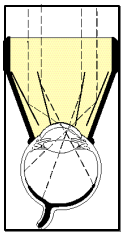
Ocular Karickhoff Diagnostic/Laser Lenses

CE

Product Code	Style	Image Mag	Laser Spot Mag	Contact OD	Lens Height	Static Gonio FOV
ARGON/DIODE						
OJKA		.93x	1.08x	15mm	21.1mm	170°
OJKFA	Flange	.93x	1.08x	15mm	19.3mm	170°
DIAGNOSTIC						
OJK		.93x	na	15mm	19.3mm	170°
OJKF	Flange	.93x	na	15mm	19.3mm	170°

Designed with: John R. Karickhoff, M.D., Falls Church, VA



Lens Design

- Karickhoff Diagnostic/Laser Lenses provide four mirror angles of 62°, 67°, 76° and 80° plus a central axis view.
- They have unique "Depth Dots" (one to four) marking each mirror at its base.
  - The 62° mirror (1 dot) is inclined to perform gonioscopy and photocoagulation of the chamber angle and to observe the peripheral fundus near the ora serrata.
  - The 67° mirror (2 dots) is inclined to observe from the equator to the mid ora serrata with some scleral depression.
  - The 76° mirror (3 dots) is inclined to observe the area of the mid equator to the mid peripheral field.
  - The steeply inclined 80° mirror (4 dots) provides observation of the major vessel arcades, often unseen and untreated with the Goldmann Three Mirror Lens.
- The four mirrors provide fields of view that overlap exactly so that areas of the fundus can be observed and treated from the central area to the periphery by a simple rotation of the lens.
- The posterior pole can be observed through the central axis of the lens.
- A special lid flange on the OJKF and OJKFA renders the lens resistant to rejection by the squeezing patient.
- Broad band, anti-reflective coatings are bonded to the argon/diode lenses to minimize reflections and maximize light transmission during laser treatment.

Technique

- The angle between the lens and slit lamp axis can be varied between 5° and 15° for deep vitreous and fundus observation.
- The posterior pole and the oral circumference are examined quadrant by quadrant with the slit lamp.
- The fundus view appears inverted and is the opposite fundus region.

CAUTION	When using lens for photocoagulation, use extreme care to keep the laser beam away from mirror edges. If the beam strikes the black area around the mirror, it can be absorbed and burn the area. Mirrors damaged in this way cannot be repaired.

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.

Disinfection

Soak In:	GLUTARALDEHYDE	*OR*	BLEACH
	2% or 3.4% aqueous solution		10% solution mixed at: 1 part bleach to 9 parts water
	Temperature per manufacturer instructions		
	Minimum exposure time = 20 minutes		Recommended exposure time = 10 minutes
	CAUTION *To avoid damage to the lens,* do not *exceed recommended exposure time.*		
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: Ascepti-Wipe, Cavi-cide, Cidex, Cidex OPA, DisCide Wipe, Enviro-cide, H_2O_2 - 3%, and Opti-Cide		
CAUTION	***If used on an ulcerated cornea, lens must be STERILIZED before next procedure.***		

Sterilization

AUTOCLAVE	STERRAD	STERIS SYSTEM 1	ETO	ETO Parameters		
		YES	YES	Minimum Time	Temperature	Aeration Time
NO	NO	Per manufacturer instructions	See Right	1 hour	130°F (54°C)	12 hours
WARNING	***Never Steam Autoclave or Boil listed lenses.*** ***Never soak in Alcohol, Acetone or Other Solvents.***					

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

Ocular Instruments, Inc.
2255 116th Ave NE, Bellevue, Washington 98004-3039 USA
T: 425-455-5200 or 800-888-6616 F: 425-462-6669
E: ocular@ocular-instruments.com I: www.ocular-instruments.com