

Supplementary material

Catheter ablation -London

Irrigated catheter radiofrequency ablation was employed with power limited to 30-35W, and usually 25W on the posterior wall. Electrically-confirmed pulmonary vein isolation (PVI), assessed by both entrance and exit block, was performed in all cases. Use of additional lesions among operators varied: complex fractionated atrial electrograms, endocardial and epicardial aspects of the coronary sinus, linear lesions at the roof, mitral isthmus, posterior wall, cavotricuspid isthmus or rarely elsewhere in the right atrium. Termination of AF was not an explicit endpoint during additional substrate modification. However, bidirectional conduction block was sought when lines were deployed at the roof, mitral or cavotricuspid isthmus. It was not routine practice to guide further ablation by induction of AF following ablation with either drugs or pacing.

Catheter ablation - California

The techniques employed were similar to those in London with electrically-confirmed PVI in all cases, and additional lesion sets including electrogram guided substrate ablation or construction of linear lesion sets. As in London, radiofrequency energy was used, however there was a transition during the study period from solid to irrigated tip catheter technology, with power initially limited to 35W, and later to 50W.¹

References

1. Winkle RA, Mead RH, Engel G, Patrawala RA. Atrial Fibrillation Ablation: “Perpetual Motion” of Open Irrigated Tip Catheters at 50 W Is Safe and Improves Outcomes: IRRIGATED TIP AT 50 W IS BETTER FOR AFIB ABLATION. *Pacing Clin Electrophysiol.* 2011;34(5):531-539.