

OCTOPUS 900 & EyeSuite SOP

Standard operating procedure

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Note: This document **7220119_0N0M0_Octopus900_SOP** is a step by step procedure to operate the Octopus 900.

For safety issues please refer to the document **7220031_0N0M0_OCTOPUS900_UserManual**
 For installation and setup issues please refer to **7220060_0N0M0_EyeSuitePerimetry_SetupGuide**
 For interfacing to an EMR system refer to **7220129_0N0M0_EyeSuitePerimetry_EMR_Interface**

Attention: Regularly back up your patient data. HAAG-STREIT can not be made liable for any data loss and consequences thereof.

Version history

4, 09.2008	Version 1.2.2 updates	
5, 04.2009	Version 2.0.0 updates	
	Lens distance adjustment	
	Kinetic perimetry improvement	

1 INTRODUCTION

We would like to thank you for your decision to purchase this Haag-Streit product. If the instructions in this manual are carefully followed we are confident that this product will give you reliable and trouble-free usage.

2 PURPOSE OF USE

The **Perimeter Octopus® 900** is used, at room temperature, in the examination, diagnosis and documentation of the differential light sensitivity and other functional aspects of the human eye. It is usually used by Ophthalmologists, Optometrists, Opticians, Orthoptists or other trained health personnel in their consulting rooms, clinics, hospitals or teaching facilities.

3 GENERAL ISSUES

The EyeSuite™ Perimetry software evaluates visual field data, imports visual fields from various perimeters and controls the OCTOPUS® 900.

Viewing and printing examination results is a free function of EyeSuite Perimetry to enable the use of the software in networked environments.

Advanced functionality like progression analysis and the control of specific functions in the Octopus 900 require licensing and will be enabled with dongle codes.

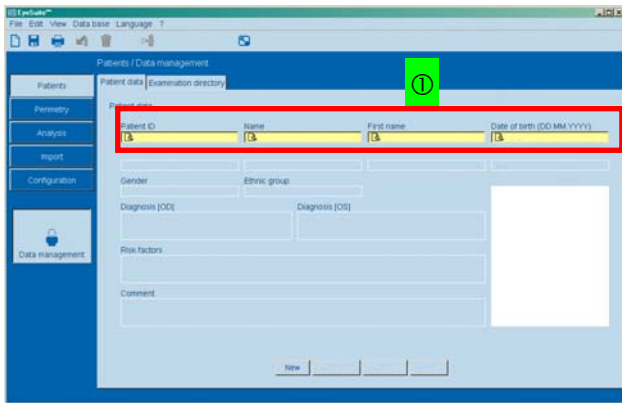
Certain functions described in this manual might not work unless you bought the respective functionality and received the corresponding dongle code.

4 ENTERING & SELECTING PATIENTS



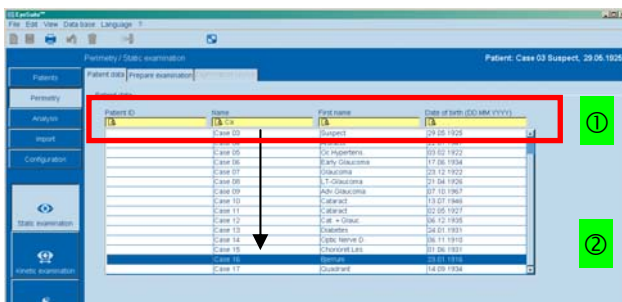
Start EyeSuite Perimetry software by double clicking the icon on the desktop.

Following a splash screen you see the following



To select an existing patient enter the first digits of any information in one of the 4 yellow fields ① and press the "Enter" key on your keyboard or click on the magnifying glass.

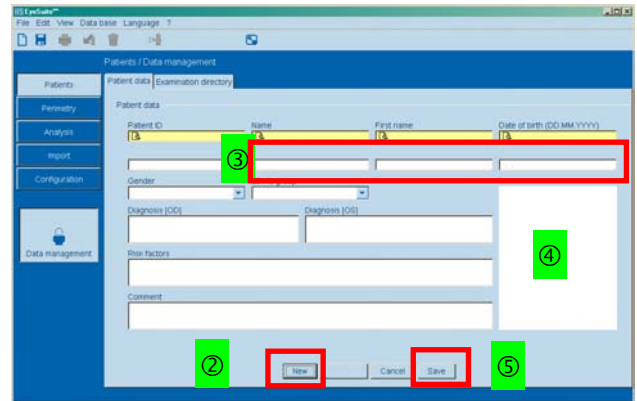
In the yellow fields enter a initial or other known information ① and hit the "Enter" key on the keyboard. A list with all matching patients shows up and the correct one can be selected. Select the patient you want to examine ② with a double click.



If the patient is not on the list you can create her/him in the "Patients" section according to chapter 2.1.

4.1 Entering a new patient

To enter a new patient name click on the "New" button ② in the "Patients" section.



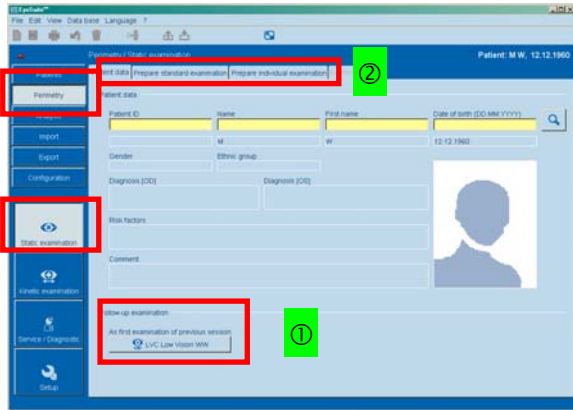
Mandatory fields are "Name", "First name" and "Date of birth" ③. In addition we strongly recommend to enter a unique "Patient ID". The fields "Gender" and "Ethnic group" currently don't have an influence on the evaluation of results but may in future, based on scientific studies.

With a click into the white field ④ you can select a photo to be included in the patient file.

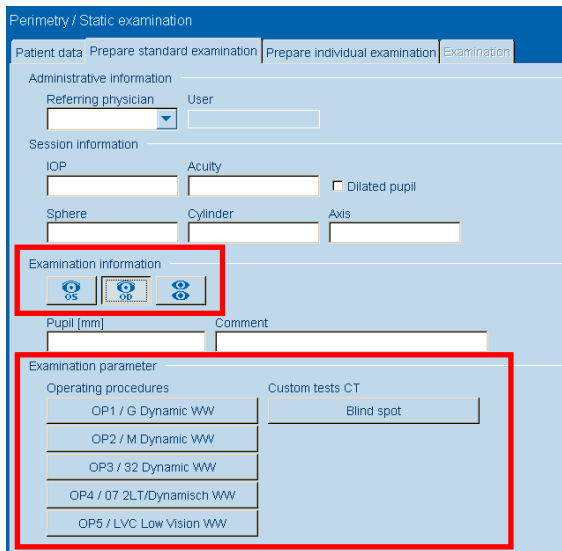
After finishing all entries click on "Save" ⑤.

5 VISUAL FIELD TESTING – STATIC PERIMETRY

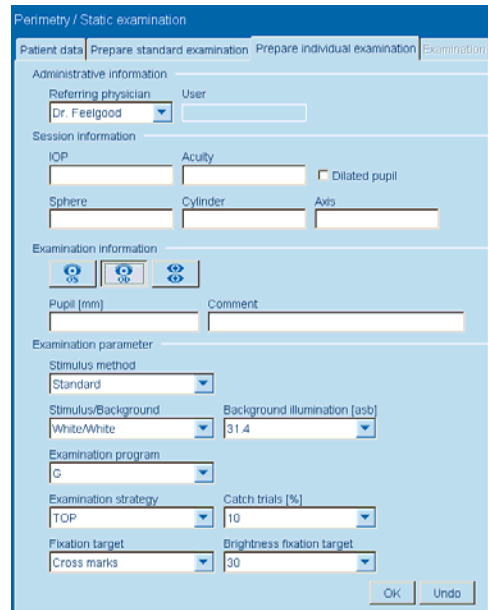
1. Enter or select a patient according to section 4
2. Go to "Perimetry", "Static examination"



3. ① If previous examinations have been performed on the patient, a button "Follow up" will be available to enter the examination directly.
4. ② If no prior examinations are available you can choose a predefined examination under "Prepare standard examinations". Either select a predefined one or define operating procedures yourself under "Perimetry", "Setup", "Operating procedures". In the "Custom Test" column you may have one Country specific test (Basic software) or your own fully customized tests.



5. If you have the custom test option, define them under "Perimetry", "Setup", "Custom tests CT"
6. ② If a non standard examination shall be performed, click on "Prepare individual examination" to select any program and strategy.
7. Red: Minimum entries; green: good practice



a) Select the eye to be examined, the program and strategy.

Program (most common):

- G General testing & Glaucoma
- M Macula testing, parafoveal scotoma
- 32: Neurologic diseases
- 07: Center & Periphery
- LVC: Low Vision Central for end stage testing

Strategy:

- Dynamic (recommended standard strategy)
- TOP (optional fast strategy for G, M, 32)
- Normal (not recommended)
- 2LT/1LT (Screening)

b) Good practice entries and information

Dilated Pupil: Dilation is recommended if the undilated pupil diameter of the patient is less than 2,5mm

Refractive correction: Required refraction to see the fixation target in focus, includes near correction for presbyopia. Can also be entered inside the examination screen.

For add-on near correction in presbyopia see next page.

Fixation target: We recommend using the "cross mark" for examinations including the foveal threshold (eg G), the "central point" for macular programs (M) and blind spot testing, the "Ring" in cases of complete foveal vision loss.

c) Further optional entries

Referring Physician: An editable list of names
IOP / Acuity: Information that will be included in the printout

Pupil / Comment: Fields that can be entered during the examination

Stimulus method (Standard / optional Flicker):

Select an optional early diagnostic method

Stimulus/Background (W/W / optional B/Y)

Select an optional early diagnostic method

Background illumination (4 / 31.4asb):
Just for information. To be altered in setup.

Refractive lenses

Additional refractive correction for presbyopia:

30-40yrs	+1.0
40-45yrs	+1.5
45-50yrs	+2.0
50-55yrs	+2.5
55-60yrs	+3.0
>60yrs	+3.25



Note: Primary goal of the refractive correction is that the patient can see the fixation target in focus.
Place the spherical lens to the patient, the cylindrical to the inside of the instrument.

Note: You can enter or change the refraction lens entries in the examination screen. This is advantageous because this allows the patient to judge focus under test conditions. **Always use thin rim lenses as shown!**

- Dimm the room lights and click "OK" to enter the examination screen. If this is the first test after turning on the instrument, the Octopus 900 will now adjust the background and stimulus conditions and take about two minutes.

Light intensity calibration ongoing

- Wait until the status message on the bottom of the screen changes to w/w settings (or the respective selected examination method)

W/W settings

- Adjust the following settings:



Stimulus interval: "adaptive" will adjust the test speed to the patients reaction time.

Fixation control:

"AET" (optional) is the automated eye tracking that will automatically readjust the patients eye position and work with maximum fixation and blink control.

"med" is the default setting and will check the eye position, measure pupil diameter and automatically repeat stimuli if the patient blinks
"min" still automatically repeat stimuli if the patient blinks and is the recommended minimum

Brightness video image: Adjust for good contrast of the patient eye on the screen.

