Introduction: General anesthesia (GA) is commonly not being done in ventricular arrhythmia ablation because of its effect on reduced sympathetic responses in the occurrence of ventricular arrhythmias.

Methods: A 55 year-old general physician came to our hospital with a chief complain of palpitation. ECG showed sinus rhythm and frequent premature ventricular contraction (PVC) with inferior axis, qR pattern in lead V1, absence of S wave in lead V5 or V6 and no transition zone. Holter monitoring showed non-sustained VT. Radio frequency ablation was performed using 3-D mapping and under GA. Aggressive programmed stimulation and intravenous isoproterenol could not induce VT after ablation. However, holter monitoring post procedure showed no significant reduction of PVC burden with the same morphology. Second attempt of ablation was performed without GA. Aggressive programmed stimulation and intravenous isoproterenol also could not induce VT after ablation. Second holter monitoring evaluation post procedure showed significant reduction of PVC burden.

Result: Radiofrequency ablation of ventricular tachycardia maybe better perform without GA.

Conclusion: Radiofrequency ablation of ventricular tachycardia maybe better perform without GA.