

# THERMOCOOL® Irrigated Tip Catheter

## Completion of Training Form



Physician Name: Dr. \_\_\_\_\_ Date: \_\_\_\_\_

EP/Cath Lab Mgr. Name: \_\_\_\_\_

Primary Hospital Name: \_\_\_\_\_

Address, City, State, Zip Code: \_\_\_\_\_

Secondary Hospital Name: \_\_\_\_\_

Address, City, State, Zip Code: \_\_\_\_\_

Tertiary Hospital Name: \_\_\_\_\_

Address, City, State, Zip Code: \_\_\_\_\_

Have you changed hospitals?  Yes  No

If yes, at which hospitals do you still have privileges? \_\_\_\_\_

**JDE Account Number** (This box to be completed by Biosense Webster, Inc. personnel only) \_\_\_\_\_

### Course Method (Check One):

- Center of Excellence (date, location, proctor) \_\_\_\_\_
- Local Proctorship (date, location, proctor) \_\_\_\_\_
- Advanced Ablation Mastery DVD
- Online Irrigation Module
- Advanced Ablation Course
- Other (Explain) \_\_\_\_\_

### Statement of Understanding:

I acknowledge understanding of the following course objectives:

1) Biophysics of Ablation

- a) Biophysical understanding of standard electrode ablation
- b) Biophysical understanding of irrigated tip electrode ablation

2) Power Controlled Ablation

- a) Temperature is not an effective monitoring tool for the THERMOCOOL® Catheter.
- b) Temperature monitoring with the THERMOCOOL® Catheter is simply a measurement of tip electrode temperature. It only represents the effectiveness of irrigation fluid cooling, and does not represent the tip to tissue interface or tissue temperature.
- c) Ablation with the THERMOCOOL® Catheter should be performed in power control mode.

3) Fluid Management

- a) Input/Output must be monitored

4) I agree to read the catheter IFU prior to my first case

- a) FDA approved indication is Type 1 Atrial Flutter
- b) Start a procedure at 15 -20 Watts. After 15 seconds, power may be increased by 5 - 10 W increments as needed, until a transmural lesion is achieved, defined by > 80% reduction in atrial electrogram amplitude, or emergence of double potentials of equal and low amplitude. It is recommended that power not exceed 50 W when the catheter is parallel to the tissue and 35 W if the catheter is perpendicular to the tissue. The duration of each RF application will not exceed 120 seconds. Dragging the catheter to the next site is permissible during the 120-second energy application.
- c) Irrigation rates for <30 Watts is 17 ml/minute, and for 31-50 Watts irrigation rate is 30 ml/minute

Physician Full Signature \_\_\_\_\_

SEND OR FAX COMPLETED FORM TO:

MAIL TO:

Biosense Webster, Inc.  
Attn: Customer Service Analyst  
3333 Diamond Canyon Road  
Diamond Bar, CA 91765

FAX TO:

909-468-2905  
Attn: Customer Service Analyst