Brightness fixation target: Adjust for good recognition by the patient. Recommendation:

30: white/white perimetry, normal subject
60-100: in blue/yellow or flicker perimetry and in patients with reduced sensitivity in the fovea

- Go to the instrument, insert refractive lenses if required.
- Disinfect the eye occluder, chinrest and headrest



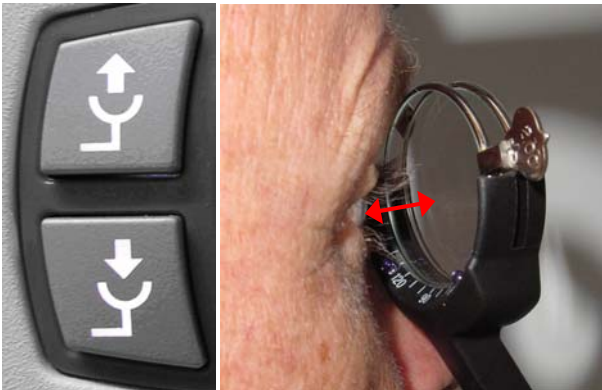
- Cover the non-examined eye of the patient with a white, translucent eye occluder.



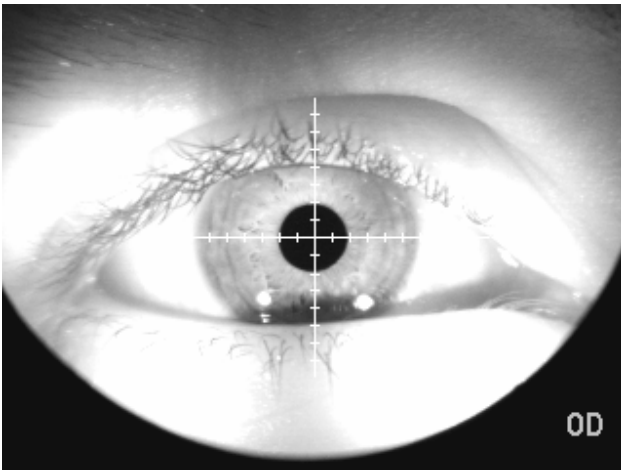
- For standard white/white and blue/yellow perimetry provide the following instructions:

- I) Always look in the center of the green fixation target(s).
- II) Push the response button whenever you feel to have seen a light flashing up.
- III) Close the eye or keep the response button pushed if you need a break. The instrument continues the test as soon you open your eye and/or release the response button.

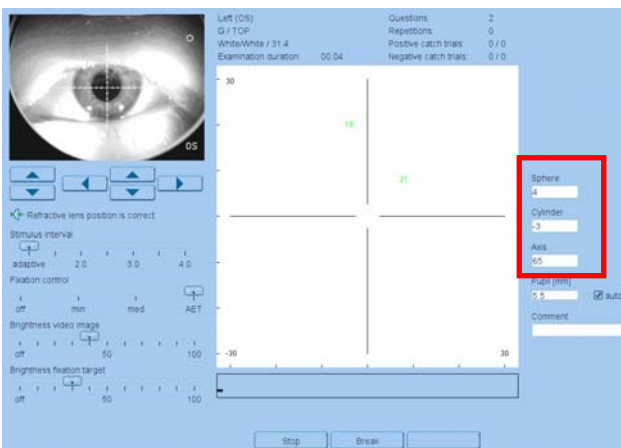
15. Seat the patient comfortably, the forehead touching the foreheadrest and adjust the distance between eye and lensholder using the following buttons. The optimum distance is approx. 1,5cm.



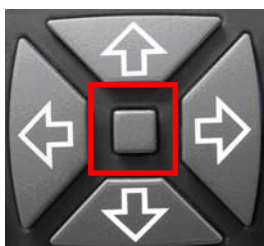
16. Adjust the position of the eye to be in the center of the reticule.



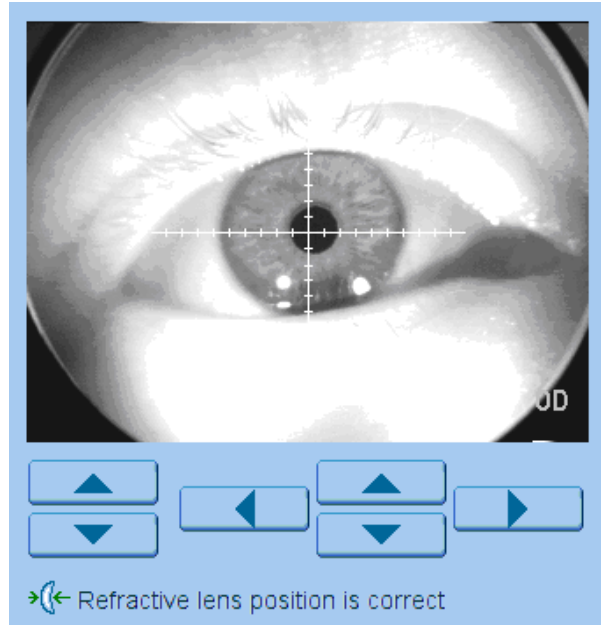
17. Enter the inserted refractive lens values



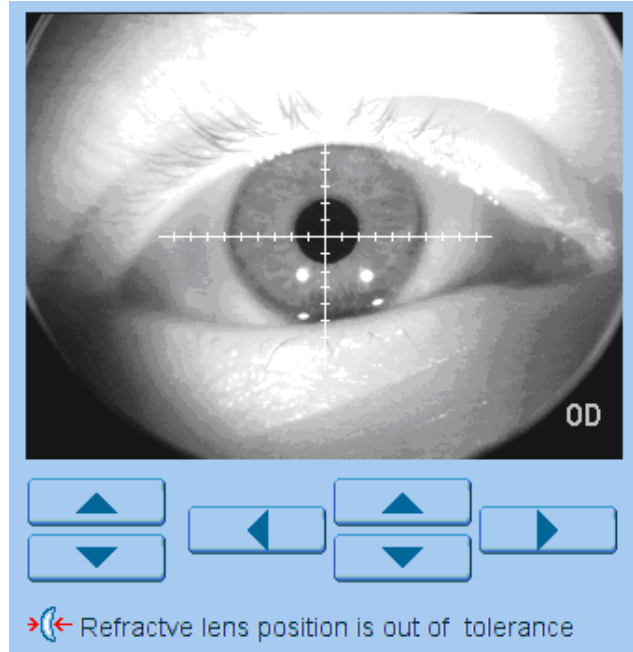
18. Push the center button to start the examination or click "Start" on the PC



19. During the examination keep the patients pupil center within +/- 3mm of the center of the reticule
20. If under "Perimetry", "Setup", "Basics" the option "Refractive lens control" is activated and you are using the lensholder, you can see the following messages under the eye image:
 - a) "Refractive lens position is correct" (green)
 - b) "Refractive lens position is out of tolerance" (red)
 - c) "Refractive lens position is unknown" (yellow)



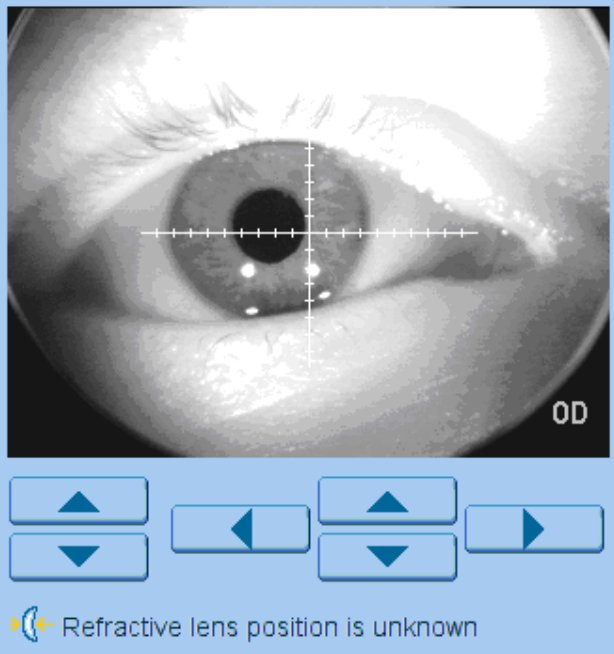
Provided you entered the spherical refraction applied in the respective field – this message suggests that the lens holder is within a reasonable distance to the eye and lens rim artifacts should not occur, as long as the eye is kept in the center of the lens.




If this message appears, try to move the lensholder closer to the eye. Most of the time, the lensholder is too far off

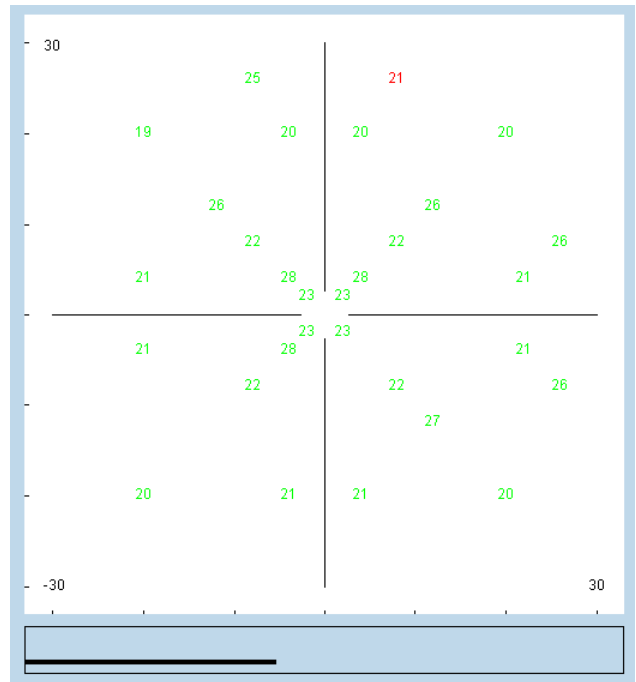
the eye and can cause lens rim artifacts.

In some cases controlling the lens distance may show that the lensholder cannot be moved closer to the eye. In those cases keep the conditions applied. The measurement may be inaccurate if the used refraction is not entered correctly but also depending on the radius of the cornea.



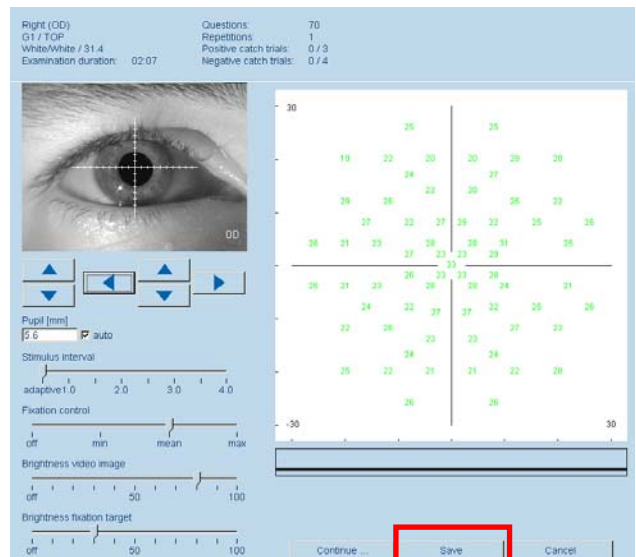
If the "lens position is unknown", first move the eye into the center of the reticule. In order to have the lens distance measured you need 2 clearly identifiable white corneal reflections. If you have them you may still need to increase or decrease the eye luminance to get a valid measurement. If the initialization of the lens control was not successful, the message "Refractive lens control is inactive" appears.

21. With this button  you can remove the column of buttons from the left side of the screen and have more space for the examination. By clicking it again you restore the buttons.
22. The number indicate the thresholds actually tested, the progress bar below indicates the passed and remaining time of the test:



23. Average examination times:
 TOP: 2 - 3 minutes
 Dynamic: 5 - 8 minutes
 Normal: 10 - 15 minutes

24. Once the examination is finished, you can decide to "Save" the examination (default), "Continue" with the examination of the periphery to add further test locations or "Cancel" the examination if something went wrong and you decide not to keep the test.

