OCULUS
Pentacam® AXL Wave

INSTRUCTIONS FOR USE

OCULUS®

Preface

The Pentacam® AXL Wave has been manufactured and tested according to strict quality criteria.

To ensure safe operation, it is essential that you use the device correctly. For this reason you should familiarise yourself thoroughly with the contents of this instructions for use before operating the device.

The following user information is available for your device:

- **Instructions for Use** describes how to manage patient data, the default settings of the Pentacam® program and the measuring process. The design of the unit is described in detail in this document. The instructions for Use also content all safety-related instructions of the Pentacam® AXL Wave.
- **User Guide** contains information supplementing the description of the operating concept. All features of the examination and analysis software are described in the User Guide, along with detailed information about the Patient Data Management system.
- **Interpretation Guide Ophthalmology:** serves as a support for interpreting measurement results and graphical representations generated with a model from the Pentacam® family.
- **Software Installation:** describes how to install the Pentacam®-Software and the associated drivers.
- Manual **Floating License Key**: Information on the use of the device within networks.

Due to ongoing development, the diagrams shown may depict minor changes to the actual device delivered.

If you have any queries or would like additional information about your device, do not hesitate to call or send us an email or a fax. Our service team will gladly assist.

OCULUS Optikgeräte GmbH

Article number: G/70020/EN
Release: 26.09.2025
Revision: 12

Table of Contents

1 Scope of Delivery

Product and Accessories

Pentacam® AXL Wave

- x-y base
- Support plate
- Cograil
- Cover
- Sliding plate
- Chin rest paper
- Head and chin rest
- Pentacam® AXL Test eye

Accessories Package

- Power supply
- Dark sheet with washing manual
- Wire clip
- Hexagon screwdriver

User Information

- Instructions for Use
- User Guide
- Software Installation

Standard Software

- Fast Screening Report
- 1 Large Color Map
- Virtual Eye
- Tomography
- 4 Maps Refractive
- General Overview
- Anterior Segment Tomography
- Topometric / KCStaging (Belin ABCD Keratoconus Staging)
- Belin ABCD Progression Display
- Iris Camera and Automatic HWTW Measurement
- 3D Anterior Chamber Analysis
- Compare 2 Exams
- Compare 2 Exams Scheimpflug Images
- Scheimpflug Image Overview
- Full Sequence Measurement
- Full Sequence Overview
- Aberrometry total eye
- Iris/Retro Image

Optional Single Licenses

- Holladay Report and Holladay EKR Detail Report
- 3D pIOL Simulation and Aging Prediction
- IOL Calculator
- DICOM
- Visual Performance

Optional Software Packages

Screening Package

- Belin/Ambrósio Enhanced Ectasia Display
- Corneal Optical Densitometry
- Show 2 Exams
- 4 Maps Selectable

Refractive Package

- Corneal Optical Densitometry
- Refractive Display
- Pachymetric Display
- 4 Maps Selectable
- Compare 4 Exams
- 2 Exams Topometric
- 2 Exams Pachymetric
- Corneal Rings

Cataract Package

- PNS and 3D Cataract Analysis
- Cataract Pre-OP Display
- Aberrometry Cornea
- Corneal Power Distribution
- Compare 4 Exams
- Show 2 Exams Topometric
- Show 2 Exams Pachymetric
- 4 Maps Topometric
- 4 Maps Anterior Chamber
- Total Corneal Refractive Power (TCRP)
- True Net Power (TNP)
- Anterior Chamber Depth
- Anterior Chamber Angle at Scheimpflug Images

Myopia Package

Optional Software Packages
■ Growth Curves ■ Myopia Guide ■ Growth Control ■ GRAS Module
Contact Lens Package
■ CSP Report Pro ■ Contact Lens Fitting Software incl. Fourier Analysis ■ Ortho-K Follow-Up ■ Aberrometry Cornea ■ Compare 4 Exams

Additional Accessories (customized)
■ Dustcover ■ Hard drive, package ■ Y cable with galvanic isolation, 2 m ■ Extension cable for Y cable, 4 m ■ Electric cable EU ■ Electric cable Switzerland ■ Electric cable Argentina ■ Electric cable US ■ Electric cable GB ■ Electric cable Australia

We reserve the right to change the scope of delivery in line with ongoing technical development.

➔ If you find transport damage upon delivery, immediately file a claim with the transport company.
➔ Have the damages noted on the bill of lading, so that your claim for damages can be handled properly.

For more information regarding shipping and handling: → chap. 13 (page 88).

- The software version of the patient data management appears in the settings of the patient data management software.
- The software version of the Pentacam®-Program appears in the Miscellaneous settings.
- The minimum screen resolution of the device displays is 1280x720 with a text size of 100 %.

2 Safety

All safety-related instructions for use of the device are given in the instructions for use for the unit.

- ➔ Carefully read through the Instructions for Use.
- ➔ Keep the Instructions for Use in good condition near the device.
- ➔ Observe the legal regulations with regard to accident prevention.

2.1 Symbols

2.1.1 On the Device / Name Plate

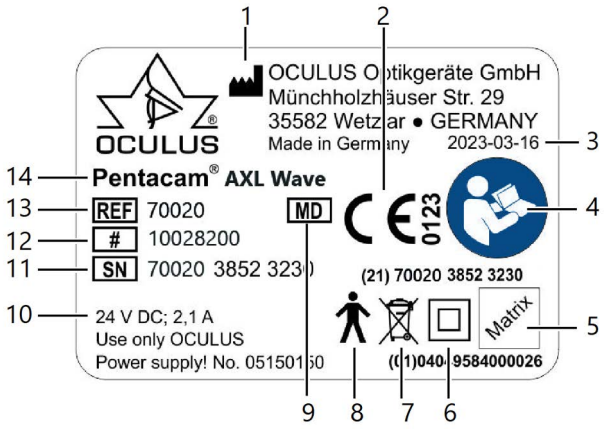


Fig. 2-1: Name plate (example)

No.	Description	No.	Description
1	Name and address of manufacturer	7	Do not dispose of in household trash
2	CE mark and no. of notified body	8	Application part type B
3	Date of manufacture	9	Medical device
4	Observe the instructions for use	10	Power supply
5	UDI number existing of: UDI-DI (Device-Identification) UDI-PI (Product Identifier) and machine-readable matrix-Code	11	Serial number
		12	Model number
		13	Article number
6	Protection class	14	Device name

2.1.2 On the Packaging

Symbol	Description
	Keep dry
	This way up
	Fragile
Transport 	Limit of temperature for transport
Storage 	Limit of temperature for storage
	Limit of humidity
	Limit of air pressure

2.1.3 In this Manual

Caution
Identifies a potentially dangerous situation which may cause minor injury or damage to property.

Note
Denotes situations which could result in incorrect findings, denotes user instructions and useful or other important information.

Identifies important information about the product and its use which require special attention.

> This symbol denotes menu paths and screenshots. Example for starting a new examination:
> Pentacam > Examination > Scan
> which means:
> ➔ Select the “Examination” menu from the menu bar.
> ➔ Select the menu item “Scan”.

2.2 Safety Instructions for Use

Caution
Personal injury or property damage due to improper operation
➔ Observe the following safety instructions.

Caution
Personal injury or property damage due to equipment modifications that could jeopardize safety
➔ No modifications may be made to this device without the permission of the manufacturer. Only the OCULUS service are allowed
- to modify the device or the associated lifting table.
- to install software and software updates.

Any serious-incident that has occurred in relation to the device should be reported to the manufacturer (vigilance@oculus.de) and the competent authority of the region in which the user and/or patient is established.

2.2.1 Patient Environment Information

Patient environment is the area where patients can come into contact with any part of a medical electrical equipment (ME equipment) or with another person being in contact with the ME equipment.

Caution

In the patient environment, use devices that conform to IEC 60601-1. If a multiple power socket is to be used, or if a device is to be used that does not meet the IEC 60601-1 standard, use an isolating transformer.

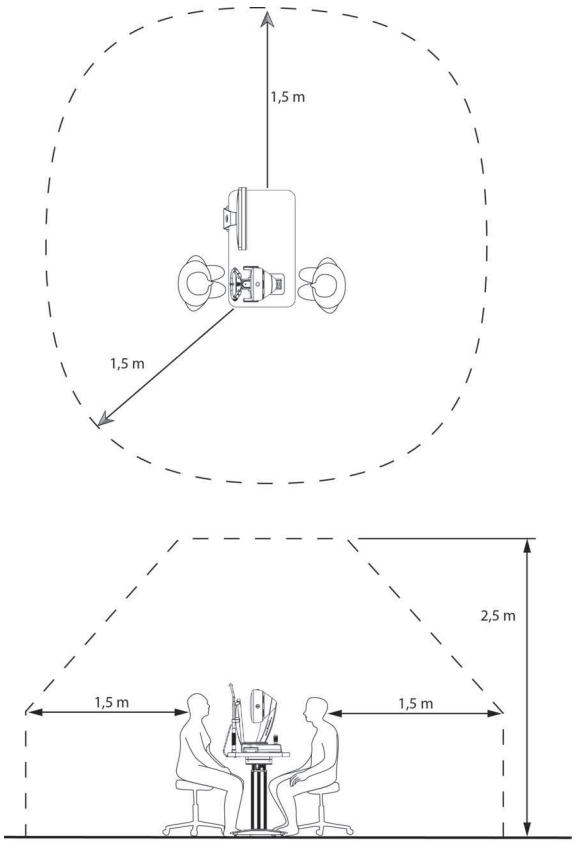


Fig. 2-2: Patient environment

2.2.2 Information about the operation of an ME system

The device and a connected computer form a medical electrical system (ME system) according to IEC 60601-1. If you connect additional devices, such as, for example a printer, those devices become part of the ME system.

➔ Make sure that all devices of the ME system meet the requirements of IEC 60601-1 or IEC 60950-1/IEC 62368-1.

2.2.3 Instructions for Operation

- ➔ Before first use: Let OCULUS or an authorized dealer train you in the operation of the device.
- ➔ Never operate a damaged device.
- ➔ Only operate the device with the original accessories supplied by us and only when the unit is in technically perfect condition.
- ➔ Do not cover the ventilation openings.
- ➔ Do not touch the patient and the device at the same time.
- ➔ Make sure that the device cannot tip over by leaning against it or sitting on it.
- ➔ Do not put the device, including rechargeable battery or cable, down onto devices that produce heat, heaters (for example radiators), microwaves or similar.
- ➔ Only operate the device if you have understood the operating instructions.

Caution

The light emitted from this instrument is potentially hazardous. The longer the duration of exposure and the greater the number of pulses, the greater the risk of ocular damage. Exposure to light from this instrument when operated at maximum output will exceed the safety guideline after 48 treatments.

2.2.4 Instructions for Laser Use

Caution

Risk of personal injury or material damage due to invisible laser radiation

The device contains a Class 1 laser according to IEC 60825-1: 2014. It is an encapsulated laser system. When the device cover is opened, you may be exposed to invisible, Class 3R (5 mW) laser radiation.

- ➔ Never open the unit.
- ➔ For authorized service personnel only: When doing maintenance jobs, avoid looking directly into the laser beam.

2.2.5 Instructions for Maintenance

In order to retain the high measurement accuracy of the device OCULUS Optikgeräte GmbH recommends to perform a maintenance service every two years or after 25000 scans. A corresponding message appears → chap. 11.3 (page 85). Additionally to that it is useful to accomplish a test measurement of the axial length measuring mode everyday before you start working with the device.

If an error occurs which you cannot correct, label the device as being “out-of-order” and contact our service department → chap. 15 (page 89).

2.2.6 Instructions for Disassembly and Disposal

- ➔ When disconnecting electrical connections, pull on the respective plug and not on the cable itself.
- ➔ Dispose of the device according to legal regulations.

2.2.7 Instructions on Electrical Safety

Caution

Risk of personal injury or damage to property due to an incorrect level of safety

Connecting the device with its non-medical electrical equipment (e.g. data processing equipment) to a medical electrical system must not result in a patient safety level below that prescribed by IEC 60601-1. If making this connection leads to the leakage current threshold being exceeded, protective measures including a circuit breaker must be in place.

- ➔ Ensure that connections with non-medical devices are made correctly.
- ➔ Only use the power adapter listed in the packing list.
- ➔ Use only a computer that meets the specifications given in this instructions for use → chap. 16 (page 90).

Caution

Risk of personal injury or material damage caused by unsafe multiple socket extension cord

If you use a multiple socket extension cord to connect the device to the power supply, you must heed the following information:

- ➔ Use an extension cord that complies with the requirements of IEC 60601-1, section 16.
- ➔ Do not place the multiple socket extension cord on the floor.
- ➔ Do not use more than one multiple socket extension cord.
- ➔ Plug only the device and the computer that is being used with the unit (if applicable) into the multiple socket extension cord.

