**Supplemental Video 1**. Transthoracic, echocardiographic, 4-chamber, apical view revealing severely dilated right chambers, right ventricular systolic dysfunction, paradoxical septal motion due to severe tricuspid regurgitation-related volume overload and low insertion of the repaired tricuspid septal leaflet.

**Supplemental Video 2:** Electroanatomic map of the right atrium, depicting its anatomy.

**Supplemental Video 3.** Ripple map of the initial flutter displayed over a bipolar voltage map. The left panel shows a left lateral view of the right atrium, depicting the passive delayed activation of the septum and posterior wall, with wavefront extinction at the cavotricuspid isthmus and intercaval lines. The middle panel shows the macroreentrant anti-clockwise circuit ascending anteriorly to the crista terminalis (parallel yellow lines), going around the right atrial appendage and descending between the crista terminalis and the intercaval line, penetrating the lateral aspect of the scar. The right panel depicts the electrograms from the slow conduction isthmus.

**Supplemental Video 4.** Ripple map of the second flutter displayed over a bipolar voltage map. The left panel shows the macroreentrant counter-clockwise circuit ascending between the crista terminalis (parallel yellow lines) and the intercaval line, and splitting into two different wavefronts: one running superiorly and the second posteriorly, across an intercaval line gap, converging to the region anterior to the crista terminalis and descending to the lateral aspect of the scar. The middle panel shows the activation of the right atrial septum and posterior wall in a left lateral view. The right panel depicts the electrograms from six Ripple marks distributed throughout the slow conduction isthmus.