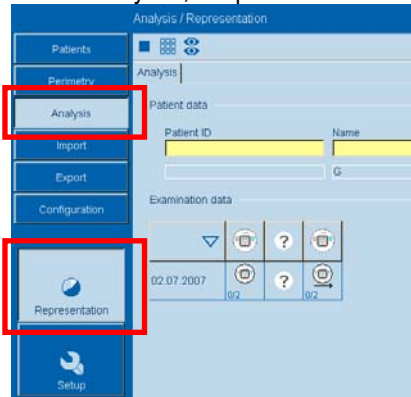


25. Click "Save"; the instrument checks essential functions and goes to the perimetry menu.

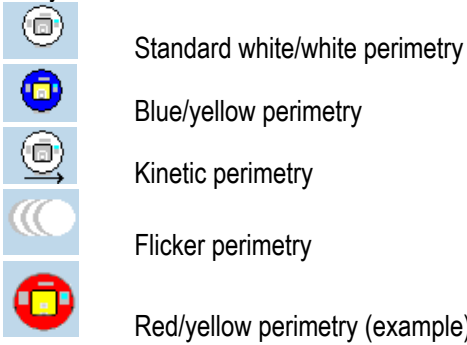
5.1 Viewing and printing single static fields

5.1.1 Standard display and 7-in-1 printout

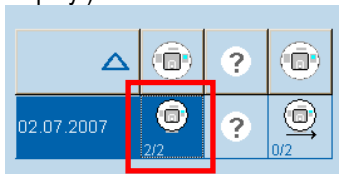
1. Go to "Analysis", "Representation"



2. Select the examinations you would like to analyze:



3. If you would like information from one session, click on the respective examination (A double click directly opens the "Both eyes" display.)

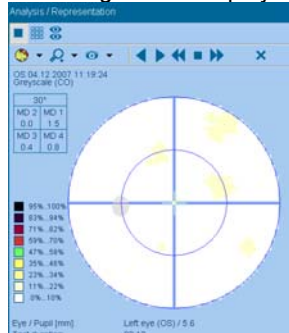


2/2 means that 2 of 2 examinations have been selected for evaluation

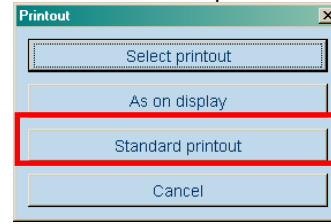
4. Select the method of display:



5. The "Single field" display appears



6. To print, click on the print icon
7. Choose "Standard printout" for the "7-in-1"



Note 1:

If the defaults have been individually adapted or if the 7-in-1 is not available for the displayed test, the printout may be different.

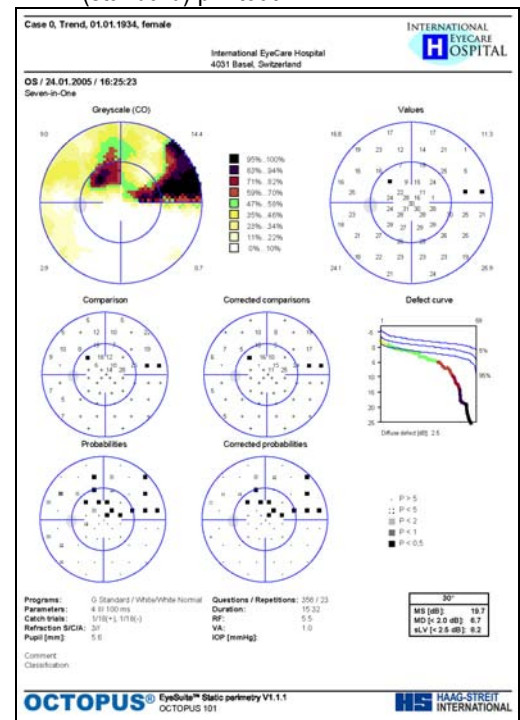
Note 2:

"As on display" prints the chosen view and eccentricity.

Note 3:


For threshold tests that extend beyond 30° we recommend the "4-in-1" printout

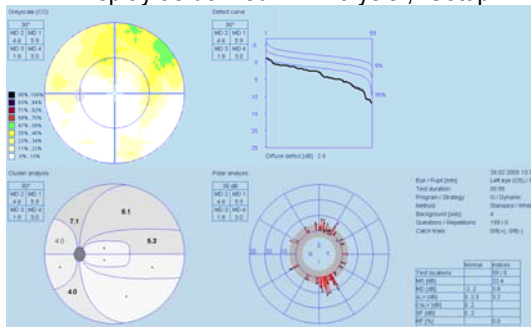
8. 7-in-1 (standard) printout




Note: Compared to the previous (PeriTrend) printout, the greyscale reflects the comparison with normal and a white surface means "normal".

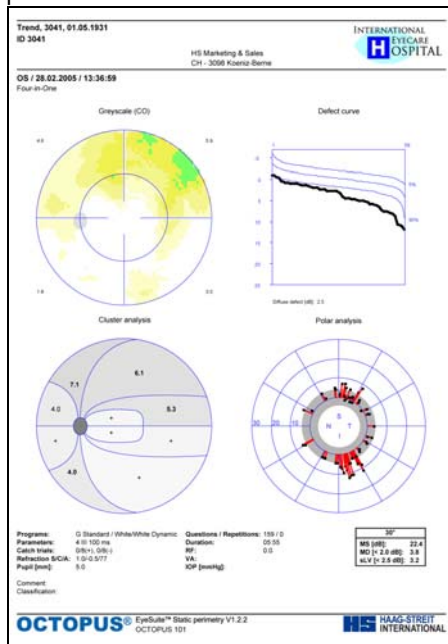
5.1.2 4-in-1 display and printout

9. Click  "4-in-1" display
10. 4-in-1 Display as defined in "Analysis", "Setup"



The 4-in-1 display shows the preferred 4 graphs, defined for the 4-in-1 printout, on the screen. Using the magnifying glass the eccentricity of the display can be chosen. The selected eccentricity is also used to define the printout. Accordingly, What you see on the screen is what you get in the printout.

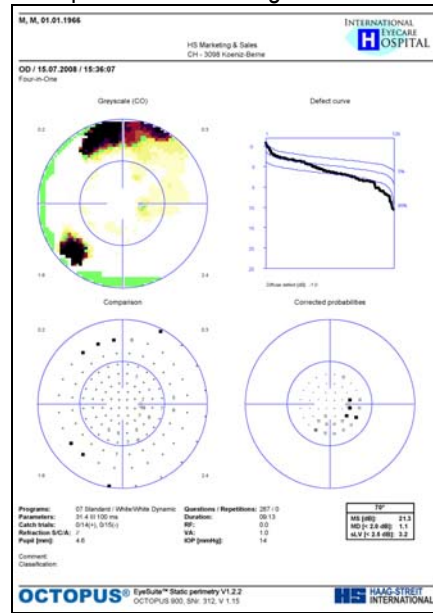
11. To print, click on the print icon 
12. For the above screenshot, this would be the printout:



Note 1: The "4-in-1" is especially suited for programs that go beyond 30°, eg the 07 or N1 (if fully quantified).


Note 2: The ClusterGraph and PolarGraph are available only for programs G (G1, G2) and 32 from 0-30°.

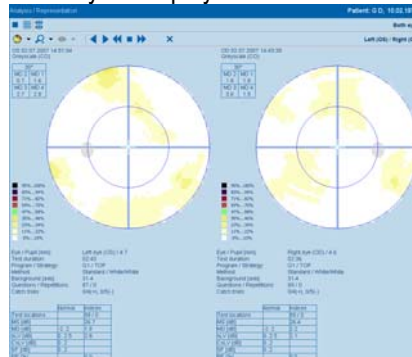
13. Example of a 4-in-1 using the 07



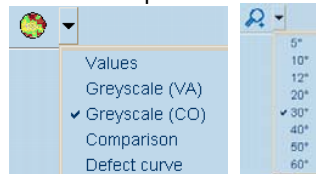
Note: Peripheral test results may be affected by the physiology of the patients head (nose, eye brows) limiting the eccentricity and may thus not reflect the retinal sensitivity in those locations.


5.1.3 "Both eyes" display and printout

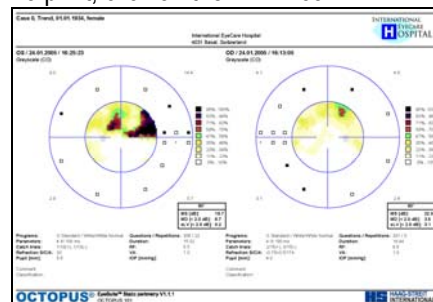
14.  "Both eyes" display
15. "Both eyes" display



16. Select the representation and region to display

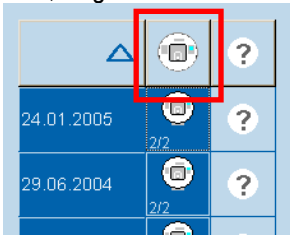


17. To print, click on the  icon.



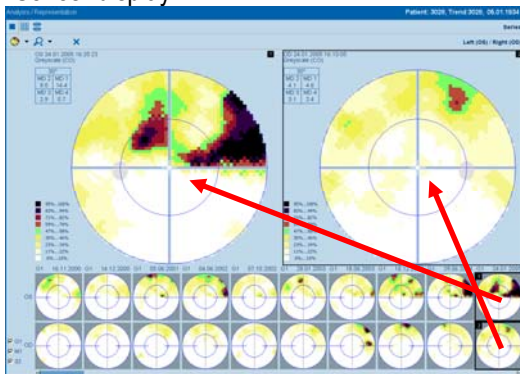
5.2 "Series" display and printout

18. If you would like to evaluate visual fields over time, single click on the icon on top of the column



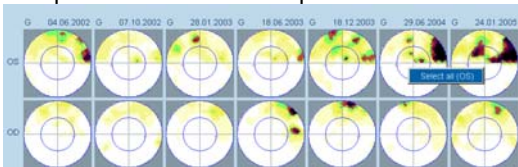
19. Click "Series" display

20. "Series" display



To enlarge a specific visual field, either drag it to the left or right position or double click it to open it in the default position

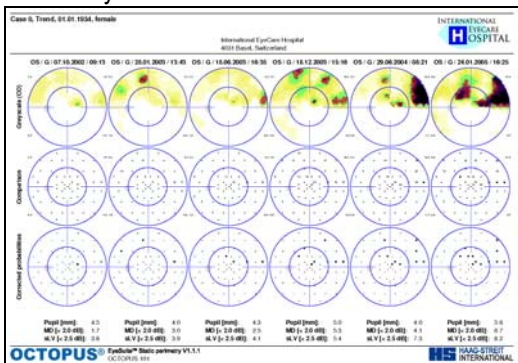
21. Multiple selection for series printout



Right click into the OS or OD line to select all examinations for a series printout
"Ctrl & Click" to select/deselect single examinations for the series printout

22. Series printout:

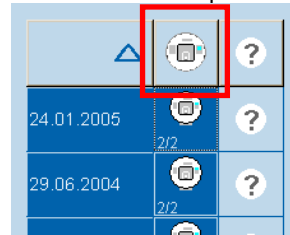
Select any kind of fields and click the icon.



