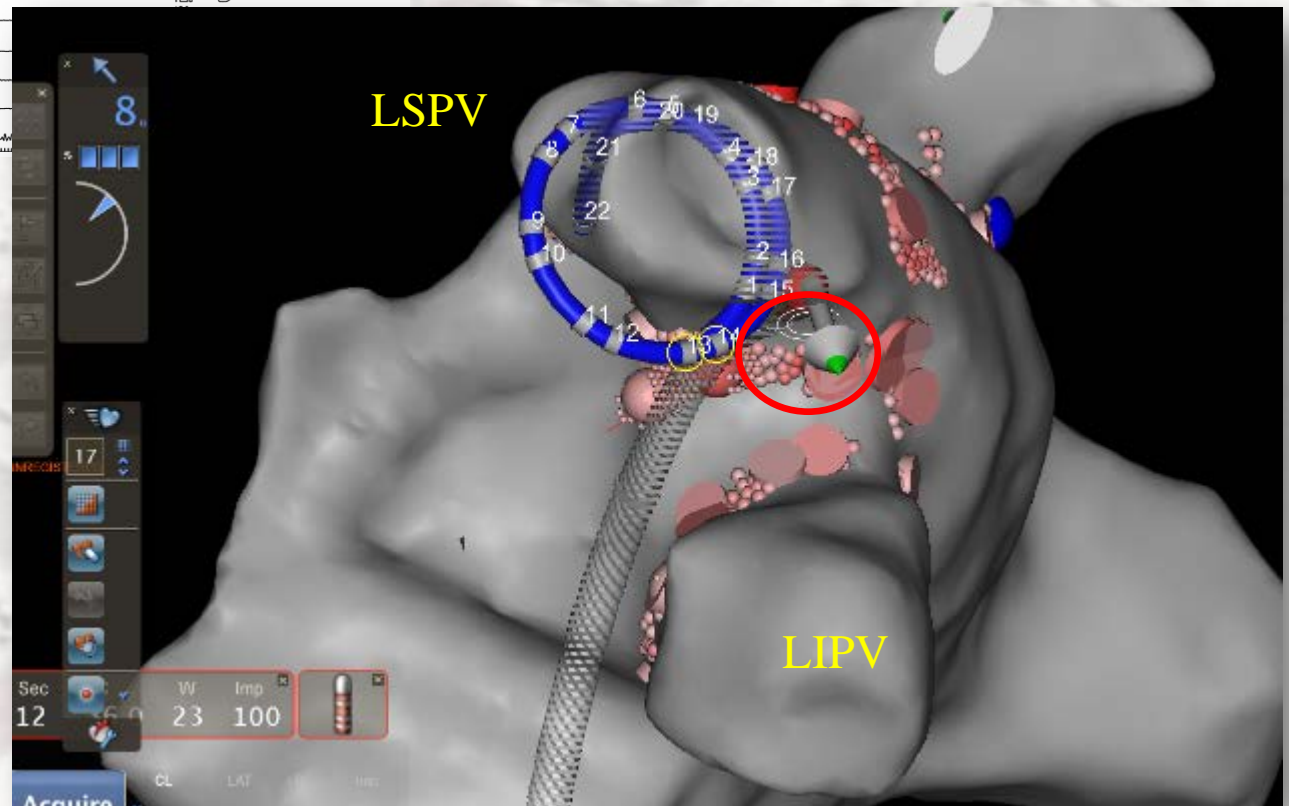
## Left Inferior Polmonary Vein (LIPV) base



Catheter dragging technique  
Anatomical ablation line around  
the LSPV/LIPV ostium drawn by  
Visitag Tool

