Atrial flutter (AFL) is a macro-reentrant arrhythmia, the mechanisms of AFL could be classified to (1) Right atrial cavo-tricuspid isthmus (CTI)-dependent flutter (2) Right atrial non-CTI dependent flutter and (3) Left atrial flutter. Right atrial CTI-dependent AFL with the CCW AFL the most common type of flutter. RF ablation of CTI-dependent AFL involves creating a linear lesion from the inferior vena cava (IVC) to the tricuspid ring to disrupt the critical isthmus and successful ablation requires complete isthmus interruption by demonstrating bidirectional conduction block. Most patients with right atrial non-CTI-dependent macro-reentrant circuits have had repair of congenital heart disease. Detailed atrial activation and entrainment mapping reveal areas of low voltage and conduction block that serve as anatomic obstacles for a macro-reentrant circuit. RF ablation of the critical isthmus, or narrowest region, of the circuit is the desired target site. In such cases, three-dimensional electroanatomic mapping systems are strongly recommended to better define the flutter circuits as well as to aid in the creation of the ablation line. Left atrial macro-reentrant AFL is less common than right atrial flutter. The circuits may involve the mitral annulus, scars located around the pulmonary veins or in the posterior wall of the left atrium, coronary sinus, and left septum. Successful ablation of left atrial flutter circuits can be very challenging and careful identification and RF ablation of the critical isthmus is needed to disrupt the circuit.

**Keywords:** atrial flutter, catheter ablation