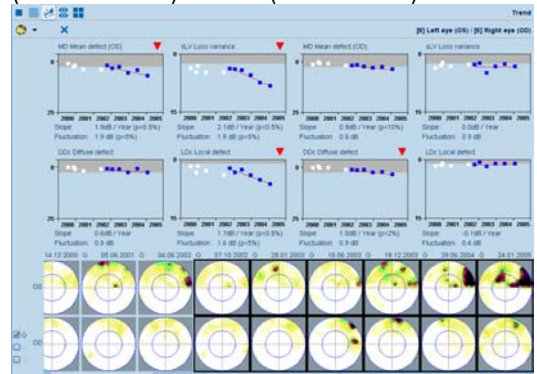
The 3 graphs can be preselected under "Analysis", "Setup", section "Series printout"

5.3 "Trend analysis" display and printouts

23. To get the "Trend" display directly, double click the icon on top of the test column



24. The global Trend analysis provides the trend for both eyes and the 4 global indices MD (Mean Defect), sLV (square root of Loss Variance), DD (Diffuse Defect) and LD (Local Defect)

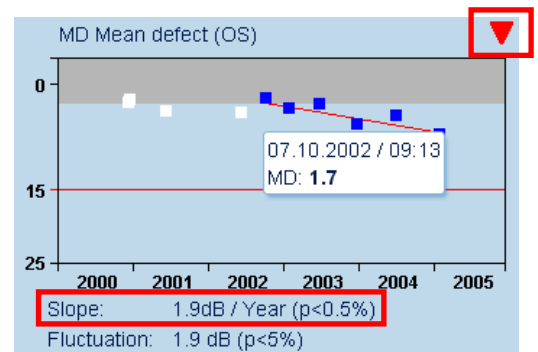


25. The trend graph includes Icon for significance of trend, upper right corner:

Worsening at 5% or 1% significance level
The progression rate in dB/year under "Slope".

Recovery at 5% or 1% significance level

Fluctuation at 5% or 1% significance lev.

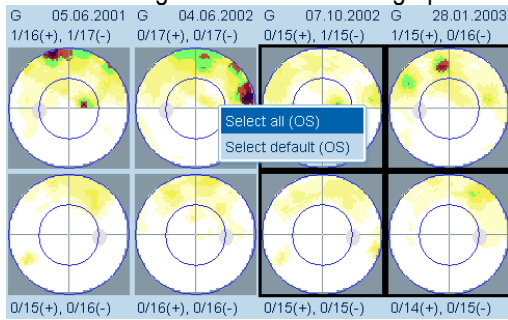


Grey area: Range of normality (95%)


The 15dB line marks seriously impaired vision. If possible the disease progression should be stopped before reaching this line. Many countries define legal blindness as an MD value of 20..22dB in both eyes.

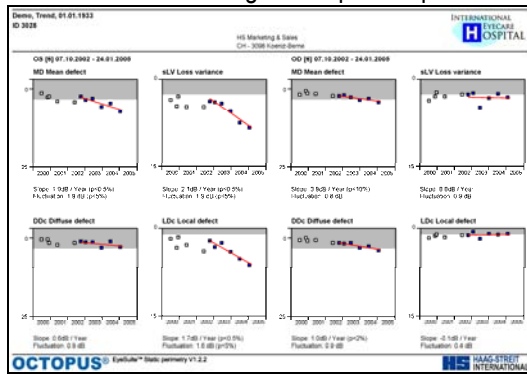
Moving the mouse over a square icon will display the corresponding date, time and index value of the test.


26. Select the tests that shall be included in the trend calculation. Right click on the series graphs.

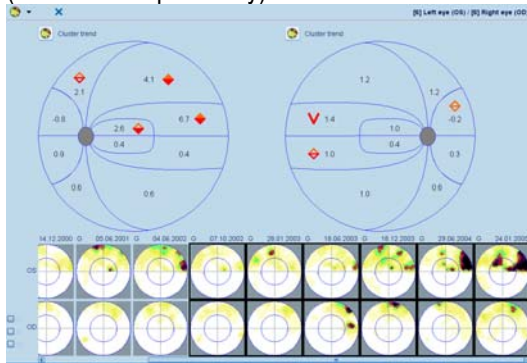


Default activates the last 6 examinations
 Ctrl+Click to include/exclude single examinations.
 Selection criteria may be the false positive and false negative rates displayed with the graphs.

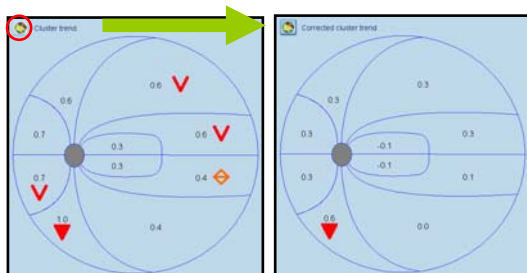
27. Click the  icon to get a respective printout




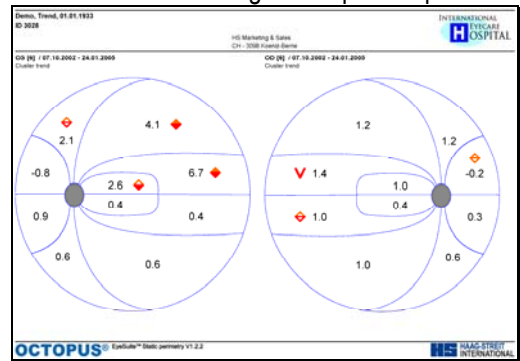
28. Click on  to display the ClusterTrend (“Advanced” option only)




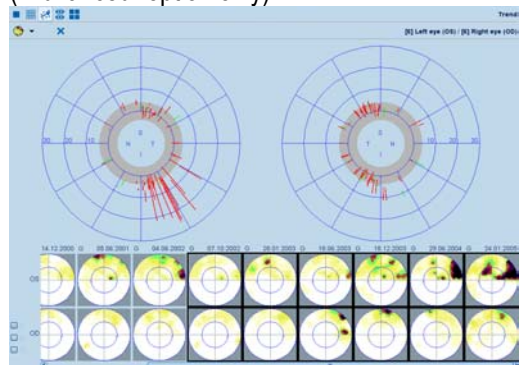
29. Use this button to toggle between the representations “Cluster Trend” and “Corrected Cluster Trend”. The latter compensates for learning effects, cataract and long term fluctuation.




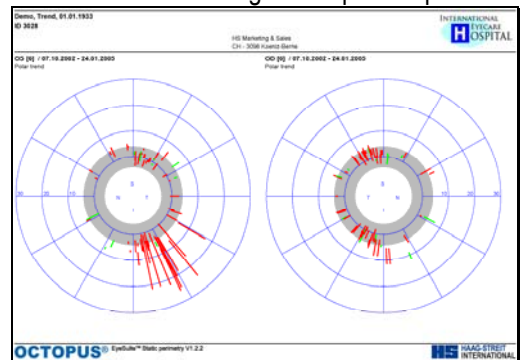
30. Click the  icon to get a respective printout



31. Once more click on  to display the PolarTrend (“Advanced” option only)



32. Click the  icon to get a respective printout

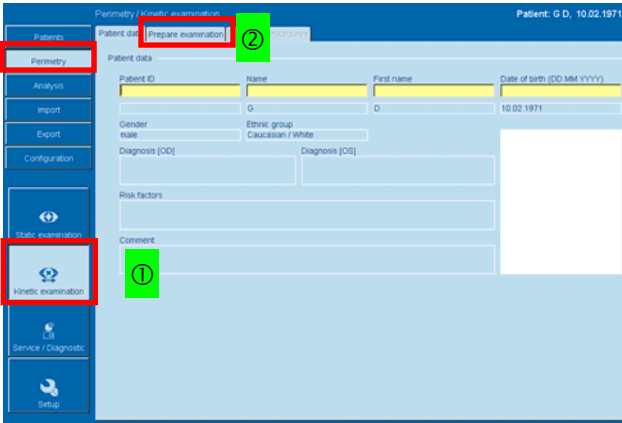


Note: For evaluation hints please refer to the interpretation guide.

6 VISUAL FIELD TESTING – KINETIC PERIMETRY

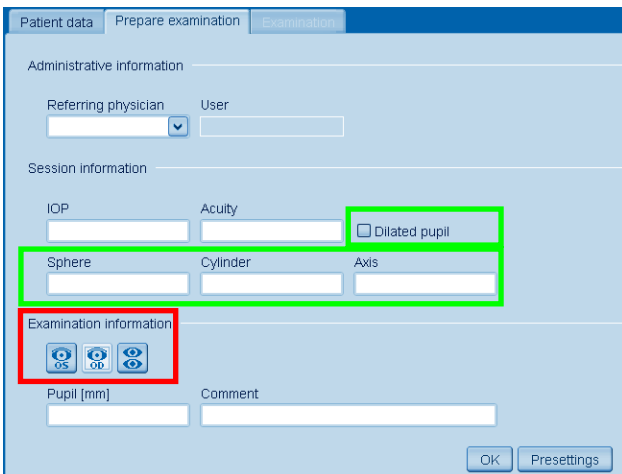
26. Enter or select a patient according to section 4

27. ① Go to "Perimetry", "Kinetic examination"




28. ② click on "Prepare examination".

29. Red: Minimum entries; green: good practice



a) Select the eye to be examined

OS (left eye) or OD (right eye) defines which side of the chinrest shall be used. OS in right chinrest deepening.

For binocular examinations choose , the headrest can be moved to the mid position if the left chinrest deepening is being used. Alternatively the dominant eye can be supervised using the camera image.

b) Good practice entries and information

Dilated Pupil: Dilation is recommended if the undilated pupil diameter of the patient is less than 2,5mm

Refractive correction: Required refraction to see the fixation target in focus. See below for additional spherical correction for presbyopia.

c) Further optional entries

Referring Physician: An editable list of names

IOP / Acuity: Information that will be included in the printout

Pupil / Comment: Fields that can be entered during the examination

Refractive lenses

For the examination of the blind spot and if the test stays within the central 30°, the use of refractive lenses including correction for presbyopia is recommended:

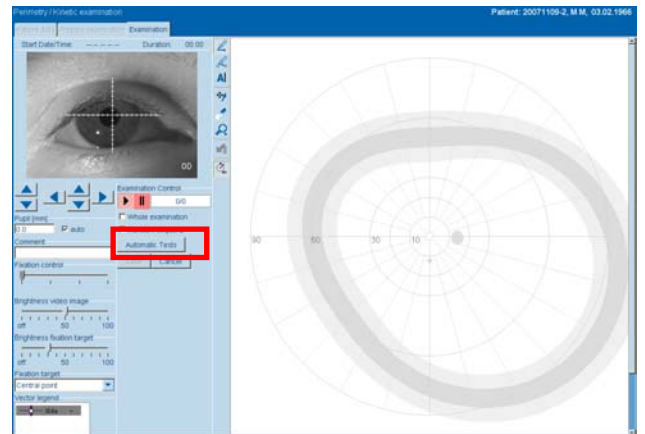
30-40yrs	+1.0
40-45yrs	+1.5
45-50yrs	+2.0
50-55yrs	+2.5
55-60yrs	+3.0
>60yrs	+3.25




Note: Primary goal of the refractive correction is that the patient can see the fixation target in focus.

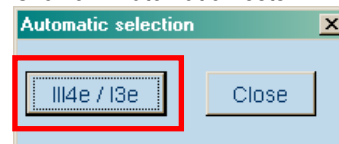
Place the spherical lens towards the patient and the cylindrical to the inside of the instrument.

30. Click "OK" to enter the examination screen
In the **Basic version** (if you don't have a kinetic perimetry option), you see the following screen.



31. With this button  you can remove the buttons from the left side of the screen and have more space for the examination.