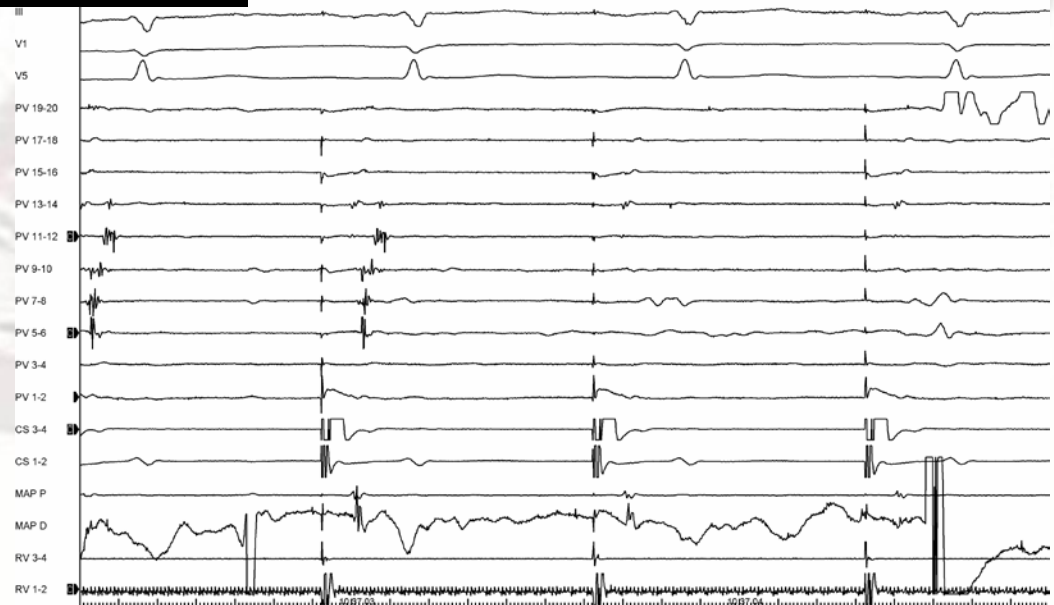


Conduction GAP 1  
Lasso 13-14 electrodes





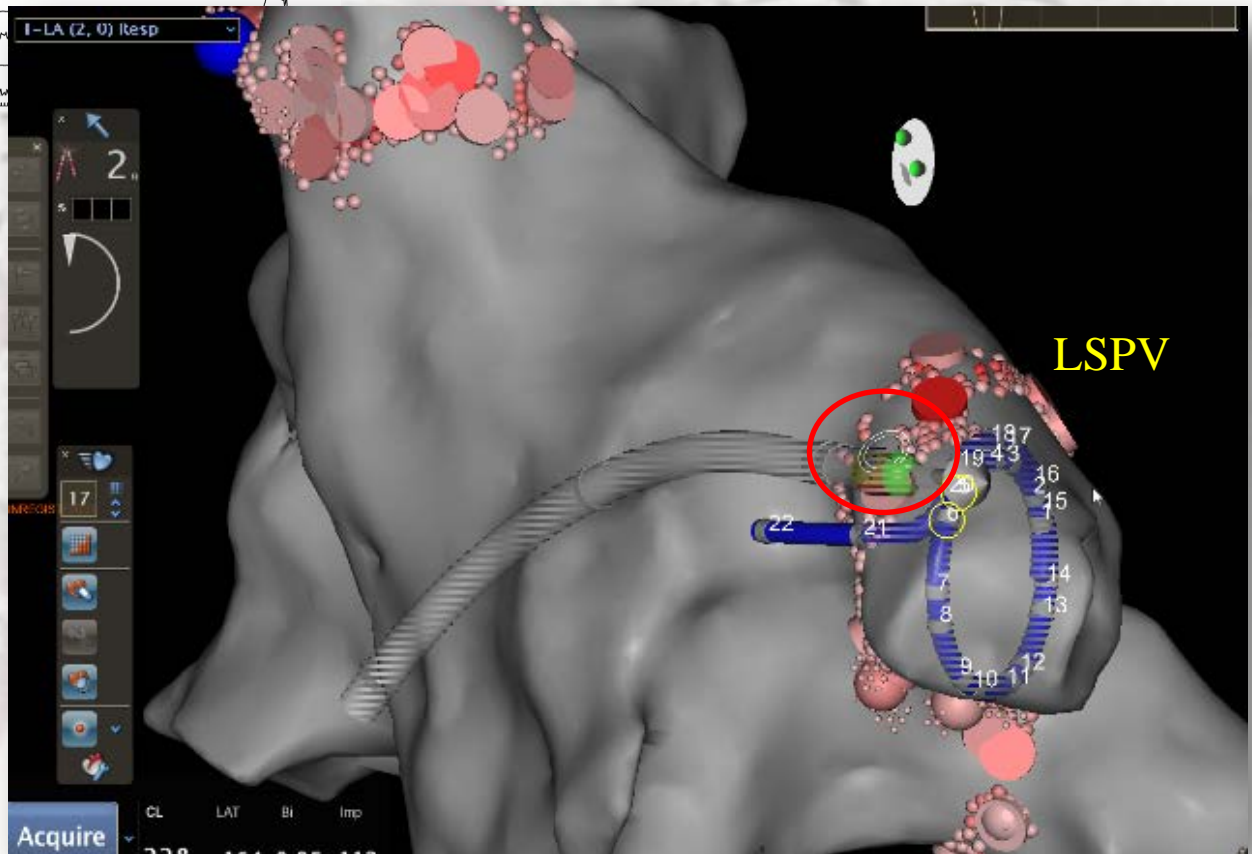
LSPV during RF  
consolidation of the GAP 1



