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| **Atropine test** | **ExtraCardiac Vagal Stimulation (ECVS)** | **Electrophysiological Study (EPS)** | **Cardioneurablation (CNA)** |
| A positive atropine test was defined as an increase in SR of 20% and/or a 1:1 recovery of AV conduction 10 min after i.v. atropine administration. at a dose of 0.02-0.04 mg/kg. | Through puncture of the femoral vein, a diagnostic electrode will be introduced into the right and left internal jugular vein, respectively.  Stimulation of both vagus nerves will be performed in the vicinity of their cranial exits and in the vicinity of their course at the angle of the mandible (after prior localization using ultrasound).  The stimulation parameters are:   * 1V/kg body weight, no more than 70V * frequency 50 Hz * the pulse duration is 50 microseconds   A positive ECVS result will be considered:   * sinus pause longer than 3 seconds   second- and third-degree AV block during atrial pacing | Two diagnostic electrodes will be introduced by puncturing the femoral vein: into the right atrium and the right ventricle. The following measurements will be taken:  • sinus rhythm returns time (SNRT)- measured after 60 seconds of atrial stimulation at 100/min (ms)  • corrected Sinus rhythm return time (cSNRT)= SNRT-HR (ms)  • AH; HV- time measurement (ms)  • Wenckebach point- the shortest cycle of atrial pacing conducted 1:1 through the AV node (ms) | Through femoral vein puncture and transseptal puncture, a mapping/ablation electrode will be introduced into the left atrium (LA). A 3D map of LA will be created using the electroanatomical system. Then 35W energy applications will be performed in areas of the ganglionated plexi (GP):   1. Superior left atrial GP (LSGP) 2. Posterolateral (inferior) left atrial GP (LIGP) 3. Superior (anterior) right atrial GP (RSGP) AKA Superior paraseptal GP (SPSGP) 4. Inferior (posterior) right atrial GP (RIGP) 5. Posteromedial left atrial GP (PMLGP) AKA inferior paraseptal GP (IPSGP)   At least 5 applications for each GP, with a total application time of at least 5 minutes. RSGP and PMLGP will also undergo ablation from the previously mapped right atrium. The effectiveness of CNA will be confirmed in EPS, ECVS and atropine test.  The entire procedure will be performed under general anesthesia. |