
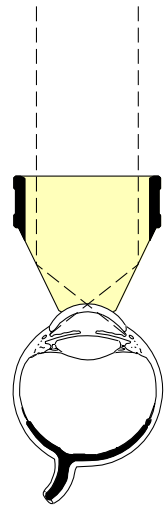


Ocular Gaasterland Four Mirror Gonio Lens

	Product Code	Image Mag	Contact OD	Lens Height	Ring Diam.	Static Gonio FOV	Designed With: Douglas E. Gaasterland, M.D. Washington, D.C. U.S. Patent No. 6,767,098. CE	
	OG4MG OG4MG-15 OG4MG-17	.61x	8.5mm 15mm 17mm	22mm 24.5mm 25.5mm	24.5mm	90° +		
	OG4MG-LR OG4MG-LR-15 OG4MG-LR-17	.61x	8.5mm 15mm 17mm	28mm 30mm 31mm	31.5mm	90° +		
	OG4MG-H	.61x	8.5mm	18mm	n/a	90° +		
	OG4MG-1X OG4MG-1X-15 OG4MG-1X-17	1.0x	8.5mm 15mm 17mm	22mm 24.5mm 25.5mm	24.5mm	90° +		
	OG4MG-1X-LR OG4MG-1X-LR-15 OG4MG-1X-LR-17	1.0x	8.5mm 15mm 17mm	28mm 30mm 31mm	31.5mm	90° +		
	OG4MG-1X-H	1.0x	8.5mm	18mm	n/a	90° +		
	OACF4-15* OACF4-17*	n/a	15mm 17mm	n/a	n/a	n/a		

Flange adapter only

Design

- The Gaasterland Four Mirror Hand Held Gonioscope combines the most favorable features of multi-mirror gonioscopes.
- It is directly hand held which lends itself naturally to delicate maneuvers while observing the angle.
- The smaller contact surface is particularly useful in compression gonioscopy.
- Gonioscopic solution is not required to create an optical interface.
- The lens can be sterilized and used in the operating room for intraoperative gonioscopy.
- The lens consists of a highly truncated pyramid with a plano anterior viewing surface over 4 mirrors inclined at 64°.
- The mirror surfaces are 100% reflective and the anterior surface has anti-reflective coating for maximum image brightness.
- No protective mirror coating to become damaged. Lens works even with fluid or fingerprints on mirror surfaces.
- A black serrated finger grip, or ring, provides protection to the anterior surface.
- The Gaasterland Four Mirror Hand Held Gonioscope is also available with a larger holding ring, OG4MG-LR or with an ergonomic handle, OG4MG-H. Lens is easily detached from handle for cleaning and sterilization.
- The contact diameter of the OG4MG & OG4MG-LR can be increased by attaching either the OACF4-15(15mm flange diameter) or the OACF4-17(17mm flange diameter).

Technique

- Gonioscopy can be accomplished using one of two methods.
 - Method 1: Place the gonioscope on the eye with mirrors arranged perpendicular and planar to horizon.
 - Observation is begun in the inferior angle using the superior mirror.
 - Next, lower the slit lamp beam to the inferior mirror to check the superior angle.
 - Finally, with the beam horizontal and tilted, observe the angle near the 180° meridian.
 - Method 2: Place the gonioscope on the eye with the mirrors arranged obliquely (diamond position). In this orientation, nearly all of the angle can be observed.
 - With the slit lamp beam vertical, simply move the slit lamp from right to left across the two superior mirrors.
 - Next, lower the beam and move the slit beam from left to right across the two inferior mirrors. Complete observation of the angle can be quickly achieved with minimal rotation of the lens (11° in either direction) is needed to view the small sections of angle, which were missed during the initial sweep.
- Because of the light weight and small size of this gonio lens, it is easily applied to the eyes of small children and

individuals with narrow palpebral fissures.

- Deliberate compression with the gonioscope (dynamic gonioscopy) gives the observer a certain amount of control over the iris configuration.
- In an eye with a relatively narrow angle, deeper structures can be visualized by flattening the periphery of the iris gonioscopically.
- It is also used to distinguish between true peripheral anterior synechiae and simple apposition of the iris to the cornea.
- The center axis may be used to view the posterior pole and disc.