The ECG recording displays multiple leads: III, V1, V5, PV 19-20, PV 17-18, PV 15-16, PV 13-14, PV 11-12, PV 9-10, PV 7-8, PV 5-6, PV 3-4, PV 1-2, CS 3-4, CS 1-2, MAP P, MAP D, RV 3-4, and RV 1-2. A red circle highlights a premature, wide, and bizarre QRS complex in the PV 7-8 lead, which is identified as a premature ventricular contraction (PVC) by a red arrow.

## Conduction GAP 2

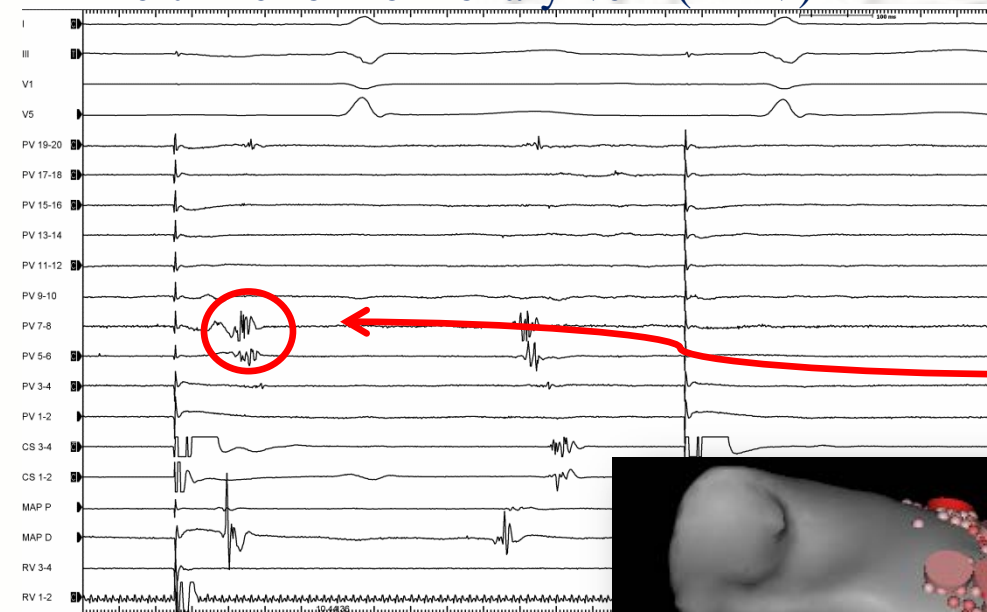
### Lasso 5-6 electrodes





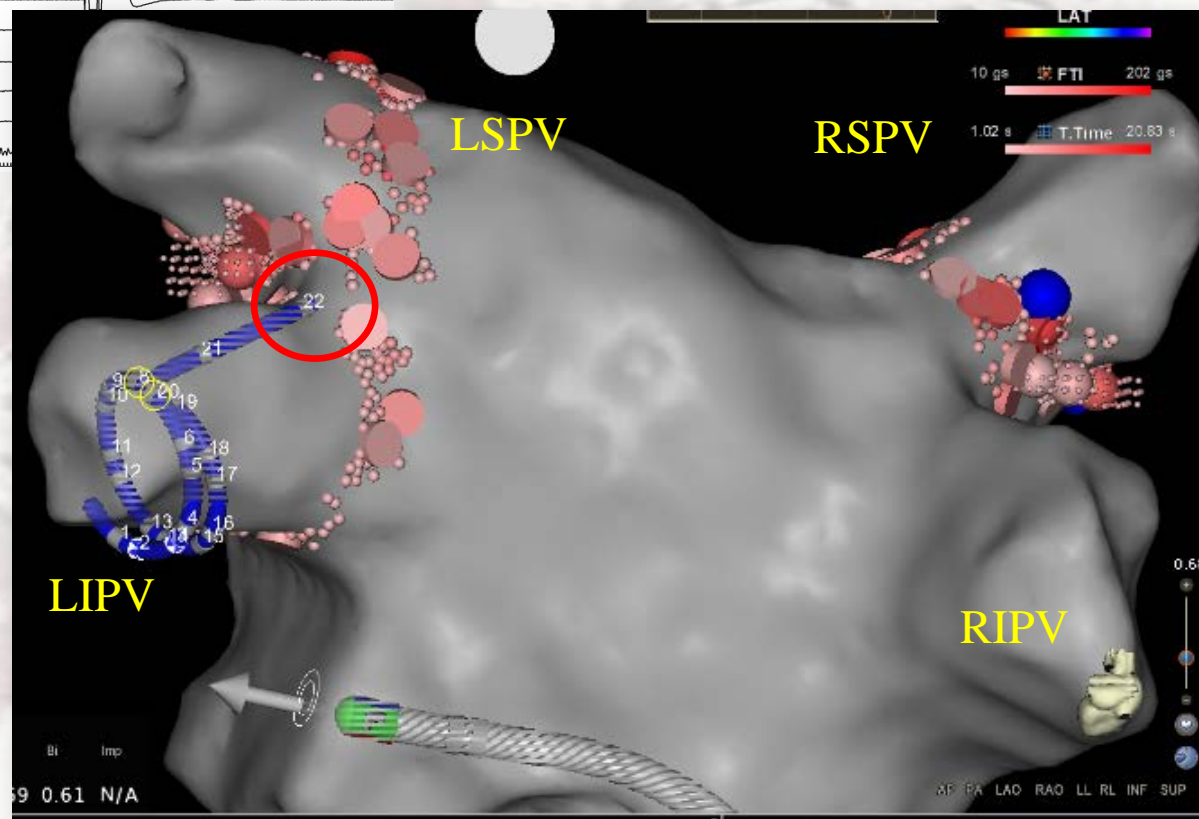


## Left Inferior Polmonary Vein (LIPV)



Lasso catheter placed in LIPV after anatomical ablation

Conduction gap  
Lasso 7-8 electrodes



# Results ...

## Settings seems to be appropriate

1. In all patients the parameters chosen permitted to guide deployment of RF lesions
2. In cases of apparent no contact catheter-surface or lesion not appearing, the map was checked for “excessive interpolation”
3. The average RF time is 10 min, 25W

## Visitag – Lasso Correlation

4. After the first 3 cases, in 85% of PV targeted (n=28) and ablated using Visitag tool, effective isolation was confirmed with Lasso



# Discussion...

- ❑ In the cases shown it's demonstrated that Visitag can predict the conduction GAP in the ablation line
- ❑ This means that the creation of a complete Visi-Tag line could have an impact on the clinical outcome
- ❑ The visitag points are an objective tool to determinate the real position where the ablation is delivered

# Limitations

- ❑ All the process depends on map stability and, most of all, quality of 3D reconstruction

# Implications

- ❑ In the future Lasso could be used just to confirm PVI in difficult cases
- ❑ 25W could be sufficient to deploy stable lesion

# Conclusions...

- ✓ We can foresee the success of the clinical procedure through the Visitag module and the Smart Touch catheter technology regardless the Lasso catheter employment
- ✓ Such a methodology can guide the operator toward a more efficacy and efficiently clinical outcome
- ✓ The operator can choose objective parameters before and during the clinical procedure





Thanks for your attention ...