A 74-year-old with ischaemic cardiomyopathy (LVEF = 37%) presented with electrical VT storm with a clinical VT demonstrating a RBBB (transition in V4)/superior axis morphology. 5 VT morphologies were induced during mapping and catheter ablation (VT1-5, Panel A) with VT3 matching the clinical VT (Panel B). EAM showed extensive basal inferior and antero-lateral low voltage (Panels C and D). Substrate-based ablation was performed to abnormal late potentials with this scar utilising simultaneous high-output pacing (10mA at 9ms pulse width) to achieve scar non-excitability. Impedance recordings during pace and ablation demonstrate ~10ohm reduction at 40W power (without any pacing interference, Panel E). Examples of ablation with initial pace-capture to loss-of-capture were demonstrated, including pacing delay prior to loss-of-capture (Panel F). Both high-density mapping and ablation sites were guided by real-time ICE, which could also indicate underlying lesion formation during ablation (Panel G).