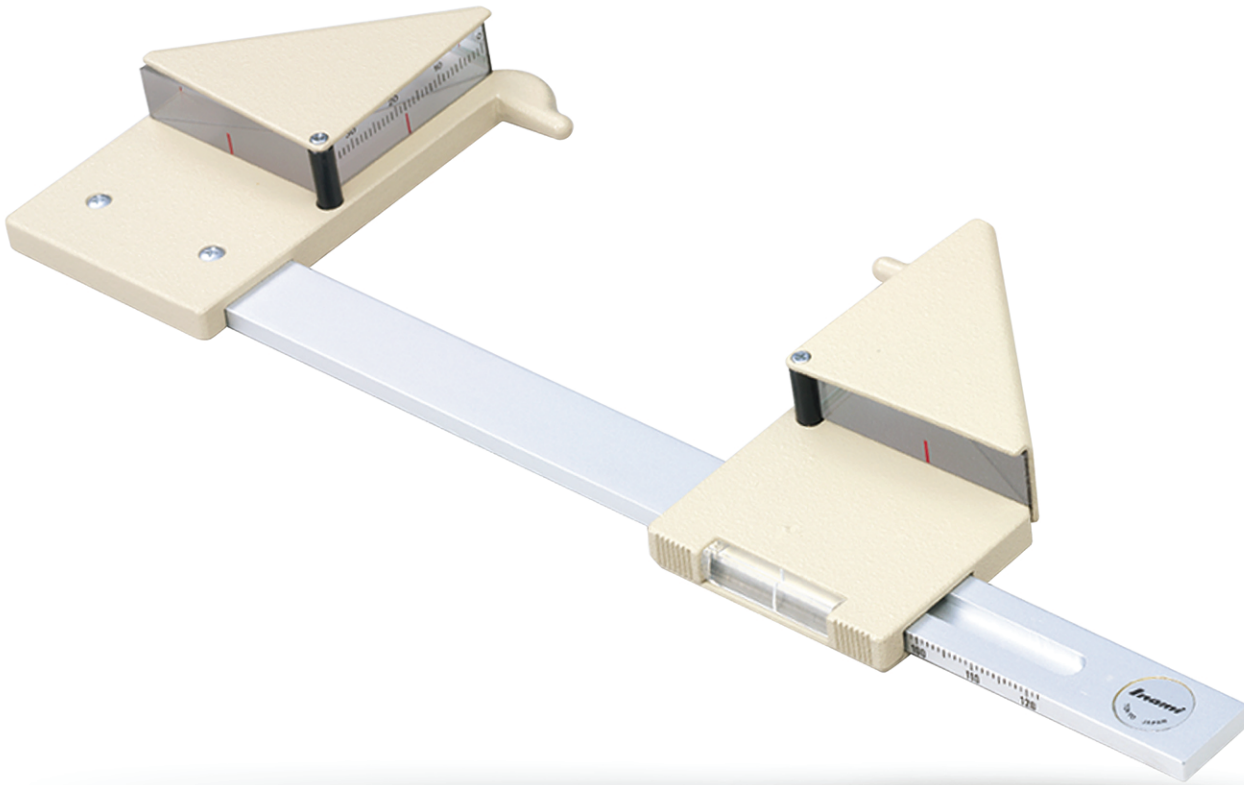


Inami

EXOPHTHALMOMETER
MANUAL

L-0161



VIEWLIGHT
POWERED BY INNOVATION

Before use this instrument, be sure to read this manual

EN

EXOPHTHALMOMETER, HERTEL

K-0161

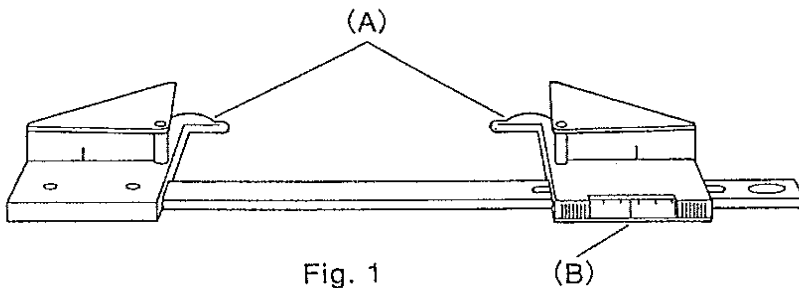


Fig. 1

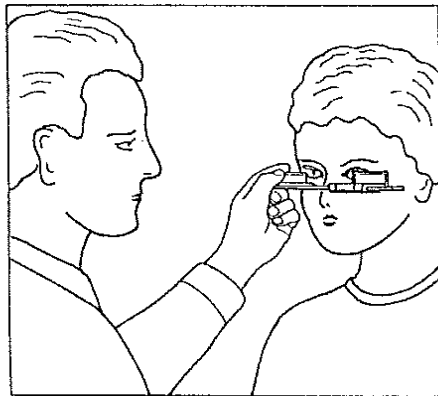


Fig. 2

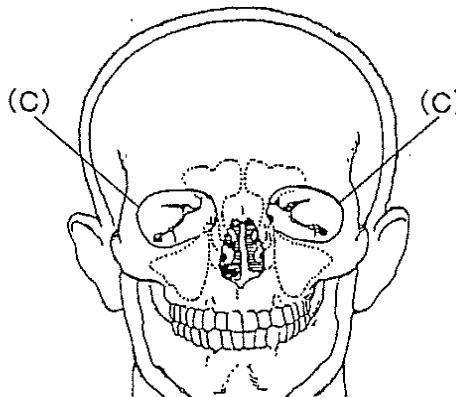


Fig. 3

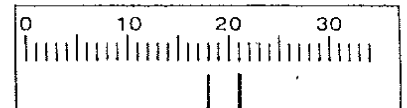


Fig. 4

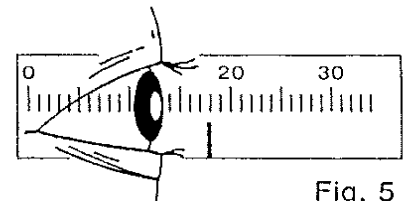


Fig. 5

The EXOPHTHALMOMETER is an instrument for determining the degree of anterior projection of the eyes. This is an accurate method of diagnosing and, more particularly, following the course of a patient with exophthalmos.

TECHNIC

The patient stands with his back against the wall and looks into the examiner's eyes. The concave contact points (A) of the exophthalmometer are placed against the lateral orbital margins (C) and the bar reading (B) is noted. Fig. 1, 2, 3.

The reading represents the distance between the lateral orbital walls.

It must be constant for successive examinations if the course is to be judged accurately.

The examiner then views the cornea of the patient's right eye in the prism with the patient fixing his right eye on the examiner's left eye. The examiner has to look into the prism just in front of prism surface so that two vertical red lines overlap one another, by slightly moving examiner's head laterally. Fig. 4, 5.

The cornea is simultaneously lined up in the prism with a scale that reads directly in millimeters. The left eye is then observed in the same way with the patient fixing his left eye on the examiner's right eye. Both the bar reading and the degree of exophthalmos are recorded in millimeters.

For example: Bar reading of 96mm, RE=15mm, LE=15mm.

EXOPHTHALMOMETER,HERTEL K-0161

NORMAL AND ABNORMAL FINDINGS

The normal range of bar readings is 12-20mm. The reading is usually the same in each eye and indicates the anterior distances from the corneas to the lateral orbital margins. When exophthalmos is diagnosed, one must look for some underlying cause, e.g. thyroid disease or orbital tumor.

Periodic exophthalmometer readings aid greatly thereafter in observing the course of the disease.

AFTER USE

After use it, keep clean and wipe with soft cloth.

Exterior Surface Cleaning

The portion which touches a patient should be disinfected in the 70% ethanol solution for disinfection.

Prism Cleaning

Remove dust accumulation with a camel's hair brush.

After brushing, finger marks can be removed, if necessary, with isopropyl alcohol and a cotton swab. Dry with a facial tissue.



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