32. Click on "Automatic Tests"



Click on the left button to load the test (this test may be country specific). Vectors will be displayed on the examination surface.
If no test is available, please check with your distributor and go to the website www.octopus.ch, section Updates/Service, to download and install the latest version of EyeSuite Perimetry.

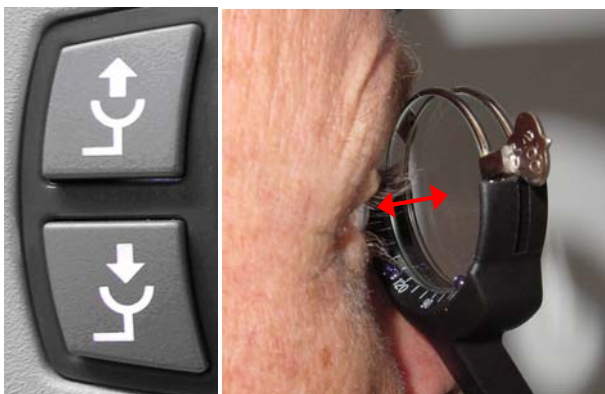
33. If you have the option "Automated Kinetic Perimetry" you can create your own automated kinetic tests. When you click on "Automated Tests" the window opens to show 10 Test buttons. These can be programmed by the user.
34. Go to the instrument, insert refractive lenses if required for the examination of the central visual field (blind spot)
35. Cover the non-examined eye of the patient with a white, translucent eye occluder.



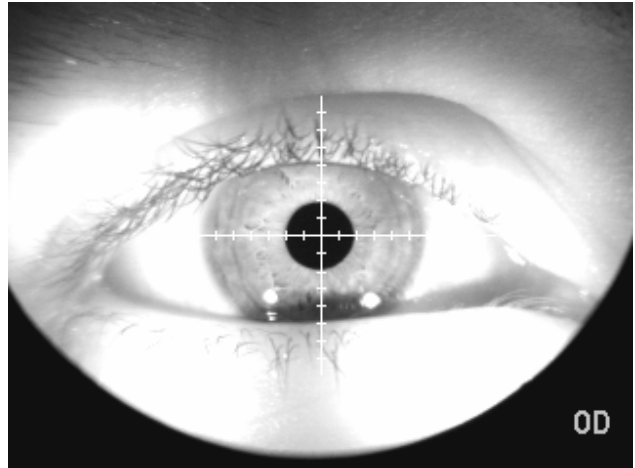
36. For kinetic perimetry provide the following instructions:

- I) Always look in the center of the green fixation target(s).
- II) Push the response button whenever she/he sees a light flashing up (static stimulus) or becoming visible (move).
- III) Ask the operator to wait if a break is required.

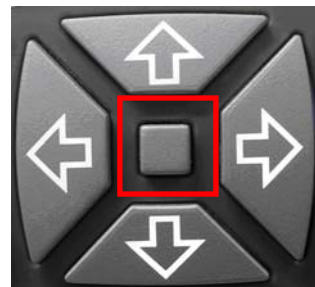
37. Seat the patient comfortably, the forehead touching the foreheadrest and adjust the distance between eye and lensholder using the following buttons. The optimum distance is approx. 1,5cm.



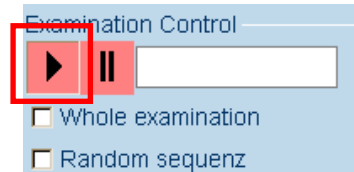
38. Adjust the position of the eye to be in the center of the reticule.




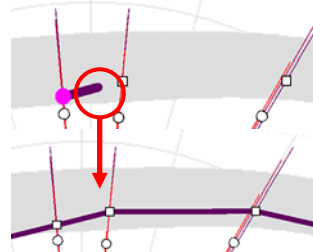
39. If you run an automated test push the center button on the instrument's keyboard



or the "Play" button on the screen

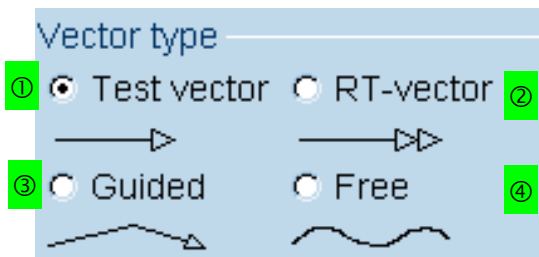


40. It is recommended that even during an automated examination the patient is supervised and motivated.
41. Once the examination is finished, select the button "Draw new isopter" 
42. Click on a response icon, move towards the response you want to connect and double click between the response icons: This will automatically connect the isopter.



43. For further information on result evaluation go to "Evaluating a kinetic result". Click the "Save" button to leave the examination window.

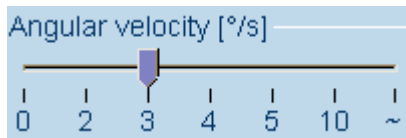
6.1 The kinetic vector types



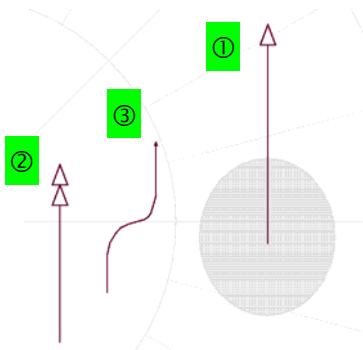
In the option "Automated Goldmann Kinetic" you find the vector types

- ① Test vector
- ② RT (Reaction time) – Vector
- ③ Guided vector

All these vectors run in a repeatable fashion with the "angular velocity" in °/sec predefined with this slide bar:



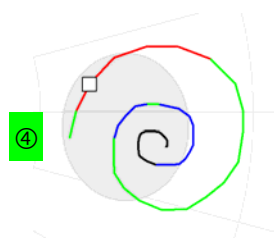
To display vectors (stimulus paths) you click on the start point, drag the mouse to the end point and release the mouse button.



④ In the option "Manual Goldmann Kinetic" you find the vector type "Free". This is the direct replacement of the pantograph function in the Original Haag-Streit Goldmann perimeter.

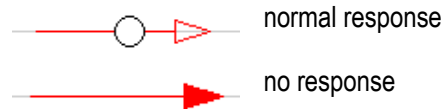
If you click and drag the mouse, the stimulus in the perimeter will follow your mouse path. To facilitate constant velocities, the "angular velocity" (movement speed) is color coded.

- 0-1°/Sec black
- 2-3°/sec blue
- 4-7°/sec green
- ≥ 8°/sec red



There are 3 possible results for each vector (kinetic

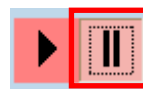
stimulus) shown:



Depending on the selected Goldmann parameters, the symbols may vary (circles, triangles, squares).

6.2 Create automated tests

You can either decide to save the vectors of a finished test in your test library or create a new test just by drawing vectors. If you want to create a test without actually examining a person, first click on the "Pause" icon



This will pause a test and prevent displaying stimuli while drawing vectors.

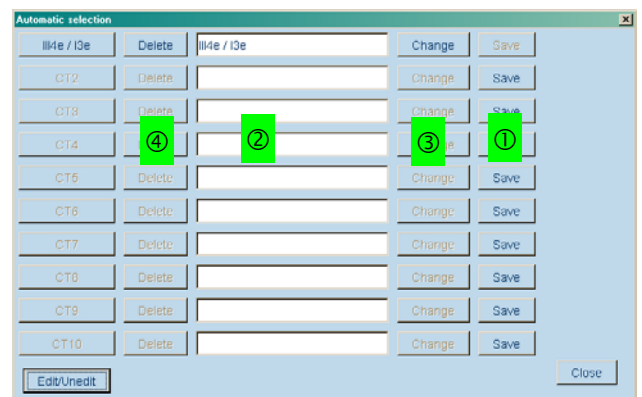
Draw all vectors that shall be tested.

Automatic Tests

Click on the button

Edit/Unedit

the button. The following window is shown:



- ① Save the test in the position of your choice
- ② Name the test, then click
- ③ "Change" to rename a test button
- ④ Delete old tests you don't want to show in the library


Click "Close" once you saved / renamed the test.

6.3 The steps of a kinetic examination

A kinetic examination is an interactive process between the examiner and the patient. Most clinics have their own predefined and taught proceeding. The one we present here is our recommendation drawn as a conclusion from the many different proceedings we learnt from experienced manual Goldmann users. It includes the steps:

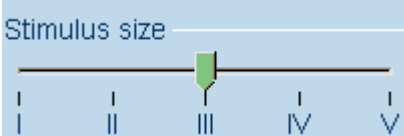
- a) Confirm central fixation by establishing the blind spot
- b) Establish the outer visual field borders
- c) Complete the examination with additional isopters
- d) Evaluate the result

6.3.1 Blind spot testing

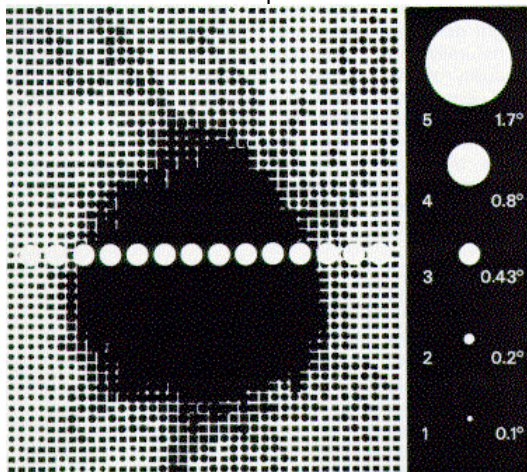
1. Click on the magnifying glass  to activate the zoom function.
2. Click 3 times on the template of the blind spot



3. Choose the vector type "test vector"
4. Select the angular velocity to be 2°/second
5. Choose Stimulus size I (0,1° diameter)



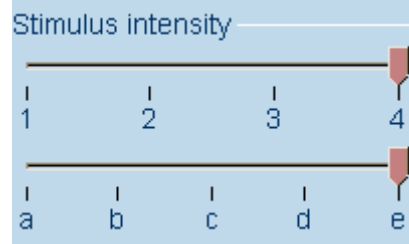
The following graph shows the relation between stimulus size and blind spot size:




6. Size I / 1 is preferred for the blind spot, scotoma and the central visual field

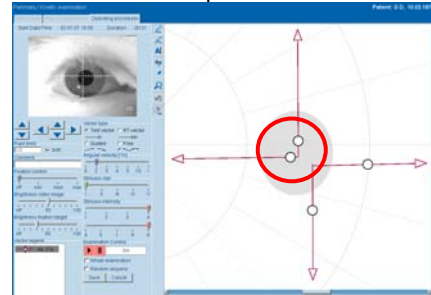
Size III / 3 is preferred for the peripheral vision
 Size V / 5 is preferred in end stage testing


7. Choose the stimulus intensity to be 4e (0dB) (maximum intensity corresponding to 1000asb)

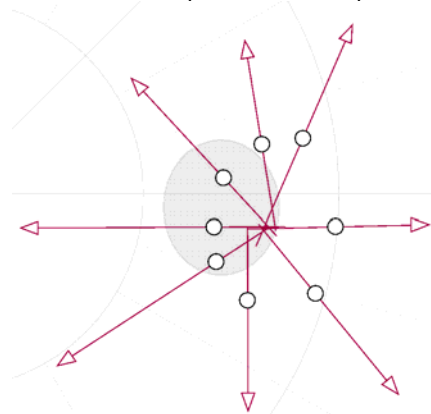


1..4 are 5dB steps (eg 3e = 5dB)
 a..e are 1dB steps (eg 3a = 9dB)

