Introduction: We report two cases of recurrent VT, successfully controlled by EndoEpicardial ablation using Stereotaxis System. Case 1: 65 year female had ICD, PTCA and Mitral valve replacement, presented with recurrent monomorphic VT (CL 430ms, LBBB superior axis), LVEF 20%. Mapping done with CARTO and Stereotaxis. RF ablation at earliest endocardial activation and low voltage areas unable to terminate VT. Epicardial approach was attempted via pericardial window. Earliest activation and presystolic potentials noted in mid posterior septal LV, RF ablation at this site terminated the VT. Subsequently slower VT 2 (CL 520ms) was induced with earliest activation more laterally. RF ablations in mid posterior LV from lateral LV to near the septum terminated VT. Case 2: 43 year male case of dilated cardiomyopathy, LV dysfunction (EF 25%) previously failed endocardial RF ablation for VT. Percutaneous subxiphoid epicardial access was obtained. VT1 (CL 610 ms, right inferior axis, RBBB pattern) was spontaneously induced during epicardial instrumentation. Scar and area of double potentials mapped epicardially at basal anterolateral LV. Ablation at this site terminated VT. PES subsequently induced VT2 (CL 340 ms) and VT3 (CL 210 ms). Both VT mapped and ablated endocardially. Conclusion: Enhanced maneuverability of catheter by using Stereotaxis permits accurate mapping of difficult reach areas, with minimal trauma to cardiac tissue and radiation exposure. Keywords: EndoEpicardial ablation, stereotaxis, VT