OPD Instruments

Visual acuity instruments

- 1. Vision drums: To check vision. Snellen chart is most common in use. C-chart & E-chart is used for those who can not read, Picture test is for children
- 2. Refraction box: Contains concave and convex lenses and other lenses
- 3. Trial frame: Used for house lenses during refraction
- 4. Retinoscope: Used to do refraction particularly in children
- 5. Autorefraactometer (AutoRef): Used for approximate refraction

Visual acuity instruments

- 6. Ophthalmoscope: Used for examining fundus and anterior segment
- 7. Slit lamp: Most commonly used anterior and posterior segment
- 8. Indirect ophthalmoscope: Used mostly for children and during operation
- 9. Lenses:90D, 78D used to see fundus with slit lamp, 20D lens is used indirect ophthalmoscope. Gonio lens is used for examining anterior chamber angle while 3-mirror lens is used both for fundus and anterior chamber angle examination.

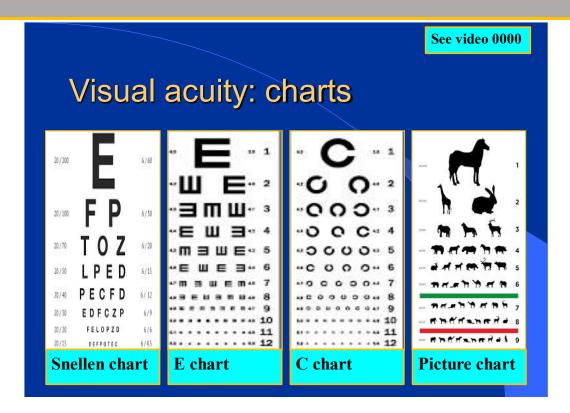
Intraocular pressure instruments

- 10. Goldman tonometer
- 11. Perkins tonometer
- 12. Schiotz tonometer
- 13. Tonopen tonometer
- 14. Air puff tonometer

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1- Visual acuity charts



2- Refraction box

See video TOACS 002

Visual acuity: Refraction box

- Red are concave or minus lenses
- Black are convex or plus lenses
- Two lenses with handle are cross cylinder
- Prisms
- Miscellaneous lenses like
 - Blank
 - Pinhole
 - Red and green
 - Fogging lens



3- Trial frame

Trial frame

 Trial frame is used to check visual acuity and to refract one eye at the time



4 & 5- Retinoscope & Autorefractometer



6- Ophthalmoscope



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- Advantages:
 - Easy to carry / Portable
 - Can be used in wards, OTs
 - Less expensive
 - Can see anterior & posterior segments
- Disadvantages:
 - Monocular view / No depth perception

7- Slit lamp

- Advantages:
 - Binocular view / depth of perception
 - Anterior & posterior segment examination
 - Has slit which penetrates through anterior segment structures so various level can be seen
- Disadvantages:
 - Only for patients who can sit on chair (portable slit lam also available)



Cc

Slit lamp: Parts A, B, C, D, E

- A. Table with on/off switch and height control. Table has various designs including sliding tables
- B. Chin & head rest with up/down control
- C. Microscope
 - A. Eye pieces to see patients eyes
 - B. Magnification control to control magnification
- D. Illuminator with slit control and filters
 - A. Slit width control: coverts circular light in to slit hence the name sht lamp
 - B. Slit height control: changes slit height from 1mm to 14mm
 - C. Filters like Cobalt blue filter, Green filter
- E. Additional gadgets like 78d/90D lenses for examining fundus and tonometer for measuring IOP

8- Indirect ophthalmoscope

See video 0000

Indirect ophthalmoscope

- Advantages:
 - Binocular view / depth of perception
 - Posterior segment examination anywhere
 - Can be used for examining children
 - Can be used for operating
- Disadvantages:
 - Difficult to mater



9- Lenses

Lenses

78 D lens For use with slit lamp To see fundus



90 D lens For use with slit lamp To see fundus



20 D lens For use with indirect To see fundus



3 mirro r lens For use with slit lamp To see fundus & anterior chamber angle



Gonio lens
For use with slit lamp
To see
anterior chamber angle



10, 11, 12, 13, 14- Tonometers

Purpose: To check intraocular pressure (IOP)

Types:

- Goldman tonometer: This is gold standard method and routinely used
 - o Install topical anesthetic and fluorescein dye
 - o Touch patient cornea with tonometer prism head
 - Move dial to align two half circles
 - Check dial for IOP
- Digital tonometry: This is very crude method but can detect hard eye because of very high IOP
- Perkins tonometer: This can be used for people not able to sit on slit lamp
- Shiotz tonometer: This is old method in which weights are used to measure IOP
- Tonopen tonometer: This can be used for patient not able to sit for slit lamp, children and on operating table
- Air puff tonometer: This is not accurate method and widely used for screening purpose