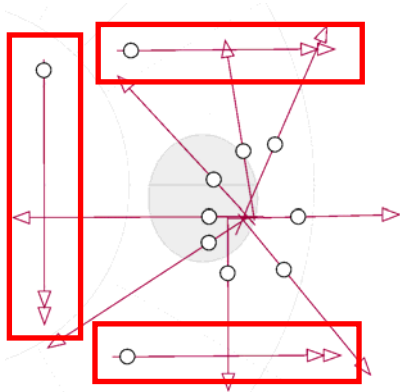
8. Click on the "Draw new vector" icon 
9. Always drag vectors from non-seeing to seeing areas. eg from inside the blind spot to well outside the blind spot:




10. Use the eraser icon  to delete and repeat vectors with very early responses.
11. From the supposed center based on the patient responses draw additional vectors to establish the size and shape of the blind spot



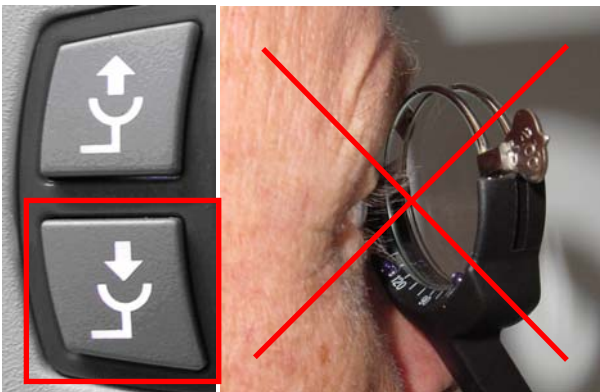
12. Switch to the vector type "RT-vector". You will now establish the patient's reaction time (the delay in his/her responses).
13. Draw 3 RT-vectors (double arrow head vectors) in areas that are considered seeing areas.



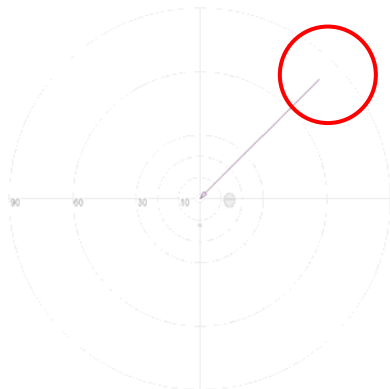
14. The distance between the start of the vector and the response corresponds with the reaction time. This delay time is calculated in milliseconds and can be used to correct the responses on regular vectors (patented feature). To correct for reaction time click on the RT icon 

6.3.2 Testing peripheral vision

1. Choose the vector type "test vector"
2. Select the angular velocity to be 5°/second
3. Choose Stimulus size III (0,43° diameter)
4. Choose the intensity 4e (0dB, maximum)
5. If a refractive lens has been used for blind spot testing, move the lens holder to its parking position now, using the lensholder down button.



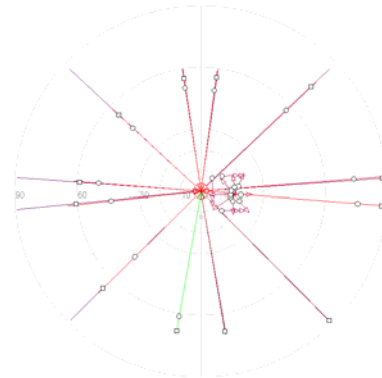
6. Click on the start point from where the stimulus shall run towards the center



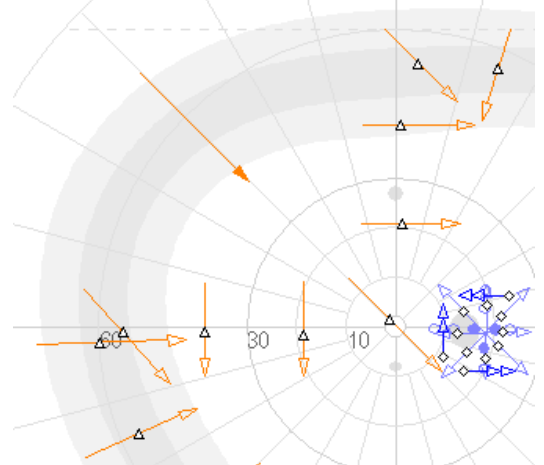
7. A single click will draw a vector that runs to the

center. Click and drag will run from the location where you clicked to the location where you released the mouse button.

8. Run 8-12 vectors from the periphery and omit the vertical and horizontal midline.



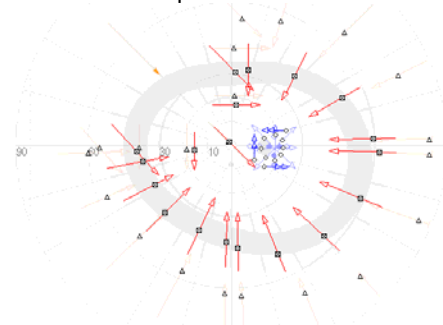
9. Run another 8-12 vectors with the parameters stimulus size I, Intensity 3e.
10. Kinetic vectors should always enter seeing area perpendicular to the local visual field border. This provides the most accurate delimitation of islands of vision and of scotoma.



11. If you draw vectors in advance but then need to restruct or reposition the patient, you can pause and continue the vector sequence with these two buttons:



12. Normal value rings with 1 standard deviation (dark grey) and 2 standard deviations (light grey) are displayed to facilitate selecting reasonable start and endpoint locations for the vectors.



13. Start the vectors according to the responses and to the normal value rings usually slightly outside the normal value rings. This will reduce the examination duration and thus support the attentiveness of the patient.
14. To conclude, a complete kinetic examination usually consists of:
 - a) Blind spot testing with I4e, 2°/sec
 - b) 1st isopter (ring) with III4e, 5°/sec
 - c) 2nd isopter with I3e, 5°/sec
 - d) optional 3rd isopter with I2e, 5°/sec
15. Adapt stimulus size and intensity to the patient.
16. If there are too many vectors on the screen to

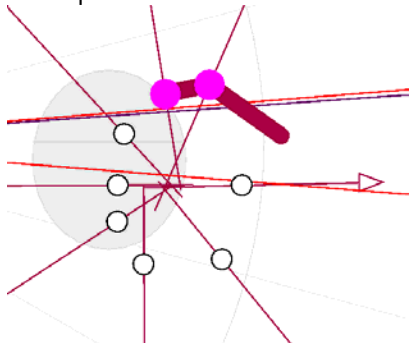


keep the overview, click the button
All but the vectors with the actually chosen parameters are then hidden.

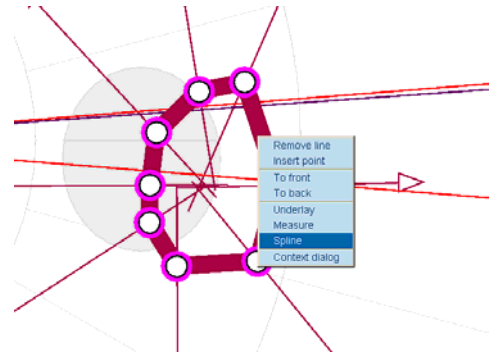
6.4 Evaluating a kinetic result



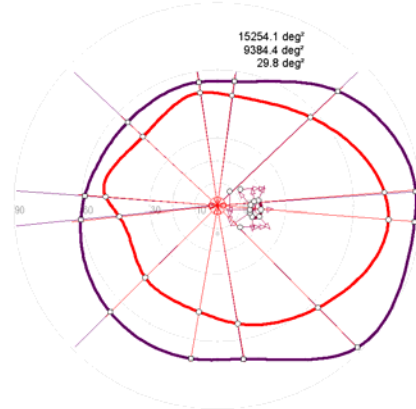
1. Click on the "Draw new isopter" icon.
2. Move the mouse over the response where you want to start connecting an isopter. When the response enlarges (highlights) click on it and move over to the next response to be included in the isopter.



3. To close the ring click on the last response location (this was also the starting point for the ring) and then right-click. This ring is called isopter because all responses on the line represent equal sensitivity.
4. Do a right click on the isopter line to
 - a) quantify the isopter area
 - b) round up (spline) the isopter line
 - c) color or edit the isopter lines



5. Continue the same way for all isopters. You might want to use the Zoom function to get an overall view for outer isopters.



6. To move text or add comments use the following icons:



Move text and vectors

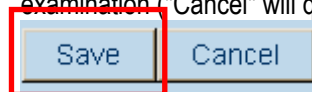


Enter comments in the examination area



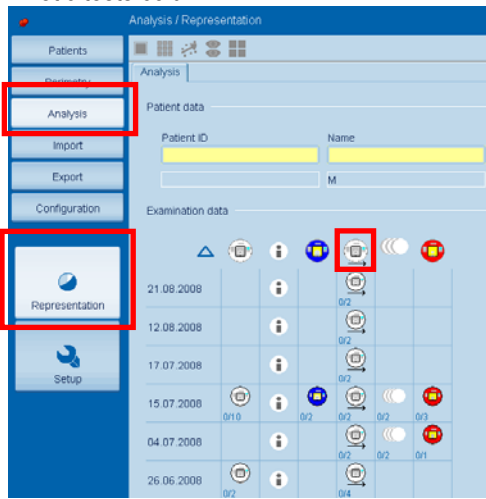
Undo the last action

7. When you finished the connection of isopters, measurement and commenting, save the examination ("Cancel" will quit without saving):

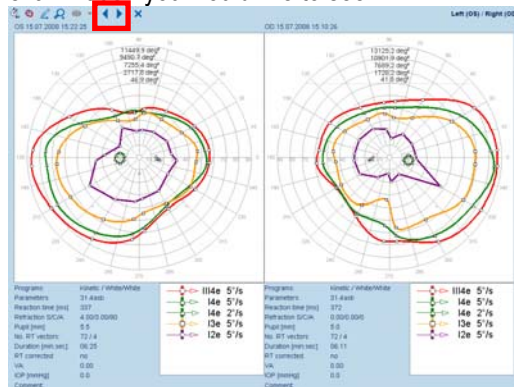


6.5 Display and print kinetic results

- Go to "Analysis", "Representation" and double click the kinetic perimetry icon on top of the kinetic tests column



- The most recent kinetic tests are shown. Move back and forth with the arrows to display the examination you would like to see.



