PVC. Follow-up included 12 lead electrocardiographic, ambulatory monitoring, and symptoms.

Results: Of 239 patients, 75 (31%) patients had failed a prior ablation procedure and they more often had LVOT PVCs (Table). Despite failing prior ablation, repeat standard ablation was acutely successful in 59%, and 75% of these patients had long-term success. Standard ablation acute success rate was lower and long-term recurrence rate was higher compared to patients without prior ablation (59% vs 95%; P <0.001, 29% vs 17%; P<0.05, respectively) (Figure 1). Of the 31 repeat standard procedures that again failed, advanced techniques were performed in 23 (16 Needle, 5 epicardial and 2 simultaneous ablation) and were acutely successful in 16 (70%) with long-term success in 14 (45%). Overall long-term success for patients with prior failed standard ablation was 71%.

Conclusion: Although success is lower for patients with prior failed ablation, repeat ablation appears reasonable for many as repeat ablation with normal or half normal saline irrigation is successful in 59% and use of advanced techniques increased success to 71% in this group.

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EXTENT OF SPATIOTEMPORAL DISPERSION DURING DISPERSION-BASED PERSISTENT ATRIAL FIBRILLATION ABLATION: CORRELATION WITH ACUTE PROCEDURAL OUTCOMES
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Background: Spatiotemporal dispersion has been successfully implemented to target extra-pulmonary veins (PVs) regions during AF ablation. It is unknown, however, whether the extent of atrial dispersion—which may vary from patient to patient—correlates with ablation acute procedural outcomes.

Objective: We aimed at comparing acute procedural outcomes in clusters of patients with low, medium and high spatial extent of bi-atrial spatiotemporal dispersion.

Methods: Spatiotemporal dispersion maps built with the VX1 software (Volta Medical) were analyzed in 78 consecutive...