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

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