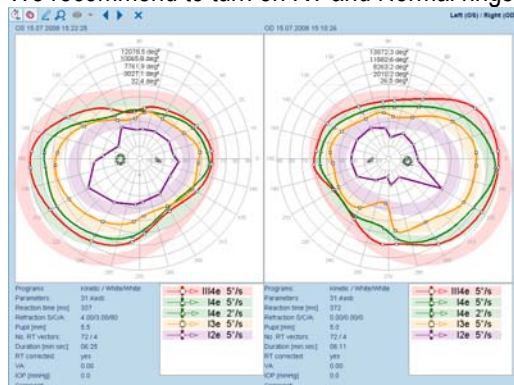
- Select the printout options according to your preferences:



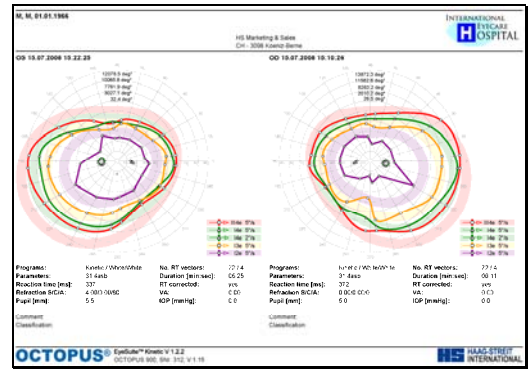
From left to right:

- * Turn on/off reaction time compensation
- * Turn on/off normal value rings
- * Turn on/off vectors
- * Zoom in (then select the area of interest)

- We recommend to turn on RT and Normal rings



- Click on the "print" icon

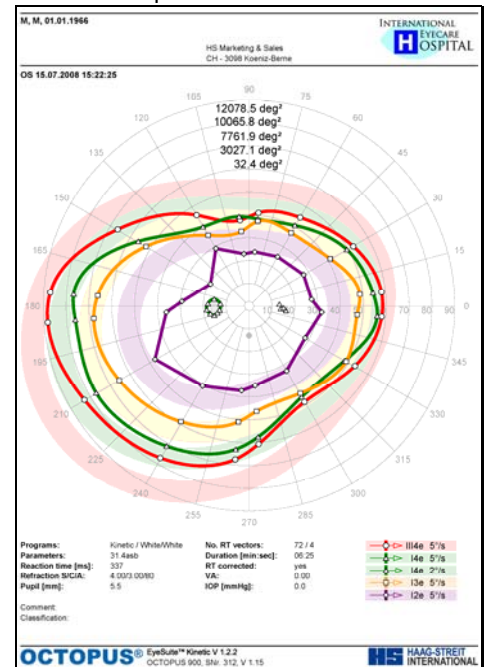


If you would like to view and/or print a single examination, right click on the kinetic examination icon and select one examination:

- If you want to see a single examination click the "single view" icon



- Click on the "print" icon



- For a specific selection right click/select the tests

Device	Program	Strategy	Eye	Examination date	Duration	
OCTOPUS 101	Normal	Left (OS)	14:55:59	06:37	<input type="checkbox"/>	
OCTOPUS 101	Normal	Left (OS)	14:55:59	06:37	<input checked="" type="checkbox"/>	
OCTOPUS 101	Normal	Right (OD)	14:18:56	08:44	<input type="checkbox"/>	
OCTOPUS 101	Normal	Right (OD)	14:18:56	08:44	<input type="checkbox"/>	
OCTOPUS 101	Normal	Right (OD)	14:18:56	08:44	<input checked="" type="checkbox"/>	

7 COMMON TASKS

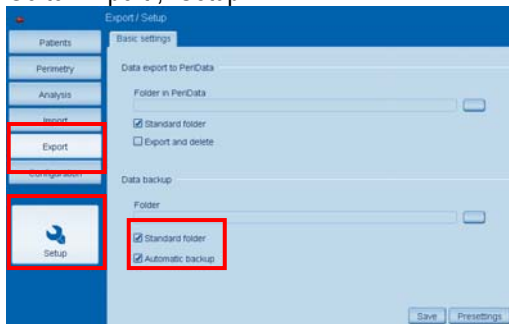
7.1 Backup and Restore

We strongly recommend to regularly perform a backup. If the “Automated Backup” feature is used, a backup will be performed each time, EyeSuite is closed. The Backup file will have a different name depending on the weekday, allowing to go back in time if patient examinations have been accidentally deleted.

Backup should either be performed to external media or being copied to external media at the end of the day.

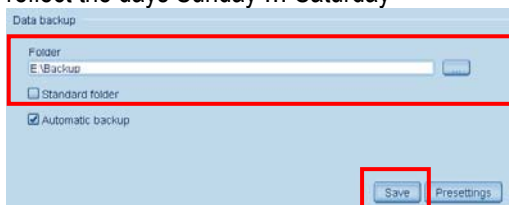
7.1.1 Automated Backup

1. Go to “Export”, “Setup”



2. For daily backup copies to “C:\Program Files\EyeSuite\backup” activate “Standard folder” and “Automated backup”

Note: To use an individual folder, eg an external hard drive or flash stick, deselect “Standard folder” and select the desired drive and folder in the “Folder” menu. Do not give a file name – the file name is automatically chosen to be of the format “backup_1.sql ... backup_7.sql where 1..7 reflect the days Sunday ... Saturday

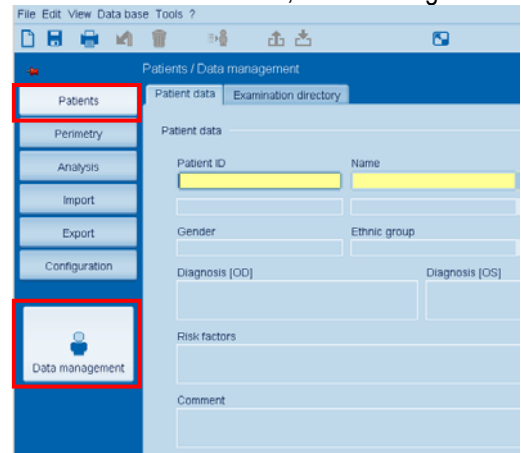


3. Click “Save” to activate any changed settings

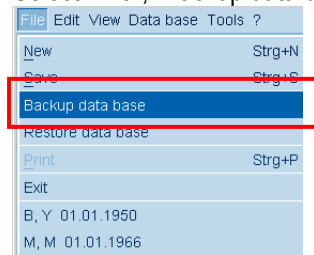
7.1.2 Manual backup

Note: Manual backup only is enabled if the “Automated Backup” is turned off. If you are using an “Automated Backup” first go to “Export”, “Setup” and deselect “Automated backup”, then click “Save”.

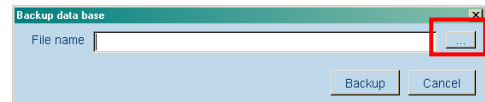
4. Go to the menu “Patients”, “Data management”



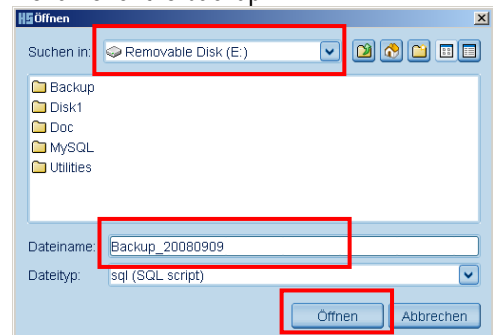
5. Select "File", "Backup data base"



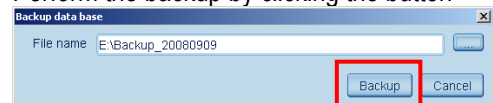
6. Click on the file menu "..."



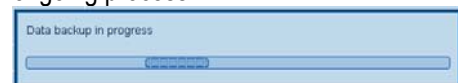
7. Select the drive, folder and enter and enter a filename for the backup



8. Perform the backup by clicking the button



9. During backup, a sliding bar indicates the ongoing process.



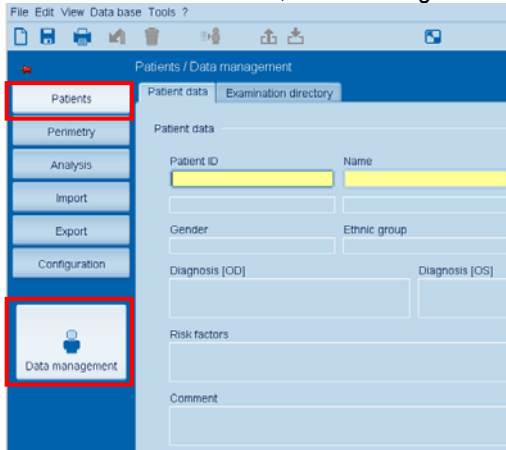
10. The size per exam is in the range of 5..50kB

7.1.3 Restore

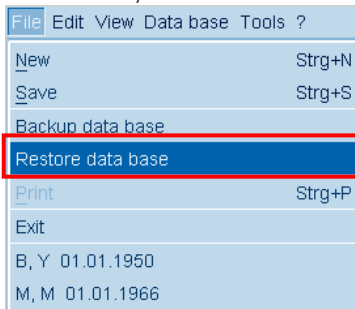
Attention: Restoring an old database replaces the existing database. Any modifications and new examinations performed since the last backup are lost.

Note: If you would like to add all examinations from a different database, use the "Database", "Records", Export records" and finally "Import records" feature

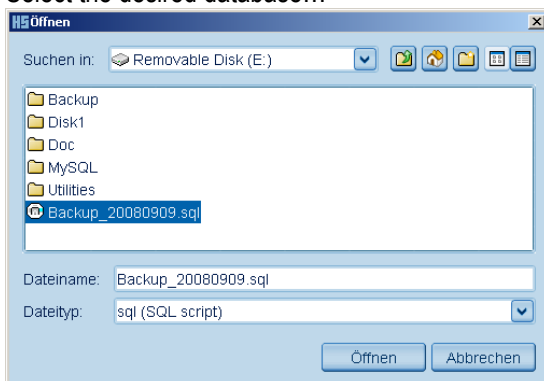
1. Go to the menu "Patients", "Data management"



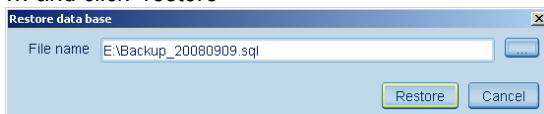
2. Select "File", "Restore data base"



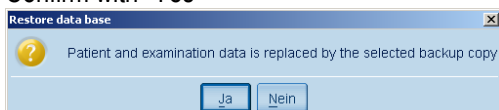
3. Select the desired database...



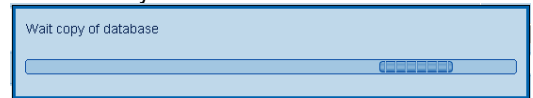
4. ... and click "restore"



5. Confirm with "Yes"



6. A safety copy of the current database automatically is saved to the same location...



7. ... followed by the restore of the selected database

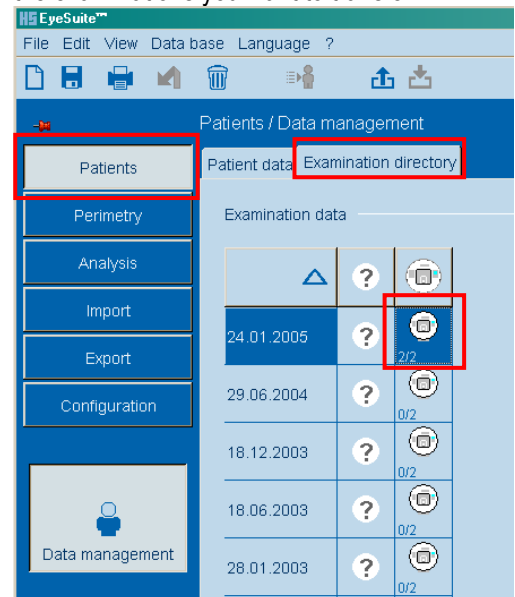


The safety backup has the format `DDMMYYYYHHMMSS.sql`

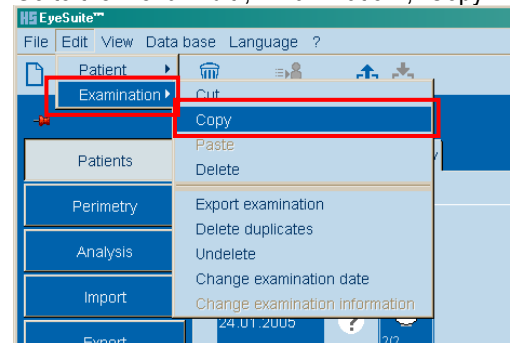
7.2 Move examinations between patients

7.2.1 Transfer examinations between patients

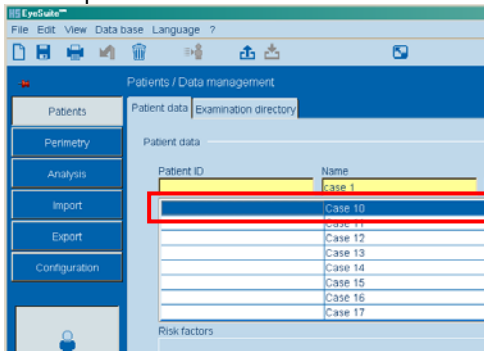
1. Click on the "Patients" button on the left side.
2. Go to the tab "Examination directory" and select the examinations you want to transfer



