

# The Effect of Volatile Versus Total Intravenous Anaesthesia (TIVA) on the Inducibility of Tachyarrhythmias During Ventricular Tachycardia (VT) Ablation Procedures

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<b>Status</b>	RECRUITING
<b>Phase</b>	Phase 4
<b>Sponsor</b>	Departments of Anaesthesia, Cardiology - Westmead Hospital
<b>Enrollment</b>	24 participants

## Plain Language Summary

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Ventricular tachycardia (VT) is a dangerous fast heart rhythm that originates in the lower chambers of the heart. To treat it, doctors can perform a procedure called VT ablation, which uses heat energy to destroy the tiny areas of heart tissue causing the abnormal rhythm. This is usually done under general anaesthesia. This study is investigating whether the type of anaesthetic gas used during the procedure affects how easily VT can be triggered during the ablation, because triggering VT on purpose is an important part of the procedure to locate the abnormal tissue.

Participants will receive both types of anaesthesia — a gas-based anaesthetic (sevoflurane) and an intravenous anaesthetic (propofol) — at different points during the same procedure, in random order. Researchers will compare how easily VT is triggered under each type of anaesthesia, as well as recovery quality and long-term ablation success.

You may be eligible if you are 18 or older, are scheduled for an elective or semi-elective VT ablation procedure under general anaesthesia at one of two participating Sydney hospitals, and are medically fit for general anaesthesia. Patients who are haemodynamically unstable before the procedure are not eligible.

## Key Eligibility Criteria

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### Inclusion (1)

- Patients who are scheduled for elective or semi- elective ventricular tachycardia ablation under general anaesthesia

### Exclusion (1)

- Patients who are deemed unfit for general anaesthesia, and those who are haemodynamically unstable before the start of the procedure will be excluded.

## Locations (2 total)

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Westmead Hospital - Westmead, NSW, Australia  
Westmead Private Hospital - Westmead, NSW, Australia