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

**Product Code**

<table>
<thead>
<tr>
<th>OBT-TC-10-15</th>
<th>Also Available: Silicone Replacement Ring OBT-O (5 pack)</th>
</tr>
</thead>
<tbody>
<tr>
<td>OBT-TC-15-21</td>
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</table>

**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 10-15 mm Hg and 15-21 mm Hg each bear an engraved dual ring reticle on the endpoint indicating a predetermined intraocular pressure.
- The reticle measurements on the endpoints have been adapted from the Posner tables of calculations.

**Operating Room Procedure**

- Planned Extracapsular Surgery (10-15 mm Hg, Tonometer)
  - Phacoemulsification and Secondary Lens Surgery (15-21 mm 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 10 mm and 15 mm Hg.
    - In Phacoemulsification and Secondary Lens Surgery the pressure should fall between 15-21 mm 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**
Rinse: Immediately upon removal from patient’s eye, thoroughly rinse in cool or tepid water.
Wash: Place a few drops of mild soap on a moistened cotton ball. Gently clean with a circular motion.
Rinse: Thoroughly rinse in cool or tepid water, then dry carefully with a non-linting tissue.
Then: Proceed with either disinfection or sterilization instructions.

**Disinfecting**

<table>
<thead>
<tr>
<th>Soak In:</th>
<th>GLUTARALDEHYDE</th>
<th>OR</th>
<th>BLEACH</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2% or 3.4% aqueous solution</td>
<td>Temperature per manufacturer instructions</td>
<td>10% solution mixed at: 1 part bleach to 9 parts cool tepid water</td>
</tr>
<tr>
<td></td>
<td>Minimum exposure time = 20 minutes</td>
<td>Recommended exposure time = 10 minutes</td>
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Then: Rinse lens *thoroughly* to remove disinfection solution. 3 cycles of 1 minute, with cool or tepid water is recommended. Dry carefully and place in a dry storage case.

**NOTE**

This lens is known to be compatible with: Asepti-Wipe, Cavi-cide, Cidex, Cidex OPA, DisCide Wipe, Enviro-cide H₂O₂-3%, and Opti-Cide.

**Sterilizing**

<table>
<thead>
<tr>
<th>AUTOCLAVE</th>
<th>STERRAD</th>
<th>STERIS SYSTEM 1</th>
<th>ETO</th>
<th>ETO Parameters</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>No</td>
<td>YES</td>
<td>YES</td>
<td>Minimum Time</td>
</tr>
<tr>
<td><strong>Flash For 4 Minutes Only</strong></td>
<td>Per manufacturer instructions</td>
<td>Per manufacturer instructions</td>
<td>1 hour</td>
<td>130°F (54°C)</td>
</tr>
</tbody>
</table>

**WARNING** *Never soak in Acetone, Alcohol or Other Solvents.*

**Autoclave – Flash Only**

- Disassemble and thoroughly wash the tonometer so that it is free of mucous, sebaceous deposits or other debris.
- Place all three parts in a tray taking care to protect the tonometer from damage by contact with other instruments.
- **Flash Autoclave Only** (unwrapped) for four (4) minutes at 270°F or 132°C. No dry time.

**WARNING** *REMOVE PROMPTLY, longer exposure will damage lens.* The intense heat for an extended time will cause the plastic to cloud.

- Reassemble before use. In the absence of the ring, a false reading will occur.

For information on compatibility with alternative sterilization methods, contact Customer Service.