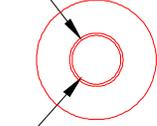


Ocular Barraquer O.R. Applanation Tonometer with C.M. Terry Calibration Scale

	Product Code	Also Available: Silicone Replacement Ring OBT-O (5 pack)	5.8mm Diam. 10mm Hg	5.3mm Diam. 15mm Hg
	OBT-TC-10-15 OBT-TC-15-21			5.3mm Diam. 15mm Hg
				

Lens Design

The tonometers based on Maklakov's principle of applanation tonometry consist of a conical shaft of high-density transparent plastic, a silicone retaining ring and a slip ring handle.

Each tonometer is identified as to mm Hg. On the anterior surface.

The two instruments of 10-15mm Hg and 15-21mm Hg each bear an engraved dual ring reticle on the endpoint indicating a predetermined intraocular pressure. *du instrumentai su matavimo sritimis 10 – 15 mmHg ir 15-21 mmHg*

The reticle measurements on the endpoints have been adapted from the Posner tables of calculations.

Operating Room Procedure

Intraoperacinis, naudojamas operacijų metu

Planned Extracapsular Surgery (10-15mm Hg, Tonometer)

Phacoemulsification and Secondary Lens Surgery (15-21mm Hg, Tonometer)

Sutures are placed in such away that the tension can be adjusted.

The eye is pressurized using a 27 gauge cannula until the eye appears firm.

Any excessive fluid on the cornea is dried.

The tonometer is gently lowered onto the cornea until the slip ring allows the plastic tonometer to slide up.

At this time, the applanation can be seen through the tonometer.

In Planned Extracapsular Surgery, the pressure should fall between 10mm and 15mm Hg.

In Phacoemulsification and Secondary Lens Surgery the pressure should fall between 15-21mm Hg.

An increased pressure is used due to the increased corneal scleral folding which occurs with a small incision.

If the applanation is a small circle, which does not fill within the rings, then the eye is too hard and should be softened by using the cannula.

When the eye is too soft, the tonometer applanates the eye excessively and the circle goes beyond the two rings.

Pressurization very often takes the irrigation of 2 to 3 cc. of fluid into the eye until the incision margins seat and hold pressure.

If too much or too little astigmatism is present, the sutures are then adjusted appropriately.

Contraindications

The tonometer should not be used on an eye that does not hold chamber, an iris prolapse or where vitreous loss occurred during the procedure.

Measurements derived from an eye with a corneal scar, corneal ulcer, keratoconus, and irregular astigmatism are prone to error.

Cleaning and Disinfection

See Cleaning Method 4