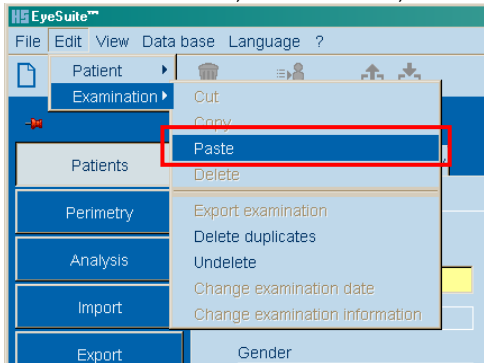
3. Go to the menu "Edit", "Examination", "Copy"



- Click on the tab "Patient data" and select the correct patient for the examinations



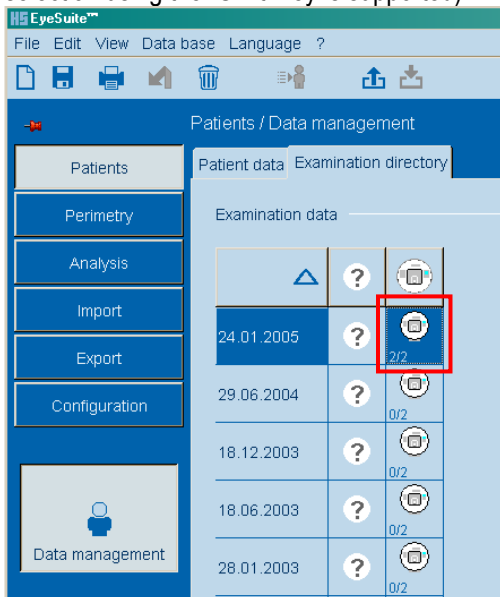
- Go to the menu "Edit", "Examination", "Paste"



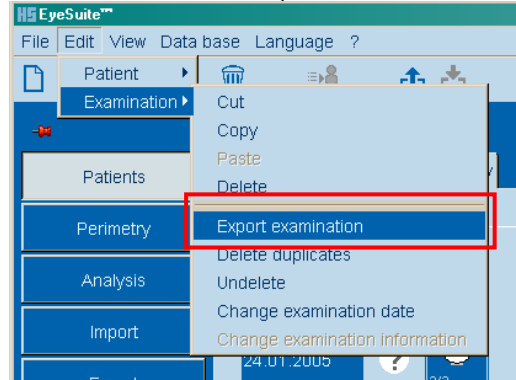
- The examinations are now copied to the new patient. To delete them in the old patient, select them as in step 2 and click the trash icon

7.2.2 Transfer examinations between computers

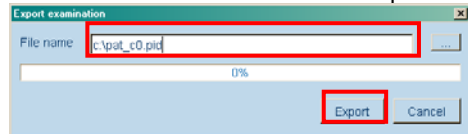
- Click on the "Patients" button on the left side.
- Go to the tab "Examination directory" and select the examinations you want to transfer (multiple selection using the "Shift" key is supported)



- "Edit", "Examination", "Export examination"

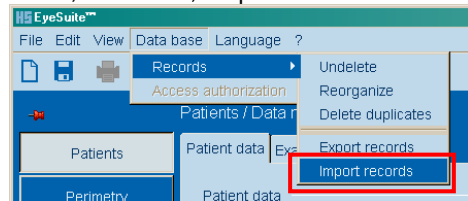


- Select a file and folder and click "Export"

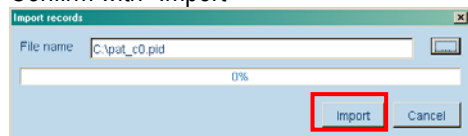


You can select an already existing file. The examinations will then be added allowing you to transfer multiple examinations of different patients with one file.

- Move the *.pid file to the PC where you want to import the examinations
- Go to the "Patients" section and select "Data base", "Records", "Import"

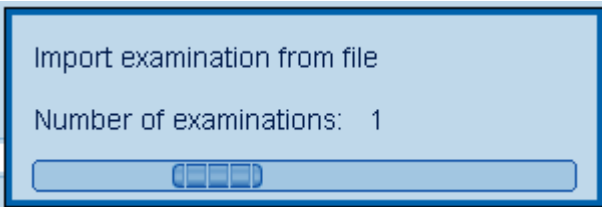


- Confirm with "Import"

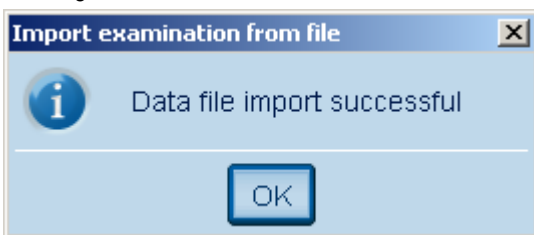


8 IDENTIFICATION OF INCOMING EXAMINATIONS

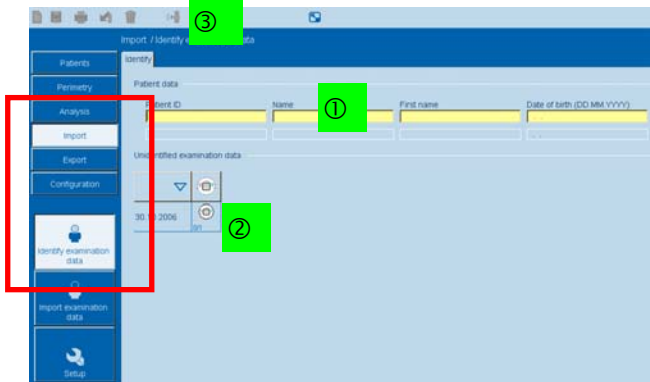
When visual fields are received – either over the serial interface or from an ftp server - a window quickly pops up to inform about the import process.



As soon as the import process is finished, the following message remains until confirmed with "OK":



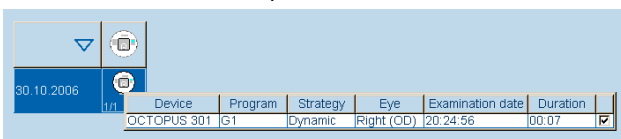
All examinations with name, first name and birth date or ID number and birth date are identified automatically. Examinations that only contain the date of birth require separate identification. Go to "Import", "Identify examination data".



① Select an existing patient to assign the visual field

② Select the visual fields to be assigned

In case multiple visual fields have been imported, select the correct one(s) with a right click on the perimeter icon and the selection of the specific examination line



③ Click the "Assign" button  to finalize the import



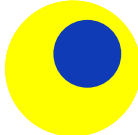

9 OCTOPUS EXAMINATION ORDER

ID / Name:	Examiner:
<input type="checkbox"/> OD; Refraction:	<input type="checkbox"/> OS; Refraction:
<input type="checkbox"/> OD Dilated; Other:	<input type="checkbox"/> OS Dilated; Other:

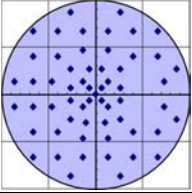
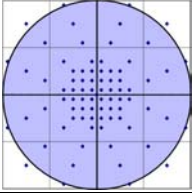
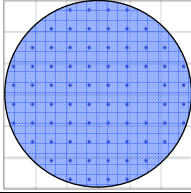
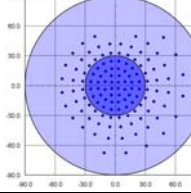
Operating procedure

<input type="checkbox"/> Follow up examination				
<input type="checkbox"/> OP1, G Dynamic WW	<input type="checkbox"/> OP2, M Dynamic WW	<input type="checkbox"/> OP3, 32 Dyn WW	<input type="checkbox"/> OP4, 07 2LT WW	<input type="checkbox"/> OP5, LVC WW
<input type="checkbox"/> OP6, G TOP WW	<input type="checkbox"/> OP7, M TOP WW	<input type="checkbox"/> OP8, G Dynamic BY	<input type="checkbox"/> Automated Kinetic 1	<input type="checkbox"/> CT1
<input type="checkbox"/> OP10	<input type="checkbox"/> OP11	<input type="checkbox"/> OP12	<input type="checkbox"/> OP13	<input type="checkbox"/>

Perimetry method

<input type="checkbox"/> static w/w 	<input type="checkbox"/> kinetic 	<input type="checkbox"/> static b/y 	<input type="checkbox"/> static flicker 
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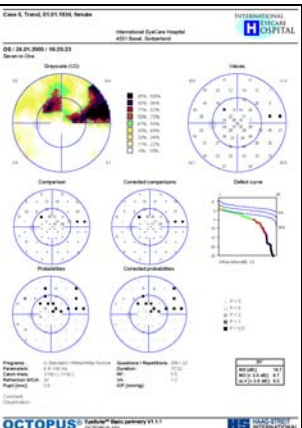
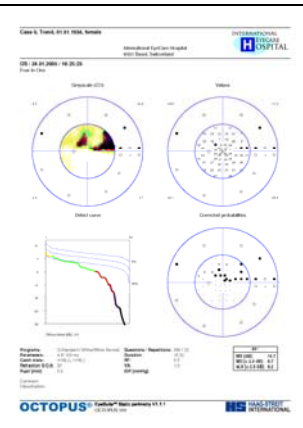
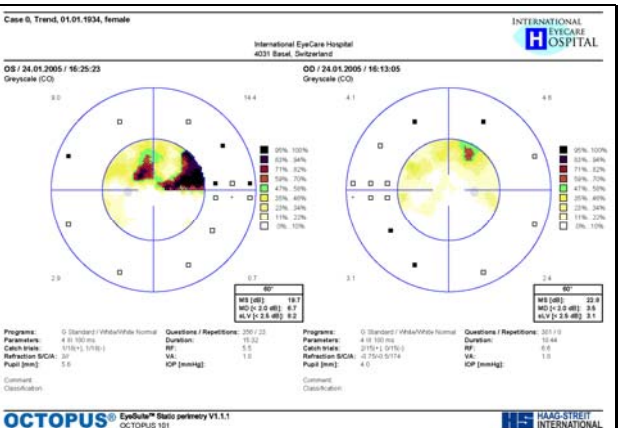
Perimetry program

<input type="checkbox"/> G 30° <input type="checkbox"/> Periphery 	<input type="checkbox"/> M 10° <input type="checkbox"/> 4°(2 stages) 	<input type="checkbox"/> 32 30° 	<input type="checkbox"/> 07 70° <input type="checkbox"/> quantify 
<input type="checkbox"/> Low Vision Central	<input type="checkbox"/> Low Vision Periphery	<input type="checkbox"/> ET Estermann	<input type="checkbox"/> Kinetic overview
<input type="checkbox"/> Other program:			

Strategy

<input type="checkbox"/> Dynamic (5-8 min.)	<input type="checkbox"/> TOP (2-3 min.)	<input type="checkbox"/> Normal (9-15 min.)	<input type="checkbox"/> Other:
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Printout

<input type="checkbox"/> 7-in-1 / Single Kinetic 	<input type="checkbox"/> 4-in-1 	<input type="checkbox"/> Both eyes (Static or Kinetic) 
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Special instructions: