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Environmental conditions

- Temperature: -10 to +35 C
- Humidity: 30% to 90%
- Atmospheric pressure: 800 to 1060 hPa

Classification: CE Class IIa

Standards:
- MDD 93/42/EEC
- ISO 8612:2009
- ISO 15004-1:2006
- EN60601-1
- EN60825-1

Part numbers:
- Perkins tonometer (UK): 5806000A
- Perkins tonometer with Tonosafe: 5800001A, 5800011A
- Perkins tonometer (EU): 5806001B
- Perkins tonometer (AUS): 5806004
Federal law notice: Federal law restricts this device to sale by or on the order of a physician or practitioner.

Warning! — Only to be conducted by qualified and trained personnel.

Please read the instructions before using the equipment.

**Charging**

The battery indicator displays fully-charged (green) or the battery needs charging (red).

**Calibration**

For a rough calibration, adjust the thumb-wheel to a line’s width from the two mark, place the control weight on the prism tip and check the cone arm carries downwards.

Also, set the scale above the two mark and check the prism and weight remain at their highest position.

**Goldmann-compatible**

The Perkins applanation tonometer functions according to the “Goldmann” method; the measuring of the pressure required to maintain a uniform applanation of the surface of the cornea.

The prism can be pushed into the prism holder. Tonosafe disposable prisms are recommended, these are supplied fully-sterile to help eliminate the risk of cross-infection.

Anaesthetic and fluorescein must be instilled prior to testing.

**Instructions for use**

The light is switched on by turning the thumb-wheel above zero. Adjust the force by turning the thumb-wheel until the inner margins of the semi-circles coincide.

The Perkins tonometer should be held so that the thumb rests on the milled wheel.

The light is switched on by turning the thumb-wheel until the scale reading is just above zero. If the forehead rest is to be used, the stem should be extended after loosening the locking screw. It is usually easier to hold the tonometer obliquely with the handle slanted away from the nose. Care should be taken to prevent the prism touching the eyelid margin.

Instruct the patient to look straight ahead or slightly upward and, if necessary, use a fixation target.

Both eyes must always be anaesthetised (e.g. 2-3 drops each of an anaesthetic within half a minute) to reduce movements of the lids during examination.

Place a fluorescein paper strip near the external canthus in the lower conjunctival sac. After a few seconds the lacrimal fluid is sufficiently coloured and the paper can be removed.

It is recommended that patients are repeatedly asked to keep their eyes wide open during the examination. If required, the lids of the examined eye may be held open by the examiner’s fingers, provided that no pressure is applied to the eye.

**Correct position**

- The inner edges of the fluorescein rings touch each other. The reading multiplied by ten gives the ocular pressure in mm Hg.

Adjust the force by turning the thumb-wheel until the inner margins of the semi-circles coincide. The tonometer is removed from the eye and the reading noted. The large divisions of the scale represent 0.2 grams.

The reading is multiplied by ten to give the tension in millimetres of mercury (mm Hg). Readings should be repeated until a steady value is obtained.

** PATIENT USE**

- Both eyes must always be anaesthetised (e.g. 2-3 drops each of an anaesthetic within half a minute) to reduce movements of the lids during examination.

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This quick guide and the full Perkins instruction for use can be found at: [www.haagstreituk.com/ifu](http://www.haagstreituk.com/ifu)
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