In case of danger call:

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1. Intended purpose
The eye tonometer is designed for measuring the intraocular pressure.

2. Assembly and start-up (Fig.)
Insert the plunger (1) in the footprint (2). Screw the 5.5 g weight (3) onto the plunger. If necessary, insert the 7.5 g or 10 g weight (4) in the direction of the arrow.

3. Information on the use of the device
The supplied conversion table 1955 is the product of research by Friedenwald, Kronfeld, Ballantine and Trotter. The pressure of a healthy cornea is approx. 16 mm Hg (average value). A tension of 22 mm Hg or more (point deflection 2 to 3.5 with 5.5 g weight) is very probably too high, while a tension of 24.5 mm Hg (point deflection 2 to 3.5 with 5.5 g weight) is definitely too high. The values of the Schiotz tonometer table 1955 are used in the Schiotz tonometer for measurements with the 5.5 g and 10 g weights, and the rigidity of the cornea is abnormal. If values more than 3 mm Hg higher are obtained using the 10 g weight table than with the 5.5 g weight table, the rigidity is too high, and the actual intracocular pressure is lower than that indicated by the tonometer.

Conversely, if the mm Hg value is lower with the 10 g weight than the 5.5 g weight, the rigidity is too low; in such cases the actual intraocular pressure is higher than that measured with the tonometer.

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The pointer must be set to zero; deviations of max. 0.2 mm Hg or an accuracy of ± 1 scale division are permissible. The patient should be in a recumbent position for the intraocular pressure measurement. After anesthetising the cornea with an ordinary anesthetic, the Schiotz tonometer is placed in a vertical position at the centre of the cornea. Do not exert any pressure on the eyeball when moving back the lids. Reliable pressure values can only be read off when the pointer shows a pulse.

4. Preparations for pressure measurement
After each pressure measurement, remove the plunger and clean it with alcohol ether. Immediately before the pressure measurement, reassemble and clean the tonometer, then place it on the test block (5). The pointer must be set to zero; deviations of max. 0.2 mm Hg or an accuracy of ± 1 scale division are permissible. The patient should be in a recumbent position for the intraocular pressure measurement. After anesthetising the cornea with an ordinary anesthetic, the Schiotz tonometer is placed in a vertical position at the centre of the cornea. Do not exert any pressure on the eyeball when moving back the lids. Reliable pressure values can only be read off when the pointer shows a pulse.

5. Metrological inspection
The metrological inspection can only be performed by the manufacturer or an authorised body. According to the Medical Product Operators ordinance of 29 June 1998, metrological inspections should be carried out at intervals of 2 years.

6. Technical data
Scale: 0 to 20 scale divisions 0 to -1 scale division
scale division corresponds to a stroke of 0.05 mm.
The tonometer should be stored in a closed container (case).
Please note that the product described in the operating instructions is intended exclusively for use by suitably trained personnel.

7. Cleaning and Disinfection
After use, remove the 5.5 g weight by unscrewing it from the plunger thread and withdraw the plunger from the tube. Clean the plunger by wiping it with a sponge soaked in 70% alcohol. Rinse out the footplate cavity thoroughly with warm alcohol and then leave the tonometer to dry thoroughly.

8. Inspection
Frequent checking of the footplate and plunger is urgently recommended. Any nicks or scratches due to incorrect handling must be eliminated by the manufacturer.

9. Sterilisation
Although a sterilisation in a steam autoclave with forepressure at 134° Cels. for 3 minutes is possible for all models, we recommend autoclaving only for the stainless steel model. The other models have parts of aluminium, which may be destroyed by repeated steam autoclaving.

For autoclaving put the tonometer in a sterilisation bag or container. Please observe the instructions of the manufacturer of the autoclave.

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