If you are using a multiple socket extension chord it has to be supplied with a isolation transformer.

If you are using a new computer for the device, you must have the electrical safety checked. Call OCULUS Service for this purpose.

Caution

Risk of personal injury or damage to property due to electromagnetic interference

Portable and mobile RF communications equipment can affect medical electrical equipment → chap. 17 (page 93).

- ➔ Make sure that portable and mobile RF communications equipment do not cause interference.
- ➔ Recommendation: Maintain a minimum distance of 4 m. If the distance is shorter, you must ensure that the device functions correctly.

2.3 Instructions for Cybersecurity

Note
Please also follow the regulations, guidelines, and recommendations of the relevant authorities responsible for information security and the protection of critical infrastructure in your country.

The device is designed to operate independently without requiring an internet connection, network access, or portable media. It functions solely through a connected computer.
If you choose to connect the computer to the internet or another network for unrelated purposes, you are responsible for ensuring that the connection is secure and controlled.

2.3.1 Precautionary Measures against Unauthorized Access

To increase the cybersecurity of the device:
➔ Secure the device against unauthorized access by unauthorized persons.

Observe all precautionary measures:
- Secure the computer with a strong password (e.g. during Windows start-up).
- Choose a complex password of at least twelve characters that includes letters, numbers and special characters. Avoid dictionary words.
- Do not select a name or a device name as a password (such as “Pentacam”).
- Change the default password after the first authentication.
- Change the password regularly.
- Do not write down the password at an accessible location.
- Use unique passwords for different user accounts.
- Do not share user names or passwords with colleagues or anyone else, even if authorized by law and employer policy to view the same type of information (e.g. two users reviewing the same patient samples).
- Enable a screen saver that requires re-entry of the password upon deactivation.
- Set an appropriate screen saver time-out (e.g. 10 minutes) based on operational conditions such as examination duration and patient flow.
- Ensure that the device is locked (keyboard shortcut: Windows logo button + ‘L’) or otherwise secured when not in use to prevent unauthorized access to electronic Protected Health Information (ePHI).
- Operators are required to be trained according to privacy awareness and handling personal data.
- If necessary, contact your Healthcare Organization’s IT Department.

2.3.2 Precautionary Measures if the Computer is Connected to a Local or Internet Network

- Do not establish an internet connection while using the device. This is considered misuse!
- If you connect the computer to the internet for any other purpose, you are responsible for ensuring data security.

If you connect your computer to a local network, you are responsible for ensuring data security and must observe at least the following precautionary measures:

- Preferably connect the computer to the network using a cable connection over wireless connection.
- Use robust security methods incl. advanced Encryption Standards with a strong network key also for wired connections (not only for Wi-Fi connections).
- Use of a firewall (software or hardware) is recommended.
- Observe the instructions for integration into an IT network → chap. 17.5 “Instructions for Integration into an IT-Network” (page 102).

Note

The Healthcare Organization’s IT Department should implement a risk management framework in alignment with IEC 80001-1 to support the secure and safe integration of medical IT networks. This includes assessing risks, enforcing access control, securing networks, applying software updates, monitoring incidents, protecting data, managing device life cycles, and training staff to help safeguard patient safety and data integrity.

The Manufacturer Disclosure Statement for Medical Device Security (MDS2) is available upon request for detailed security information.

2.3.3 Device Security

- ➔ Ensure that the device is secured against unauthorized access → chap. 2.3.1 (page 18).
- ➔ Protect the device and attached systems from malicious software.
- ➔ Implement new software versions when available.
- ➔ Implement operators access only on a need-to-know-basis.

The Healthcare Organization’s IT Department is responsible for implementing controls for the handling and disposal of media and assets.

2.3.4 Data Responsibility

Operators should avoid entering unnecessary identifying data. Whenever possible, data should be de-identified and linked to the sample ID instead of the patient. Use only the input data essential for the intended purpose.

Operators have access to sensitive patient data (ePHI).

➔ Do not take any snapshots, screenshots, or images (e.g. using another device) of the information displayed on the device.

Data shall be deleted on a regular basis according to the Healthcare Organization's deletion policy, if respective data are processed by the device.

The Healthcare Organization's IT Department is responsible for deleting unused user accounts.

Only authorized personal is allowed to take backups. The Healthcare Organization's IT Department shall manage the location of each backup in order to respond to potential data subject requests. Backups and archive files are required to be transmitted and stored securely.

2.3.5 Reporting and Handling of Security Incidents

Operators must inform their Healthcare Organization's IT Department about any suspected or confirmed privacy or security breaches, including suspected or compromised user accounts, and report any service outages or access issues.

If accounts are deemed compromised, devices are lost, or unauthorized access has been discovered or assumed, the Healthcare Organization's IT Department locks or changes the user login criteria and issues new login information so that the user can safely access his or her account.

3 Device Description

3.1 Overview of the Device Components

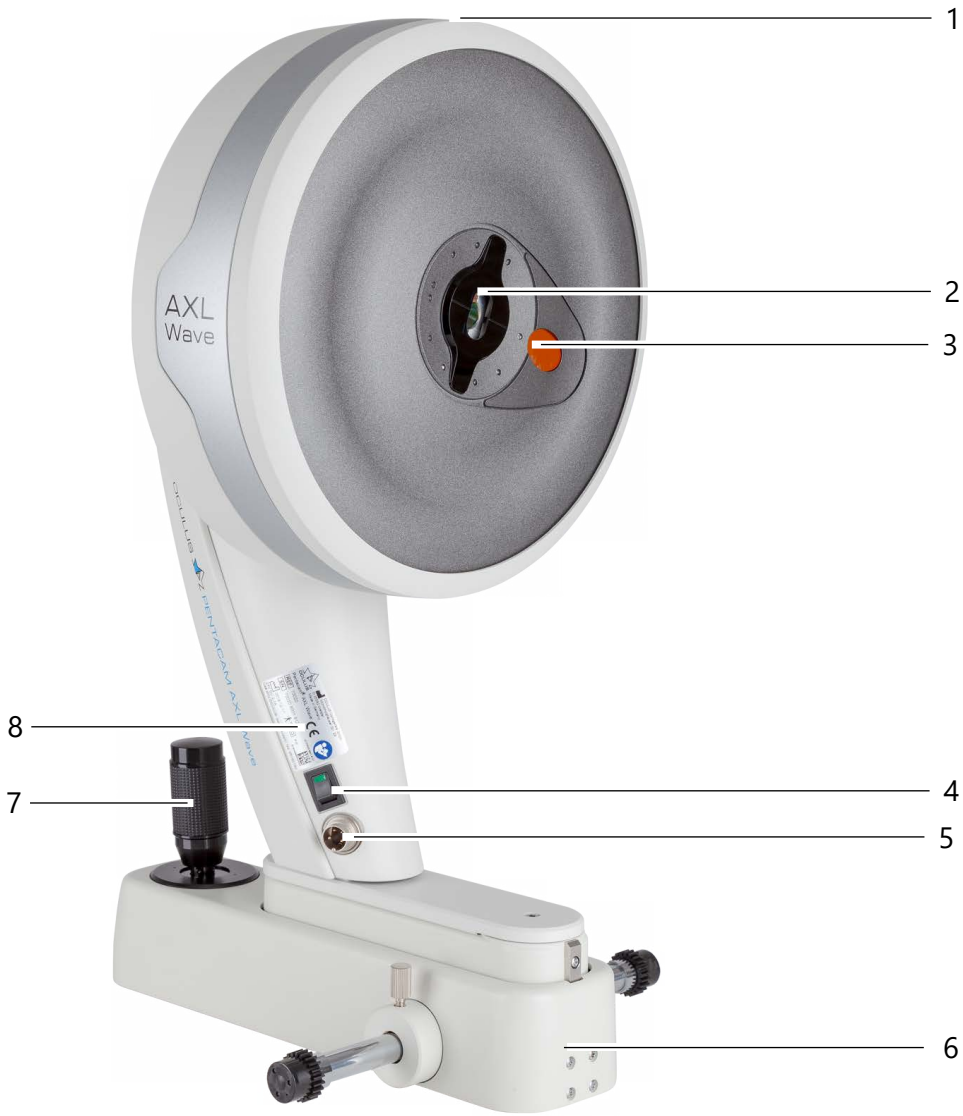


Fig. 3-1: Device components

No.	Description	No.	Description
1	Ventilation opening	5	Y-cable connector
2	Measuring window	6	Cross slide
3	Camera opening	7	Joystick
4	On/Off Switch with indicator light	8	Name plate

3.2 How the Device works

While rotating around the eye, the device captures Scheimpflug images of the anterior eye segment through varying axes. The Scheimpflug images created during an examination are transmitted to the connected PC.

The axial length of the eye is measured and displayed by partial interferometry.

Scheimpflug images can be captured at two seconds.

Up to 138,000 genuine height values are measured and analysed from the Scheimpflug images.

The Scheimpflug images are the basis for the height data which are used to calculate a mathematical 3D model of the anterior eye segment. At same time any eye movements are recorded and taken into account.

A quality specification (QS) lets you gauge the quality of the measurement taken.

The mathematical 3D model, corrected for eye movements, provides the basis for all subsequent analysis.

The topography of the front and back surfaces of the cornea, the pachymetry and the densitometry are calculated and displayed from limbus to limbus for the entire surface of the cornea.

An analysis of the anterior chamber provides the basis for calculating the chamber angle, chamber volume and chamber depth.

Densitometry of the cornea and lens automatically produces quantified values.

Colour images displayed on the screen show the results of the measurement.

A rotatable 3D model displays the front and back surfaces of the cornea, the iris and the lens.

Wavefront measurement uses a Hartmann Shack aberrometer to detect the low and high order aberrations of the entire eye. The aberrations of the cornea, the crystalline lens and the objective refraction are calculated from this measurement.

Retroillumination can be used to show opacities of the eye. Furthermore post-op check up of IOL inclination and centration can be performed.

Caution

OCULUS Optikgeräte GmbH shall not be liable in any form for further use of the data recorded by the device and for the evaluations it has calculated.

3.3 Intended Use

3.3.1 Intended Purpose

The Pentacam® AXL Wave is intended to image the anterior segment of the eye which includes the cornea, pupil, anterior chamber and lens. It is indicated for the evaluation of

- corneal shape,
- condition of the lens (opaque crystalline lens),
- the anterior chamber angle,
- anterior chamber depth,
- the volume of the anterior chamber,
- anterior or posterior cortical opacity,
- the location of cataracts using cross slit imaging with densitometry,
- corneal thickness,
- axial length,
- white-to-white distance,
- optical aberrations of the eye,
- and retroillumination imaging.

The Pentacam® AXL Wave also performs calculations to assist physicians in determining the power of the intraocular lens for implantation.

The Pentacam® AXL Wave may only be used for the purpose described in this instructions for use.

➔ Heed the safety instructions listed above.

3.3.2 Intended Medical Indication

The Pentacam® AXL Wave is indicated as an aid to screen several eye diseases e.g but not limited to:

- Keratoconus classification and progression
- Early ectatic diseases
- Quantification of optical corneal density
- Quantification of optical lens density
- Close angle glaucoma
- Planning support for IOLs

3.3.3 Contraindication

none known

3.3.4 Possible Side Effects

- After-image
- Headache
- Vertigo
- Tearing eyes

3.3.5 Intended Users

Make certain that the Pentacam® AXL Wave is used exclusively in clinics and by clinical persons or eye specialists.

- who can guarantee proper handling due to their knowledge, training and practical experience.
- who have been instructed by OCULUS staff or an authorized dealer before the initial operation.

3.3.6 Patient Group

Children from 3 years up to geriatric patients. No restrictions on weight, health and condition.

4 Setup and Connection

Caution

Risk of incorrect measurements/equipment damage due to improper setup

➔ Before first use, make sure the installation and connection of the device are completed by our service or by a professional authorized by OCULUS.

Note

➔ Do not expose the device to any vibrations, shocks, contaminants, moisture, or high temperatures.

➔ Handle the optical device with care.

➔ Set up the device so that the power plug is easy to access. That way, you can easily disconnect it from the power supply for any repairs or maintenance work.

➔ Place the device so that direct light cannot affect the measurement.

➔ Make sure the examination is free from light reflections. To achieve this, darken the examination room.

4.1 Instructions for Setup and Connection

➔ Only OCULUS or an authorized dealer is allowed to set up and to connect the device.

➔ Do not use or store the device in rooms that are humid → chap. 13 (page 88).

➔ Keep the device away from water that may drip, splash or spray on it, and make sure that no liquids can get into the device. Do not place any containers holding liquids in the vicinity of the device.

➔ Germany: Only operate the device in rooms used for medical purposes after they have been set up according to the VDE Regulation 0100-710.

➔ Do not operate the devices included in the delivery in areas where explosions may occur, or in proximity to flammable anesthetics or volatile substances such as alcohol, benzine or similar products.

➔ Set up the device so that the power plug is easy to access. That way, you can easily disconnect it from the power supply for any repairs or maintenance work.

➔ Do not force any plug connections.
If you are unable to make a plug connection, check whether the plug fits the socket.
If you detect damage to the connection, you should let authorized dealer repair the damage.

➔ Only use a device which is mounted at the lifting table properly.

4.2 Operation and Ambient Conditions

The ambient conditions for operation are given in → chap. 16 (page 90).

➔ Before installing the device, consider the transport, storage and current room temperature, where the device is to be installed.
The difference between the temperature of the installation room and the storage and transport temperature should not be more than 10 °C to avoid fogging of the internal optics.

➔ If the difference in temperature is greater than 10 °C, leave the system at least for 6 hours until the temperature of the instrument has adapted to room temperature.

4.3 Electrical Connection

Caution

Electrical safety hazard

➔ Do not use the device adjacent to or stacked with other equipment.

➔ If you have to use the device adjacent to or stacked with other equipment, verify the correct operation of the device.

➔ Only use the power adapter listed in the list, → chap. 17.1 (page 93).

➔ If you use a multiple socket to connect the device: Use a multiple socket that complies with the requirements of IEC 60601-1.

➔ Do not place the multiple socket extension cord on the floor.

➔ Do not use more than one multiple socket extension cord.

➔ Plug only the device and the computer that is being used with the unit (if applicable) into the multiple socket extension cord.

➔ Use a socket with a protective earth connection which is fully operating.

Fig. 4-1: Connecting

➔ Plug the connector of the Y cable into the jack and tighten the connection. Make sure that the plug is inserted in the correct position.

Note

Risk of equipment damage due to incorrect connection

If you do not connect the device properly, and the connection is live, the unit can be damaged within a short period of time.

- ➔ Do not use excessive force when connecting the electrical plug.
- ➔ Pay attention to the specifications on the nameplate.

If the electrical plug is damaged, contact our service department or an authorized dealer to repair the damage.

- ➔ Firmly tighten the connection.
- ➔ Connect the Y-cable to the PC/laptop and the power adapter.

4.4 Switching On

Caution

Risk of incorrect measurements due to improper setup

Before taking measurements, the device has to be switched on, at least for one hour.

- ➔ Switch on the PC or laptop.
- ➔ Then turn on the device with the on/off switch (position ON). The LED on the switch lights up green → fig. 4-1 (page 26).

4.5 Switching Off

- ➔ Close the Pentacam®-program and close the Patient Data Management.
- ➔ Shut down the Windows operating system.
- ➔ Turn the device off with the on/off switch (OFF position).

4.6 Software Installation on separate PCs

The Pentacam®-Software is network compatible. This makes it possible to install the Pentacam®-Software on several PCs, connected in a local network.

Make sure, that all PC in a network do have the same Pentacam®-Software Version installed.

A Floating License Key is part of every device shipment. Please ensure a proper installation based on the Manual for the Floating License Key.

This allows an interactive parallel evaluation of the Pentacam® exams based on the released optional software packages and modules.

The demo examinations included can be viewed on every computer having the Pentacam®-Software installed.

For more detailed information contact your authorized dealer or our service department.

5 Patient Data Management

You can enter and use the patient data by the patient data management.

You can only use the myopia package for your device in conjunction with the patient data management GO from version V7.5r12.

5.1 Starting Patient Data Management

After you have switched on the PC, it first loads the operating system.

➔ Click the [Pentacam] button.

The user interface for the Patient Data Management appears.

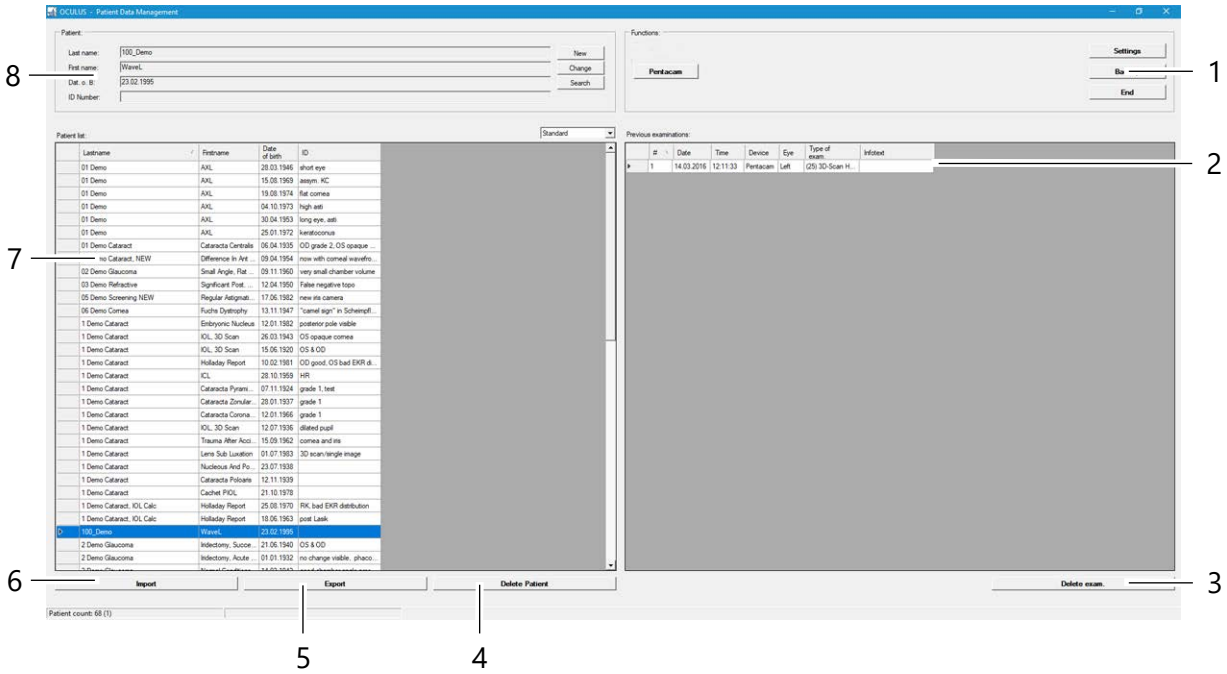


Fig. 5-1: Patient Data Management user interface

No.	Description	No.	Description
1	“Functions” group box	5	[Export] button
2	Previous examinations	6	[Import] button
3	[Delete exam.] button	7	Patient list
4	[Delete Patient] button	8	Patient data group box

To get to the Pentacam®-Program, you must first enter a new patient or select an existing patient from the patient list.
For more information on Patient Data Management, refer to the → chap. 9 (page 71).

5.1.1 Entering a New Patient

➔ Press the [New] button to enter a new patient in the Patient Data Management system.
➔ Enter the patient's last name, first name and date of birth in the patient window.

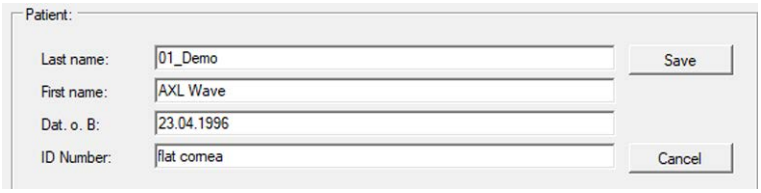


Fig. 5-2: Entering patients

Optionally you can enter an ID number for the patient.
➔ To save the data you entered, click [Save].
The patient you have entered now appears in the patient list.

5.1.2 Selecting an Existing Patient

The patient data list on the left-hand side of the screen displays all previously examined patients in alphabetical order.

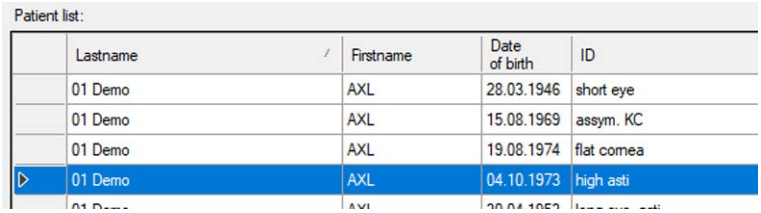


Fig. 5-3: Patient list

➔ Choose [Search] to quickly find the patient you are looking for in the list.
➔ Enter the patient's name or the first letter of the name in the “Last name” field. Alternatively, you can search for the patient using an ID number, first name or date of birth, assuming that one was assigned when the patient was first recorded.
➔ In the list that appears, click the entry you were searching for to transfer the patient's name to the patient window. This also brings up a list of any previous examinations for that patient in the examination window (bottom right side).
➔ Click on “End Search” to finish that process. The respective patient is still highlighted in blue.

5.1.3 Extended Patient Search: [Extended] Checkbox

➔ Click on the [Extended] checkbox.

The screen displays additional search parameters which reference previous examinations. Proceed as for the input of a patient name.

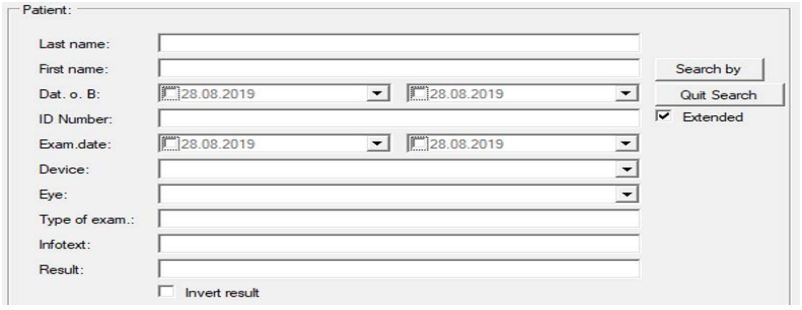


Fig. 5-4: Advanced search

5.2 Starting the Pentacam®-Software

Switching from Patient Data Management to the Pentacam®-Program:

➔ After selecting a patient: Press the [Pentacam] button to start the Pentacam®-Program → fig. 5-1 (page 28).

or

➔ Double-click the selected patient name or an examination to start the Pentacam®-Program.

Proceed an axial length test measurement if a message appears → chap. 10 (page 77).
If you do not proceed a test measurement, it will be stored in the Pentacam®-Program.

6 Using the Pentacam®-Program

If no error message appears after starting the software with the device connected and switched on (for example component failure, camera not detected, missing references data, etc.), the device is safely ready for operation.

Note

The Pentacam®-Program is not to be used to dictate therapy without professional correlation with other clinical findings and diagnostic tests.

As this instructions for use focuses on the device operating concept, the description of Pentacam®-Program functions is limited to starting the measuring process and loading previous examinations. The user guide contains detailed information on the functions of the Pentacam®-Program.

6.1 Blank Overview Display

After starting the Pentacam®-Program this display appears.

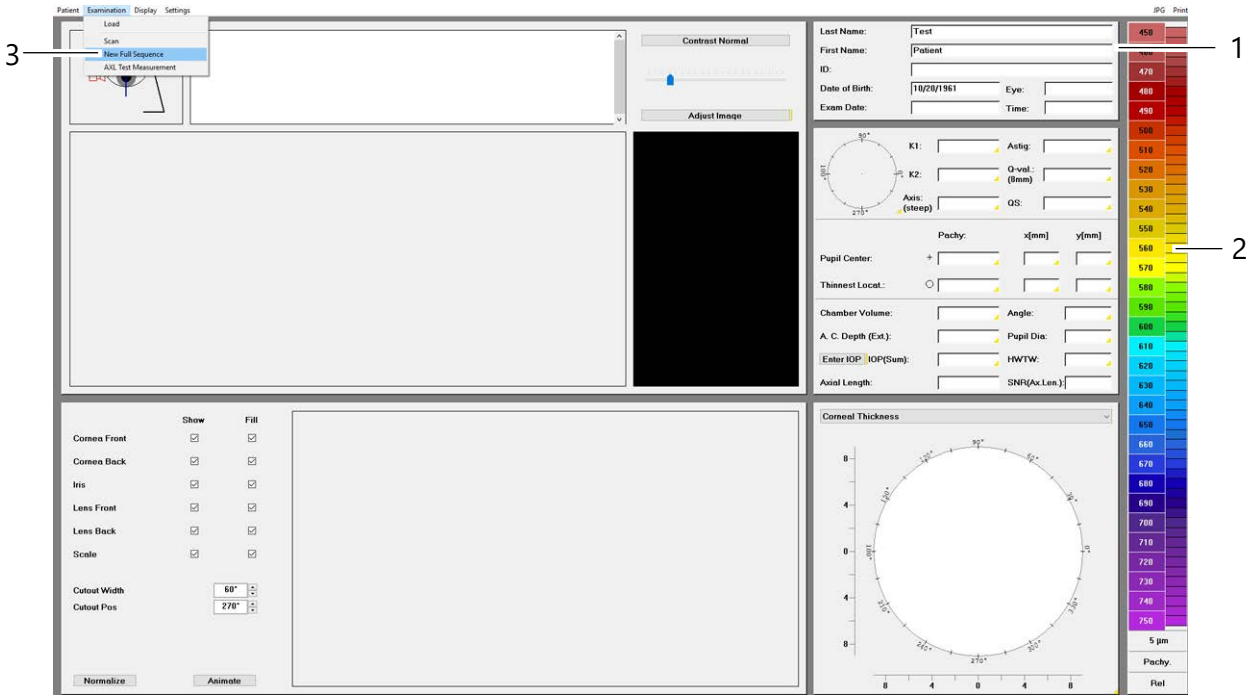


Fig. 6-1: Blank overview display

No.	Description	No.	Description
1	Patient data	3	Examination menu
2	Colour bar		

6.2 Starting an Examination

An examination sequence with the device combines the following modi:

- total wavefront aberrometry
- retroillumination
- axial length
- Scheimpflug tomography

➔ Select the [Examination] tab and click [New Full Sequence] to start the full sequence examination.

You can perform single scans for each examination mode, for example to check values after a surgery → chap. 8.11.1 (page 65).

6.3 Pentacam® Overview Screen

After starting the full sequence program this display appears.

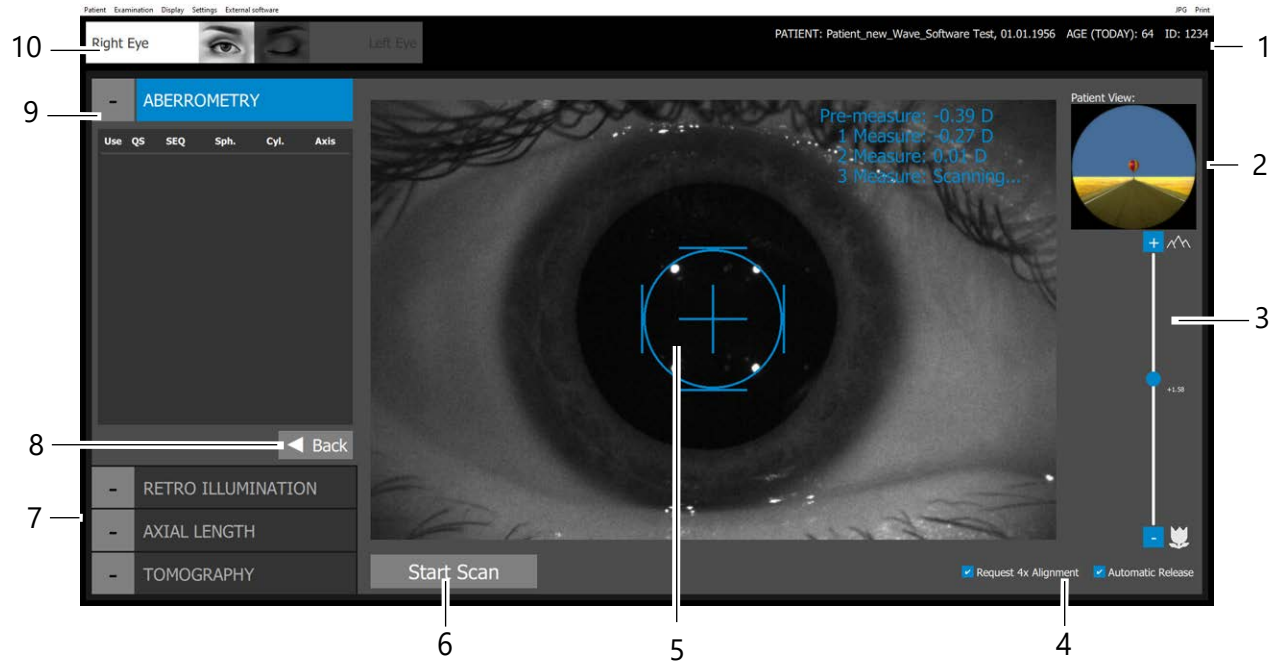


Fig. 6-2: Scan screen (example “Wavefront”)

No.	Description	No.	Description
1	Patient data	6	[Start Scan] button
2	Patient view	7	Overview examination modes
3	Slider for fixation target	8	[Back] button
4	Checkboxes for respective measurement	9	Current examination mode
5	Overview image with adjusting aid	10	Display of currently examined eye (R\L)

- The patient view shows the respective image or fixation target, where the patient has to look where the patient has to look at during the measurement.
- The slider of the fixation target adjusts itself automatically based on the objective refraction to the respective distance.
- It depends on the measurement mode which checkboxes are displayed.
- The overview image with a cross hair as an adjusting aid supports the examiner to align the device correctly to the patients eye. After the alignment is finished the device releases the measurement automatically.
- In cases where no automatic measurement release is possible for example unstable fixation, click the [Start Scan] button to activate the manual measurement.
  You can also use the Return key.
- You can change the mode of the examination. Click the [Back] button to go to the prior examination mode.
- The current examination mode shows the information whether the data can be used to analyze the data, the QS value and measurement specific results such as axial length.
- The eye currently being examined is detected automatically and displayed.

Information on the single measurements

Each measurement is listed and rated.

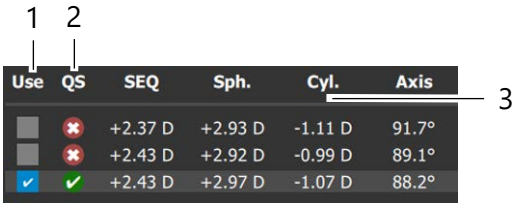


Fig. 6-3: Example Aberrometry: Objectiv erefraction parameter

No.	Description	No.	Description
1	“Use” column	3	Values, depending on current mode
2	“QS” column		

- **Use**: Measurement is used for the evaluation.
  If the QS value of the respective measurement is green and reads ok, click the checkbox to use the data for the evaluation in the full sequence analysis. The full sequence analysis is a comprehensive summary display which includes the data from all four measurements/pictures which where done in one full sequence routine.
  Use only one measurement for the full sequence examination. If you don’t select a measurement, no results will be displayed.

- **QS**: Quality Specification factor including different parameters depending on mode. If the value
  - is green and reads OK, the measurement is correct and can be used for the evaluation of the examination.
  - is yellow, you may want to repeat the measurement.
  - is red, you have to repeat the measurement.

6.4 Loading Previous Examinations

➔ Select the menu item [Examination] and click [Load].
The dialog box "Load Examination" appears.
➔ Make a selection by clicking the required examination.
➔ Confirm your selection by clicking [OK], or by double clicking.
The Pentacam®-Program will load the examination you have selected.

6.5 Direct help

The Pentacam®-Program provides helpful assistance. This can be found by clicking on the yellow mark.

This symbol is displayed for some measurements.
➔ Click on this symbol to display the corresponding message.
You must check the corresponding measured value.

7 Information on Modes

The user guide contains detailed information on the settings and default settings of the device.

An examination sequence with the device combines the following modi:

- total wavefront aberrometry
- retroillumination
- axial length
- Scheimpflug tomography

The program automatically guides you through the examination routine.
But you can access each examination mode separately → chap. 8.11 (page 63).

7.1 Information on Aberrometry Mode

Wavefront aberrometry of the entire eye enables an objective assessment of the total refractive error of an eye before and after cataract and refractive surgery.

7.2 Information on Retroillumination Mode

Implemented retroillumination enables a check of the inclination and centration of IOLs, especially toric IOLs.

7.3 Information on Axial Length Mode

Contact-free optical biometry from the corneal surface to the retina is performed for IOL power calculation:

Type of examination	Examination mode	Images	Automatic measurement	Notes
Axial length	AXL	6	Yes	Take care of the correct eye status.

7.4 Information for Tomography Mode

Based on 25 or 50 captured Scheimpflug images and resulting 3D model, the anterior eye segment can be measured, displayed and analyzed for different applications like early ectasia screening, cataract evaluation etc.

Type of examination	Examination mode	Images	Automatic measurement	Notes
Topography	3D scan	25-50	Yes	
Pachymetry	3D scan	25-50	Yes	
Analysis of the anterior chamber	3D scan	25-50	Yes	Do not apply mydriatic drops.
Densitometry	3D scan	25-50	Yes	Use the same number of images to enable a progress check, apply mydriatic drops.

8 Measuring Procedure

This section describes the procedure how

- to prepare a measurement: → chap. 8.2 (page 38)
- to measure the wavefront aberration: → chap. 8.6 (page 41)
- to use the retroillumination mode: → chap. 8.8 (page 46)
- to measure the axial length: → chap. 8.8 (page 46)
- to perform a tomography scan of the anterior segment of the eye: → chap. 8.9 (page 53)

You can also carry out a single measurement → chap. 8.11 (page 63)

Caution

Risk of incorrect measurement due to incorrect use

➔ Before first use: Let OCULUS or an authorized dealer train you in the operation of the device.

Caution

Risk of incorrect measurements due to improper setup

➔ Before taking measurements, the device has to be switched on, at least for one hour.

Caution

Risk of incorrect measurement caused by little movements of the patient

Proper patient alignment may be affected by small movements from a rolling stool used during measurement.

➔ Perform a device scan only if the patient sits in a stationary chair. In cases of wheel chairs lock the brakes.

8.1 Default settings

➔ Make sure that the desired measurement mode is activated.
➔ Adjust the table height.
➔ Check that
  - fresh paper has been put onto the chin rest or the chin rest has been cleaned and disinfected → chap. 11 (page 83).
  - the forehead rest has been cleaned and disinfected after each examination → chap. 11 (page 83).
  - the lens in front of the camera and the acrylic glass are clean.
➔ Ask the patient to place his or her head on the chin and forehead rest.
➔ Do not touch the patient and the device simultaneously.
➔ Select the [Examination] tab and click [New IOL measurement sequence].

8.2 Rough adjustment

➔ The black ring marking between the chin rest and the forehead rest should be used for gauging the required height of the patient's eyes.

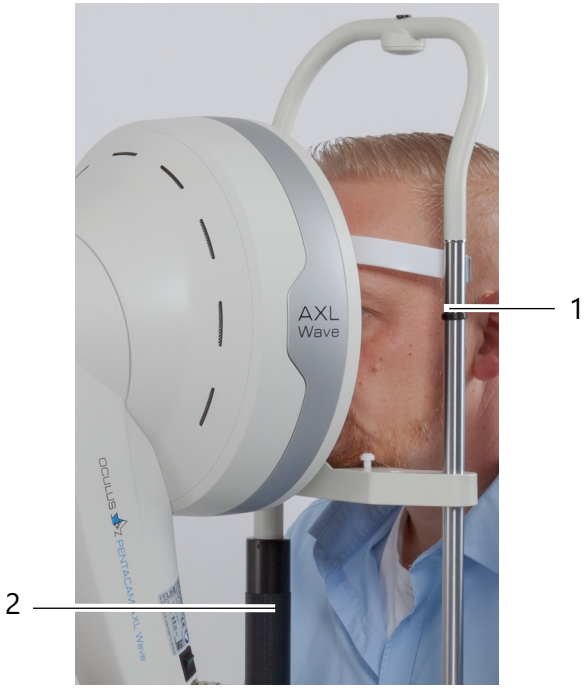


Fig. 8-1: Rough adjustment of the chin and forehead rest

No.	Description	No.	Description
1	Marking (black ring)	2	Twist grip

➔ Adjust the patient's eye level using the twist grip.
The patient is positioned correctly when chin and forehead touch the rests and the eyes are levelled with the marking.

If you adjust the chin rest for a small head (for example: a child's head), the test eye will stop the chin rest. Swing the test eye to the side and then adjust the chin rest.

➔ Example of a rough adjustment for the right eye: Move the cross slide until the marking at the end of the cross slide roughly coincides with the circle R on the sliding plate.

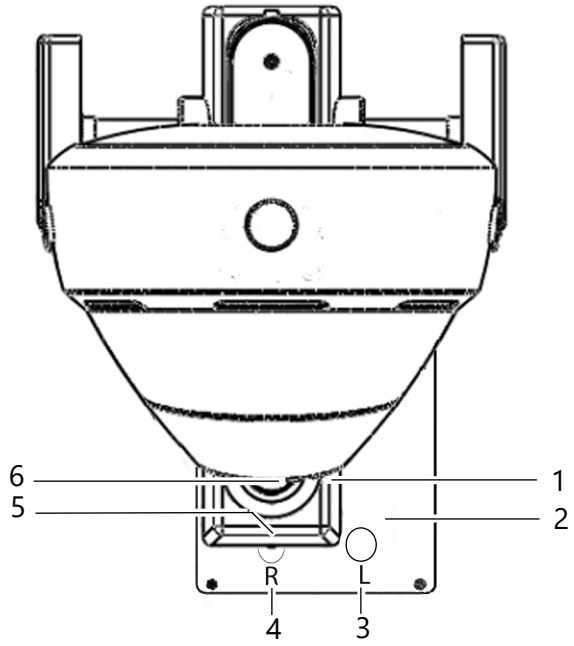


Fig. 8-2: Markings on the cross slide

No.	Description	No.	Description
1	Cross slide	4	Right marking
2	Sliding plate	5	Marking on the cross slide
3	Left marking	6	Joystick

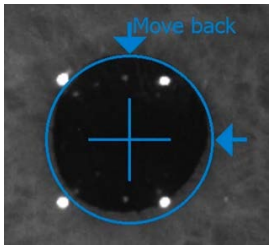
➔ Look at the patient's eye you are examining from one side and make sure that his/her eye is in front of the measuring window.
➔ If necessary, adjust the position of the cross slide to the left or right.

8.3 Darkening the room/dark sheet

➔ If the lighting in the examination room has not been turned down or switched off, use the dark sheet supplied to cover the patient and the device.
➔ Advice the patient to look at the respective fixation target/picture.

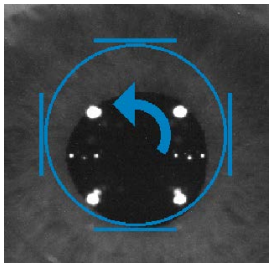
8.4 Fine adjustment

➔ Make any fine adjustments required based on the information in the adjustment window.



Example (with blue arrows): distance and position to patient's eye is not correct.

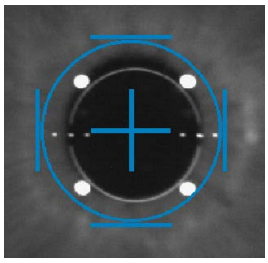
➔ Move the joystick backwards and to the left.



Example (with blue arrows): Move or rotate the joystick in the specified direction.

➔ Turn the joystick counter clockwise.

Arrow	Camera movement	Joystick movement
→	right	Move the joystick to the right
←	left	Move the joystick to the left
↑	forwards	Move the joystick toward the patient
↓	backwards	Move the joystick away from the patient
↷	up	Rotate the joystick clockwise
↶	down	Rotate the joystick counter-clockwise



When you have achieved the expected position, a blue cross will appear in the centre of the ring, surrounded by four blue lines. The device will automatically start with the measurement.

8.5 Start the examination manually

Alternately you can start the measuring procedure manually.

➔ For measuring manually: Start measuring by clicking [Start Scan] or by pressing the return key.

8.6 Measuring Procedure to Measure the Wavefront Aberration of the Total Eye

➔ Prepare the measurement and adjust the patient → chap. 8.2 (page 38).

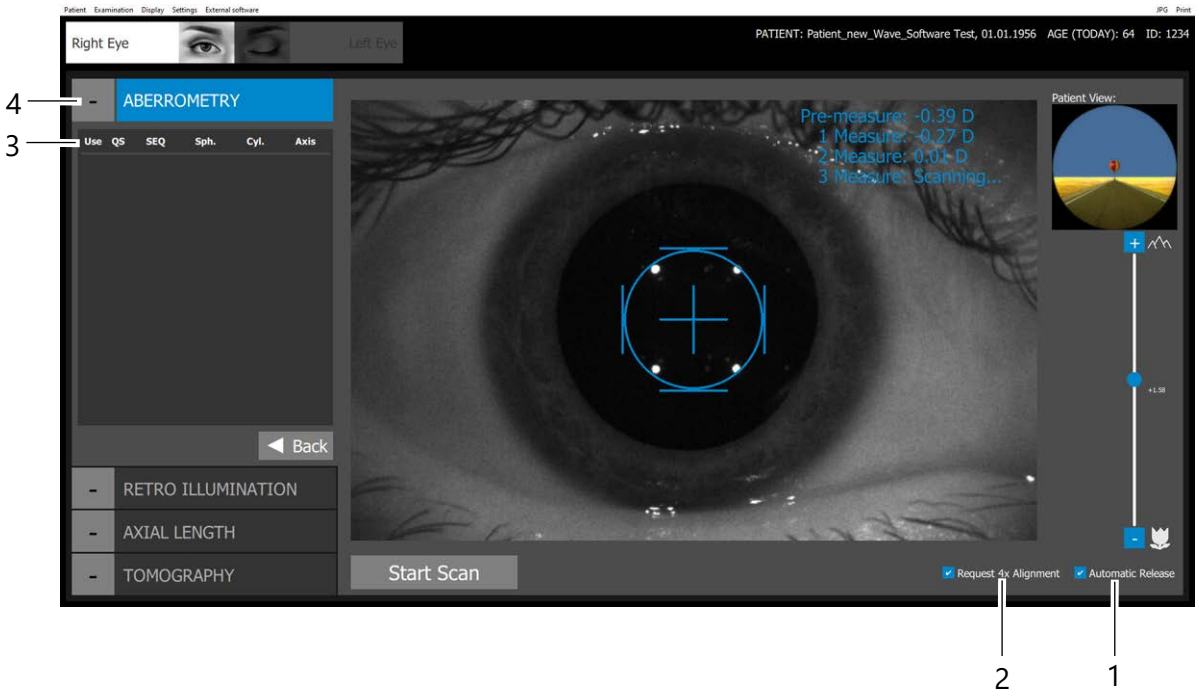


Fig. 8-3: Scan screen "Aberrometry"

No.	Description	No.	Description
1	[Automatic Release] checkbox	3	Objective refraction parameter
2	[Request 4x alignment] checkbox	4	Current examination mode

Measuring of the wavefront aberration

➔ Ask the patient to blink normally, take a short break and proceed with the aberrometry scan.

➔ Make sure that the [Automatic Release] checkbox is selected, to activate the automatic measurement release. The option should be activated per default.

➔ Make sure that the button "Request 4x Alignment" is activated.
If "Request 4x Alignment" is activated, the aberrometry measurements starts only if the patient is fixating correctly. The measurement starts automatically. "Request 4x Alignment" deactivated means: The measurements are performed without any interruptions.
"Request 4x Alignment" is activated by default. Only deactivate "Request 4x Alignment" if the patient cannot fixate properly.

➔ Move the image with the cross towards the patient until the four infrared LEDs are clearly seen.

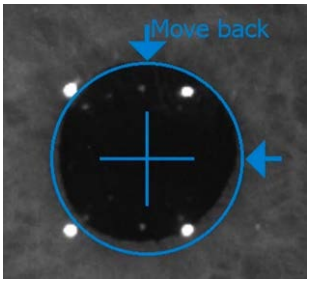


Fig. 8-4: Adjustment

You can use the adjusting aid of the fine adjustment alternatively → chap. 8.4 “Fine adjustment” (page 40).

➔ Shortly before you have reached the final position ask the patient to widen his or her eye and not to blink.
The tentative final position of the camera is reached when the four bars frame the blue circle.
The device triggers the measurement of the aberrometry and the retroillumionation automatically.

➔ Follow the instructions on the screen and then continue with the measurement of the axis length.

Objective refraction parameter

Use	QS	SEQ	Sph.	Cyl.	Axis
☐	✖	+2.37 D	+2.93 D	-1.11 D	91.7°
☐	✖	+2.43 D	+2.92 D	-0.99 D	89.1°
☑	✔	+2.43 D	+2.97 D	-1.07 D	88.2°

Fig. 8-5: Objective refraction parameter

- **Use**: Activate this checkbox to use the data for the full sequence analysis. Use only one exam of each exam mode for the full sequence examination → chap. “Information on the single measurements” (page 33).
- **QS:** Quality Specification value → chap. 8.6.1 (page 43).
- **SEQ:** Spherical equivalent based on the wavefront aberrometry
- **Sph.:** Spherical power based on the wavefront aberrometry
- **Cyl.:** Cylindrical power based on the wavefront aberrometry
- **Axis:** Position of the axis based on the wavefront aberrometry

8.6.1 Quality Specifications and Parameter for Wavefront Aberrometry

After you have begun measuring either automatically or manually, the Pentacam®-Program opens. The "QS" value appears in fiel.

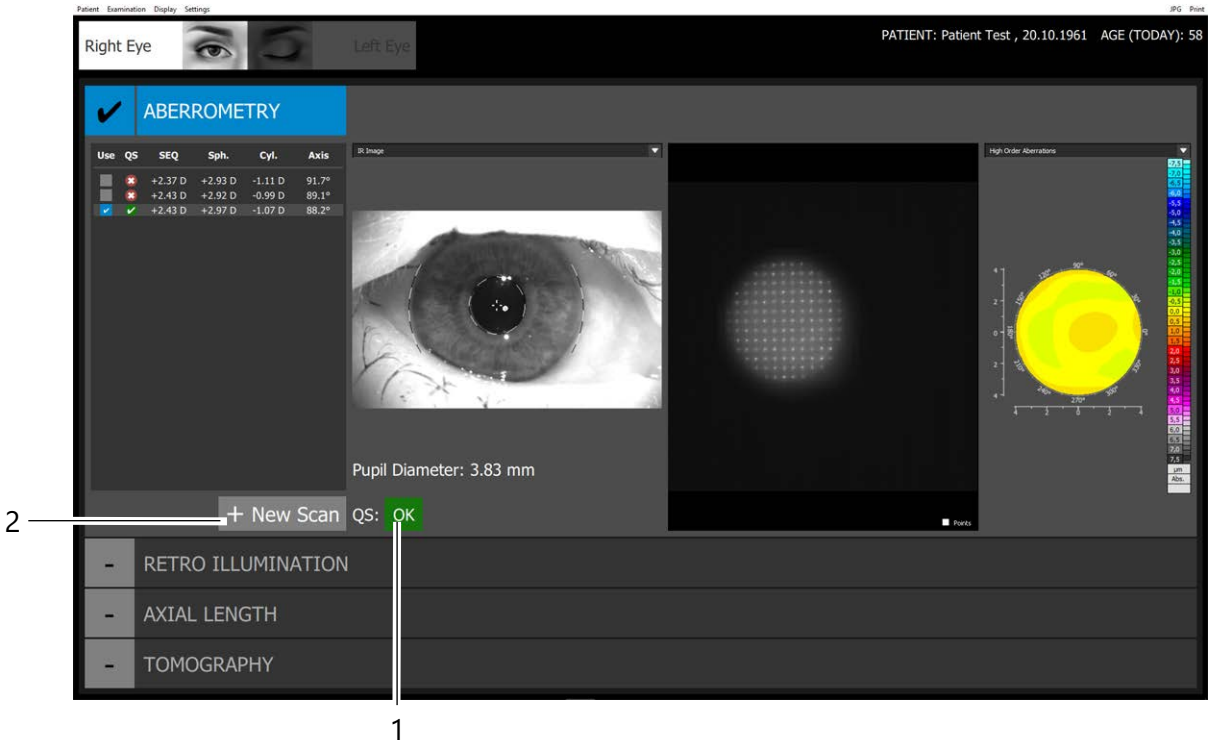


Fig. 8-6: Aberrometry result display

No.	Description	No.	Description
1	"QS" value	2	[+New Scan] button

Note

All examinations are automatically saved, regardless of the quality of the measurement taken.

QS: If the scan data

- is green and reads OK, the measurement is correct and can be used for the evaluation of the examination.
- is yellow, you may want to repeat the measurement.
- is red, you have to repeat the measurement.

If the "QS" display is highlighted in yellow or red, check the QS values.

➔ Click on the “QS” button.
The following dialog box appears:

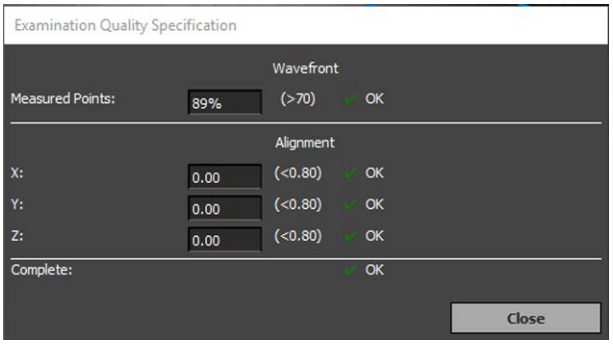


Fig. 8-7: Examination Quality Specification

➔ Check the measurement results.
➔ If you have any doubts, repeat the measurement.

Parameters

- **Measured Points:** If analyzed data is less than the permissible threshold.
- **Alignment X, Y** and **Z:** If one of these values exceeds the permissible threshold, you may have moved the cross slide at the moment you began measuring.
- **Complete:** The worst value of the of the QS parameters is displayed.

Terminating “QS”

➔ Click [Close] to return to the Pentacam®-Program.
➔ Terminate the current examination which has been saved.
➔ If required, click the [+New Scan] button for a new measurement. Otherwise click on the next exam mode [RETRO ILLUMINATION].

8.7 Capturing Procedure for the Retroillumination

Immediately after measuring the wavefront aberration, a single retroillumination exposure is automatically carried out. Use this measurement mode for further retro-illumination exposures.

Caution

You have to carry out an image capture with manual release.

➔ Prepare the measurement and adjust the patient → chap. 8.2 (page 38).

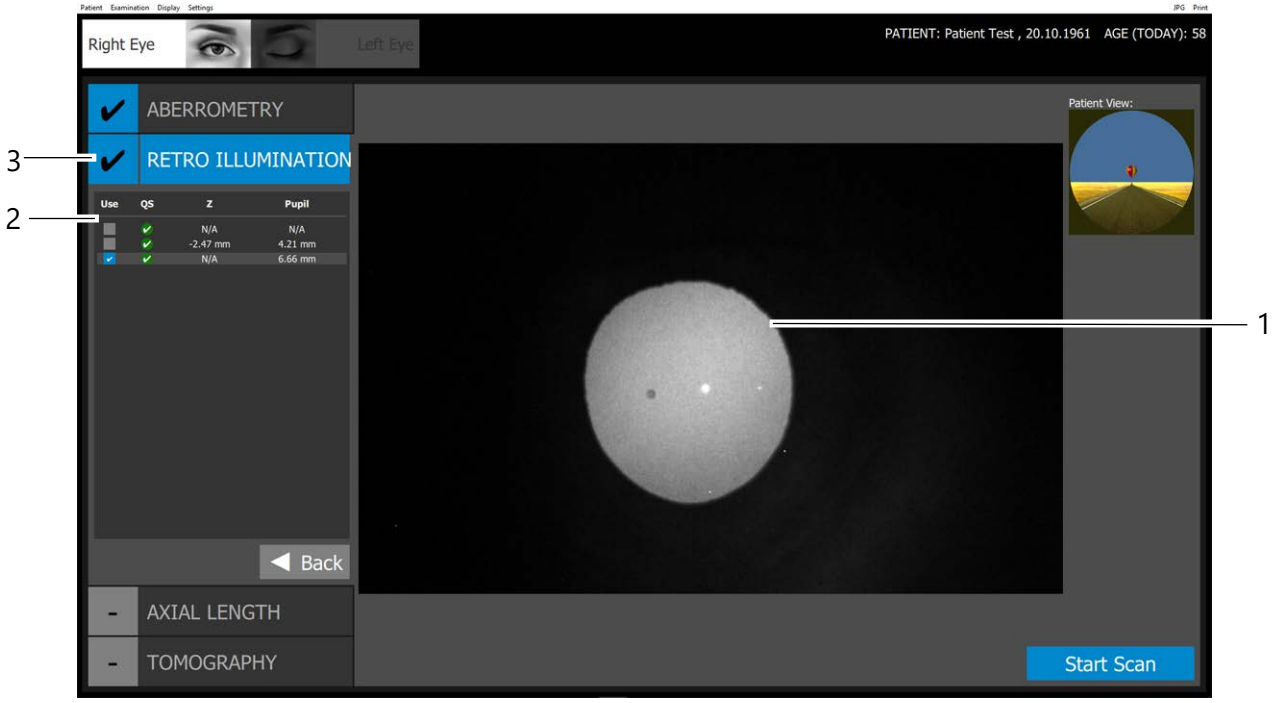


Fig. 8-8: Scan screen "Retroillumination"

No.	Description	No.	Description
1	Pupil image during retroillumination	3	Current examination mode
2	Retroillumination parameter		

➔ Click on the [RETRO ILLUMINATION] button.

➔ Focus the pupil image by moving the joystick → chap. 8.4 "Fine adjustment" (page 40).
The tentative final position of the camera is reached when you find your point of interest.

➔ Shortly before you have reached the final position ask the patient to widen his or her eye and not to blink.
➔ Click on [Start Scan] button to capture the image of interest – for example opacities of the crystalline lens.

Retroillumination parameters

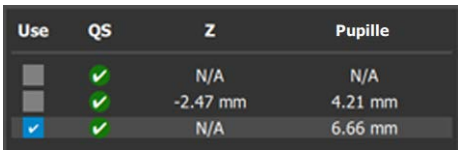


Fig. 8-9: Objective Retroillumination parameter

- **Use**: Activate this checkbox to use the data for the full sequence analysis. Use only one exam of each exam mode for the full sequence examination.
- **Z:** Distance of the device to the focus level
- **Pupil**: Diameter of the pupil

8.8 Measuring Procedure to Measure the Axial Length

Before the measurement

➔ Make sure that the [Automatic release] checkbox is activated.
➔ Ensure that the "Request 6x Alignment" button is activated.
If "Request 6x Alignment" is activated, the measurement of the axial length only starts when the patient is correctly immobilised. The measurement starts automatically. If "Request 6x Alignment" is deactivated, this means that the axial length measurements are performed without interruption.
"Request 6x Alignment" is activated by default. Only deactivate "Request 6x Alignment" if the patient cannot fixate correctly.

It is mandatory to select the correct eye status before every axial length measurement. Different eye status lead to different results for the axial length measurement, hence influence the IOL power calculation. The eye status has to be selected by the user before every AXL-Scan.

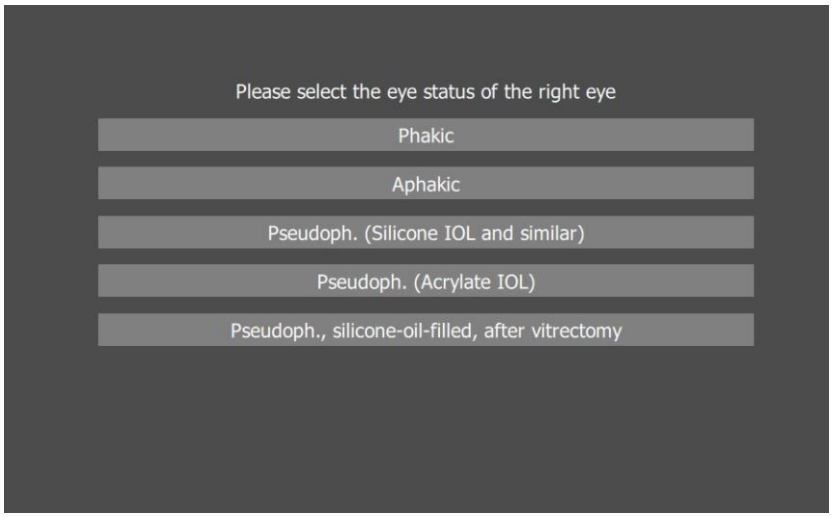


Fig. 8-10: Eye status selection

➔ To select the eye status click on button “Eye status” in the axial length scan mode of the full sequence measurement mode

- Phakic: Default status. Presence of crystalline lens.
- Aphakic: Absence of the crystalline lens. Correction of measured axial length by +0.200 mm
- Pseudophakic (Silicone IOL or similar): IOL of silicone or similar material implanted. Correction of axial length by +0.120 mm.
- Pseudophakic (Acrylate): Acrylat/Metaacrylate IOL implanted. Correction of axial length by +0.110 mm.
- Pseudophakic, silicon-oil filled, after vitrectomy: previous vitrectomy with a silicon-oil-filled vitreous. Correction of axial length by -0,692 mm.

Caution

Risk of incorrect measurement caused by unchecked plausibility

➔ Check both eyes on plausibility.

Recommended differences between both eyes should be below:

- Axial length AXL < 0,3 mm
- Curvature < 0,18 mm. This equals approximately in 1 dpt (based on a refractive index of 1,3375)
- Difference of IOL power to reach emmetropia by same target refraction < 1 dpt

The following conditions may influence the readings of the measurement respectively make it impossible:

- Mature cataracts, opaque corneas in the optical center, severe fixation problems.

Note: In pseudophakic eyes the anterior chamber depth is not calculated correctly but it is possible to measure the anterior chamber depth in the Scheimpflug image manually.

➔ Prepare the measurement and adjust the patient → chap. 8.2 (page 38).

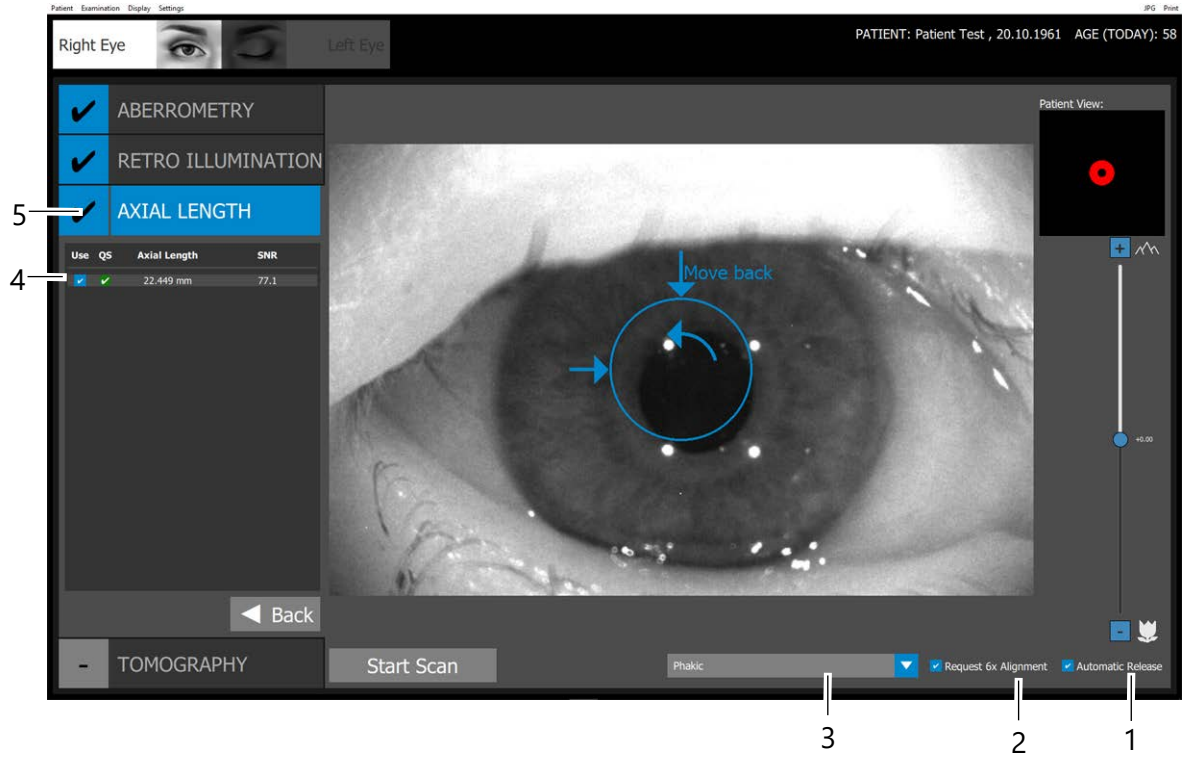


Fig. 8-11: Scan screen "Axial length"

No.	Description	No.	Description
1	[Automatic Release] checkbox	4	Axial Length parameter
2	[Request 6x alignment] checkbox	5	Current examination mode
3	Dropdown list for eye status		

Measuring of the axial length

➔ Move the image with the cross towards the patient until the four infrared LED are clear.

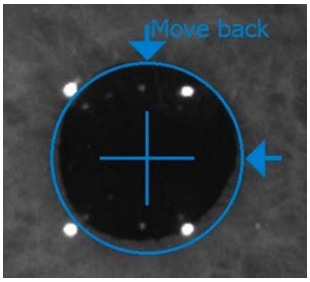


Fig. 8-12: Adjustment

➔ Focus the pupil image by moving the joystick → chap. 8.4 "Fine adjustment" (page 40).

➔ Shortly before you have reached the final position ask the patient to widen his or her eye and not to blink.
The tentative final position of the camera is reached when the four bars frame the blue circle.
The device triggers the measurement automatically.
➔ Follow the instructions on the screen
➔ Ask the patient to blink normally, take a short break and then continue with the examination of the anterior segment of the eye (tomography scan).

During the measurement of both eyes the following messages may occur.

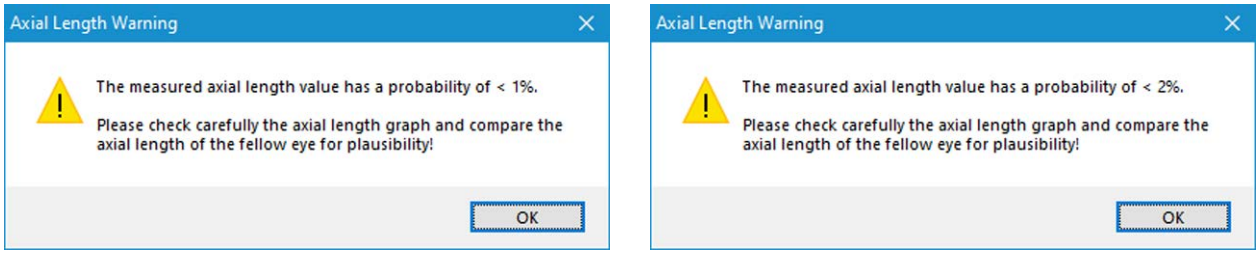


Fig. 8-13: Message: Plausibility check

Note

The axial length values do not correspond to the values of the normal population.

➔ Check the axial length values of both eyes.

The plausibility is marked by a yellow flagged QS value. This will be stored in the Pentacam®-Program accordingly.

This symbol, related to the messages appears for example in the IOL calculator.

➔ Click on this symbol to show the corresponding message.

You must check the corresponding measured value.

If the measured axial length value has a probability of < 1 %, the following message may occur.

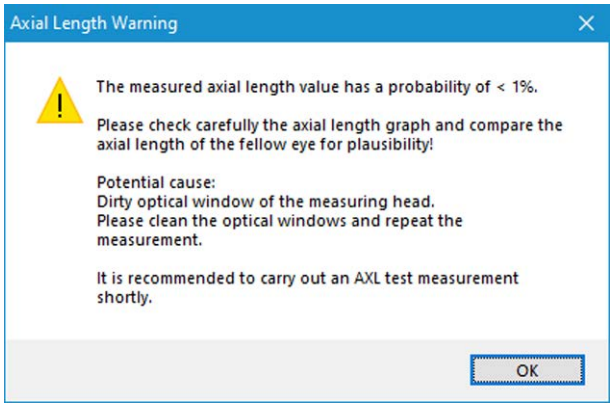


Fig. 8-14: Message: dirty optical window

Warning

Faulty measurements due to dirty window

➔ Clean the optical window.
➔ Carry out a test measurement.

If you do not carry out the test measurement, then this message will be stored in the

Pentacam®-Program accordingly marked by a red flagged QS value, for example in the IOL calculator.

➔ Repeat the measurement.
You must check the corresponding measured value.

Axial length parameters

- **Use:** Activate this checkbox to use the data for the full sequence analysis.
  Use only one measurement of each exam mode for the full sequence examination.
- **QS:** Quality Specification value → chap. 8.6.1 (page 43)
- **Axial Length:** Measured axial length
- **SNR:** Signal to noise ratio

8.8.1 Quality Specifications for Biometry

After you have measured one examination either automatically or manually, the Pentacam®-Program opens. The "QS" value appears in field.

Fig. 8-15: "QS" display

No.	Description	No.	Description
1	Single scans with SNR values	3	"QS" value
2	Signal to noise ratio of the axial length measurement	4	[+New Scan] button

Note

All examinations are automatically saved, regardless of the quality of the measurement taken.

- **QS:** If the AXL scan data
  - reads OK, the measurement is correct and can be reproduced. SNR >=6.3
  - is yellow, you may want to repeat the measurement. SNR >=5.0
  - is red, you have to repeat the measurement. SNR < 5.0

  If only one single measurement out of the six is valid, its value is displayed as one single measurement, but not as a final result and QS is red, since it is only one valid measurement.

➔ Check the axial length measurements in the display AXL Scan carefully for possible double-peaks and a valid SNR.

If the "QS" display is highlighted in yellow or red, check the QS values.

➔ Click the "QS" button.
The following dialog box appears:

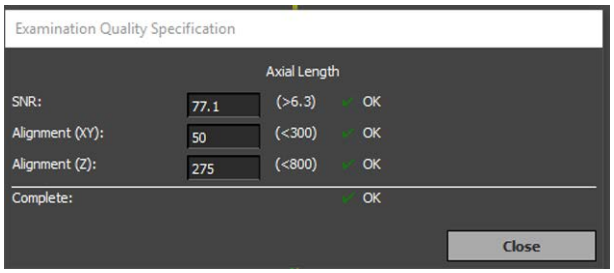


Fig. 8-16: Examination Quality Specification

➔ Check the measurement results.
➔ If you have any doubts, repeat the measurement.

Parameter

- **SNR:** Signal to noise ratio of the axial length measurement
- **Axial length:** The final result of the axial length is calculated only of all feasible SNR peaks. The signal to noise ratio graph of the best scan is displayed.
- **Alignment (XY)** and **(Z):** If one of these values exceeds the permissible threshold, you may have moved the cross slide at the moment you began measuring.
- **Complete:** The worst value of the of the QS parameters is displayed.

Terminating "QS"

➔ Click [Close] to return to the Pentacam®-Program.
➔ Terminate the current examination which has been saved.
➔ If required, click the [+New Scan] button for a new measurement. Otherwise click on the next measurement mode [Tomography].

8.9 Measuring Procedure for Tomography

➔ Prepare the measurement and adjust the patient → chap. 8.2 (page 38).

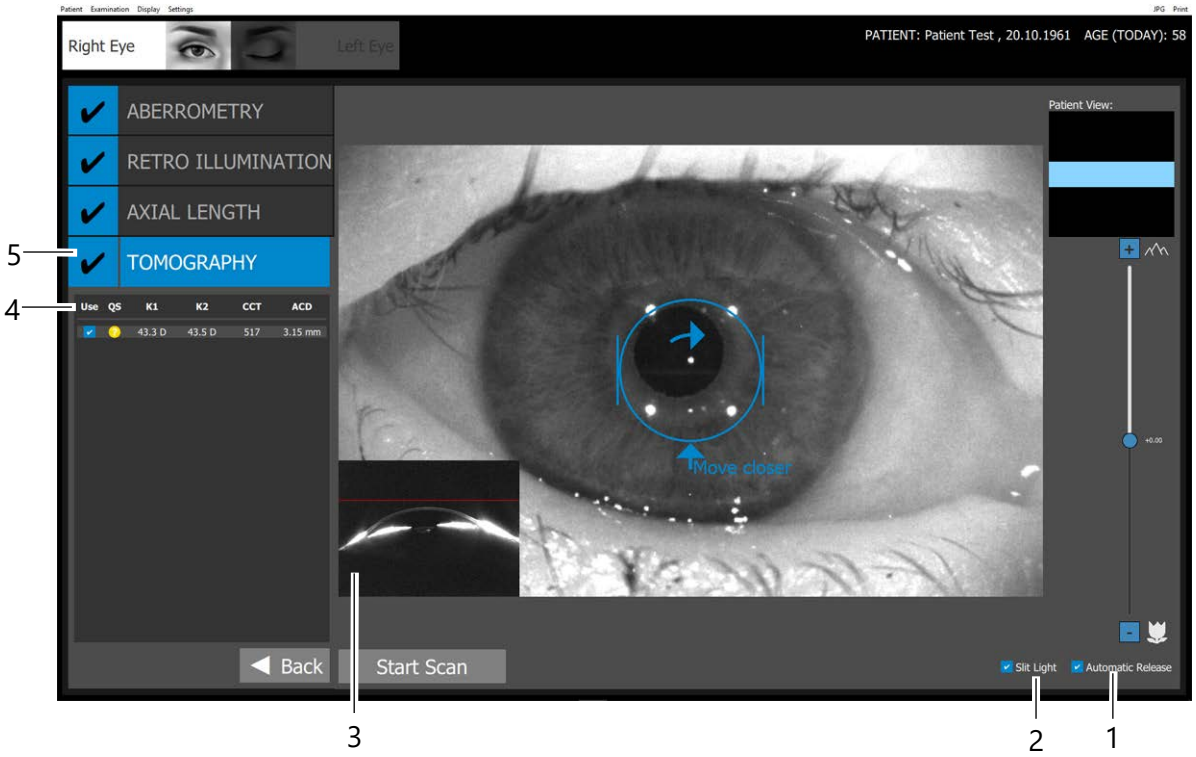


Fig. 8-17: Scan screen “Tomography”

No.	Description	No.	Description
1	[Automatic Release] checkbox	4	Tomography parameter
2	[Slit light] checkbox	5	Current examination mode
3	Live Scheimpflug image		

Measuring of the tomography

➔ Move the cross slide towards the patient until the live Scheimpflug image shows the cornea of the eye that you are examining.

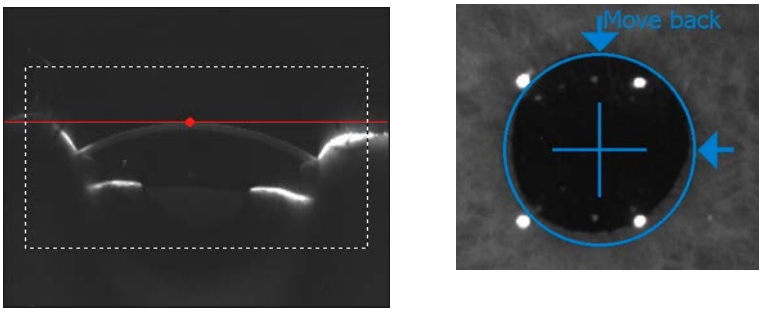


Fig. 8-18: Scheimpflug image (left) and overview image (right)

The image is sharpest when the red dot coincides with the red line in the Scheimpflug image.

➔ Focus the pupil image by moving the joystick towards the device or away from it.

➔ Ask the patient to widen his or her eye and not to blink.

➔ Adjust the left/right position of the device and its height setting.
Move the joystick to the left or right and rotate the joystick clockwise or anticlockwise.
The tentative final position of the camera is reached when the four bars frame the blue circle.
The device triggers the measurement automatically.

➔ Ask the patient to remove his or her head from the rest.

➔ Check the measurement results by referring to the quality specifications → chap. 8.9 (page 53).

Tomography parameters

- **Use:** Examination can be used for the evaluation.
  Click the checkbox of the respective measurement to use it for the evaluation.
  Use only one measurement for the full sequence examination.
- **QS:** Quality Specification value → chap. 8.6.1 (page 43)
- **K1:** Flat radius of the corneal curvature
- **K2:** Steep radius of the corneal curvature
- **CCT:** Central corneal thickness
- **ACD:** Anterior chamber depth

8.9.1 Quality Specifications for the Tomography

After measuring either automatically or manually, the Pentacam®-Program opens. The “QS” value appears in fiel.

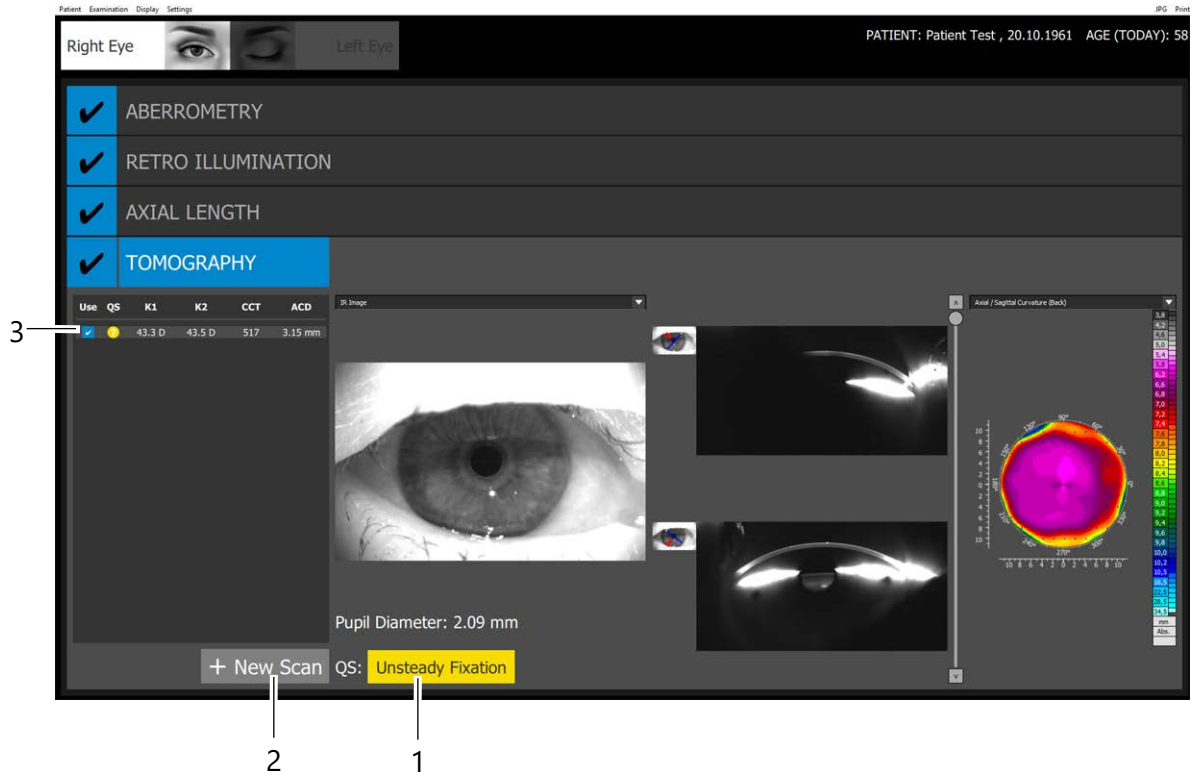


Fig. 8-19: “QS” display

No.	Description	No.	Description
1	“QS” value	3	[Use] checkbox
2	[+New Scan] button		

Note

All examinations are automatically saved, regardless of the quality of the measurement taken.

QS: If the tomography scan data

- reads OK, the measurement is correct and can be reproduced.
- is yellow, you may want to repeat the measurement.
- is red, you must repeat the measurement.

If the “QS” display is highlighted in yellow or red, check the QS values.

➔ Click the “QS” button.
The following dialog box appears:

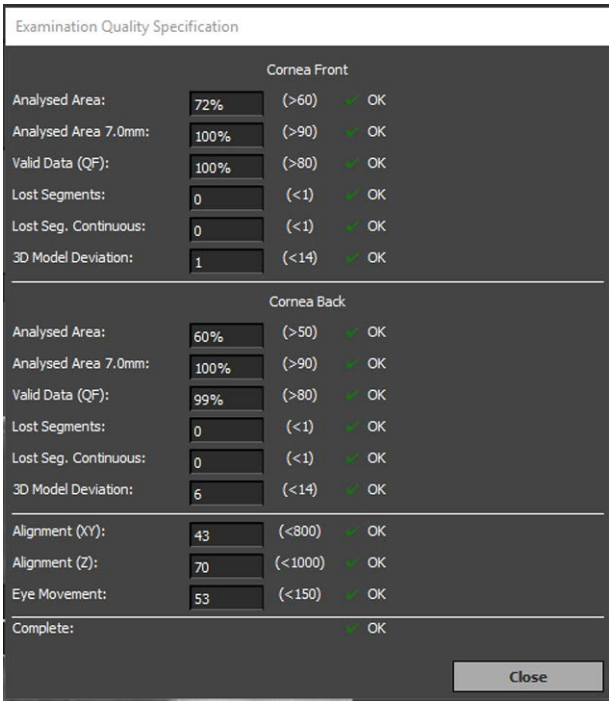


Fig. 8-20: Examination Quality Specification

➔ Check the measurement results.
➔ If you have any doubts, repeat the measurement.

Notes on individual parameters

- **Analysed Area**
  If this value is less than the permissible threshold, the patient must widen his or her eye.
- **Valid Data**
  If this value is less than the permissible threshold, you have to darken the room.
- **Lost Segments** and **Lost Seg. Continuous**
  If one of these values exceeds the permissible threshold, ask the patient not to blink while you are measuring.
- **3D Model Deviation:** deviation of measured cornea from calculated 3D model
- **Alignment (XY)** and **Alignment (Z)**
  If one of these values exceeds the permissible threshold, you may have moved the cross slide at the moment you began measuring.
- **Eye Movement**
  If this value exceeds the permissible threshold, it is possible that fixation of the patient is inadequate.

Terminating "QS"

➔ If required, delete the measurement if the image is inadequate.
➔ If required, click the [+New Scan] button for a new measurement.
➔ Click [Close] to return to the Pentacam®-Program.

8.10 CSP Pro measurement

In a CSP Pro measurement, not only the cornea, but also parts of the sclera are measured. This means larger diameter contact lenses such as scleral lenses can be fitted.

Before the measurement

By default, a tomography measurement is carried out after the axial length measurement → chap. 8.9 (page 53).

➔ Move the CSP Pro slider to the right position to activate the CSP Pro measurement.
The "Tomography" entry is hidden and the "CSP Pro" entry is displayed instead.
➔ Make sure that the checkbox [Slit Light] is activated.
➔ Make sure that the [Automatic Release] checkbox is selected.
➔ Prepare the measurement and adjust the patient → chap. 8.2 (page 38).

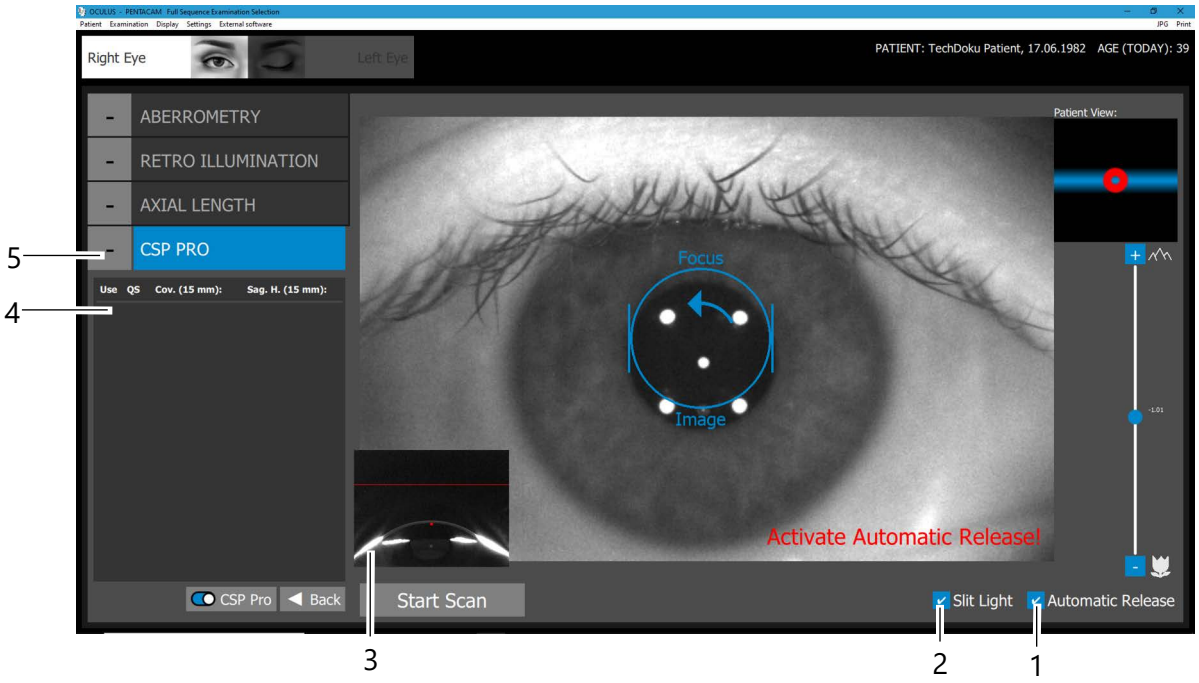


Fig. 8-21: "CSP Pro" examination screen

No.	Description	No.	Description
1	[Automatic Release] checkbox	4	Tomography parameter
2	[Slit Light] checkbox	5	Current examination mode
3	Live Scheimpflug images		

Perform CSP Pro measurement

➔ Move the cross slide towards the patient until the live Scheimpflug image shows the cornea of the eye that you are examining.

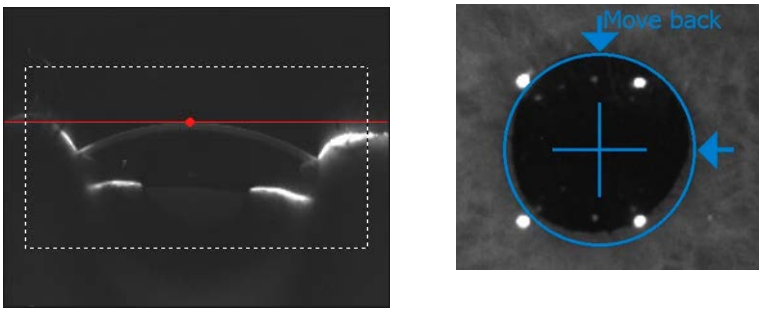


Fig. 8-22: Scheimpflug image (left) and overview image (right)

The image is sharpest when the red dot coincides with the red line in the Scheimpflug image.

➔ Focus the pupil image by moving the joystick towards the device or away from it.

➔ Ask the patient to widen his or her eye and not to blink.

➔ Adjust the left/right position of the device and its height setting.
Move the joystick to the left or right and rotate the joystick clockwise or anticlockwise.
The tentative final position of the camera is reached when the four bars frame the blue circle.
The device triggers the measurement automatically.

➔ Ask the patient to remove his or her head from the rest.

➔ Check the measurement results by referring to the quality specifications → chap. 8.10.1 (page 59).

8.10.1 Quality Specification for CSP Pro Measurement

After measuring either automatically or manually, the Pentacam®-Program opens. The “QS” value appears in field.

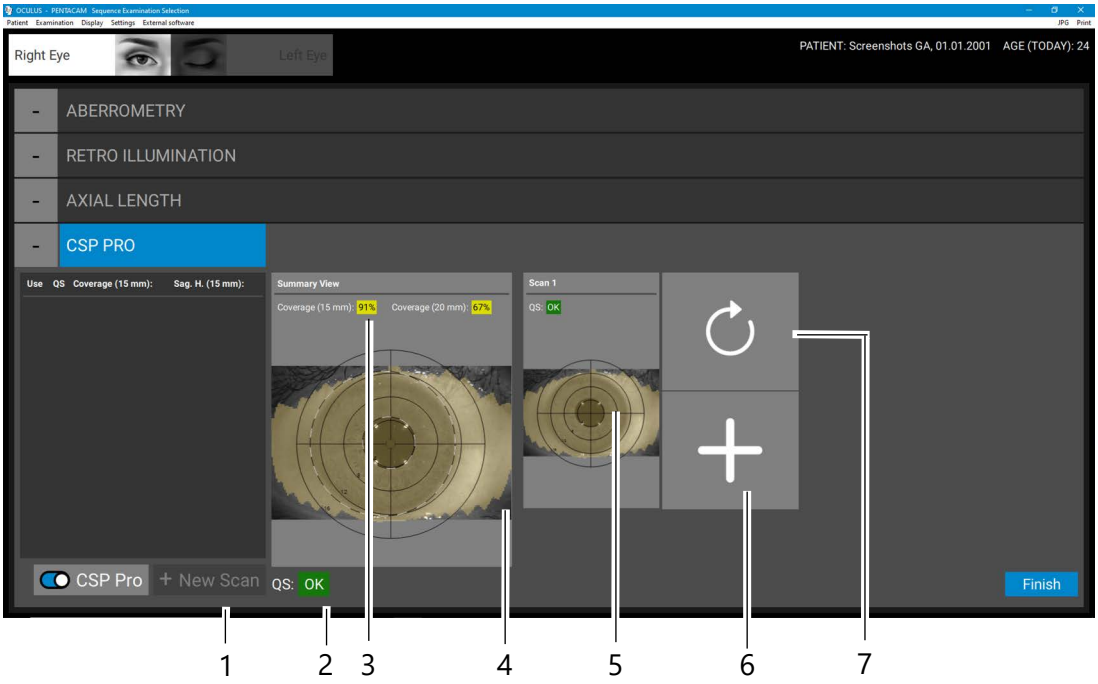


Fig. 8-23: Results display for a CSP Pro measurement

No.	Description	No.	Description
1	[+New Scan] button	5	Individual measurements
2	“QS” value	6	[Add measurment] button
3	Value for the overall coverage	7	[Repeat measurement] button
4	Display sum of all individual measurements		

Note

All examinations are automatically saved, regardless of the quality of the measurement taken.

If the value in the “QS” field

- is green and shows OK, the measurement is correct and can be reproduced.
- is yellow, you may want to repeat the measurement.
- is red, you must repeat the measurement.

If an error message is displayed in the “QS” field, the measurement must also be repeated.

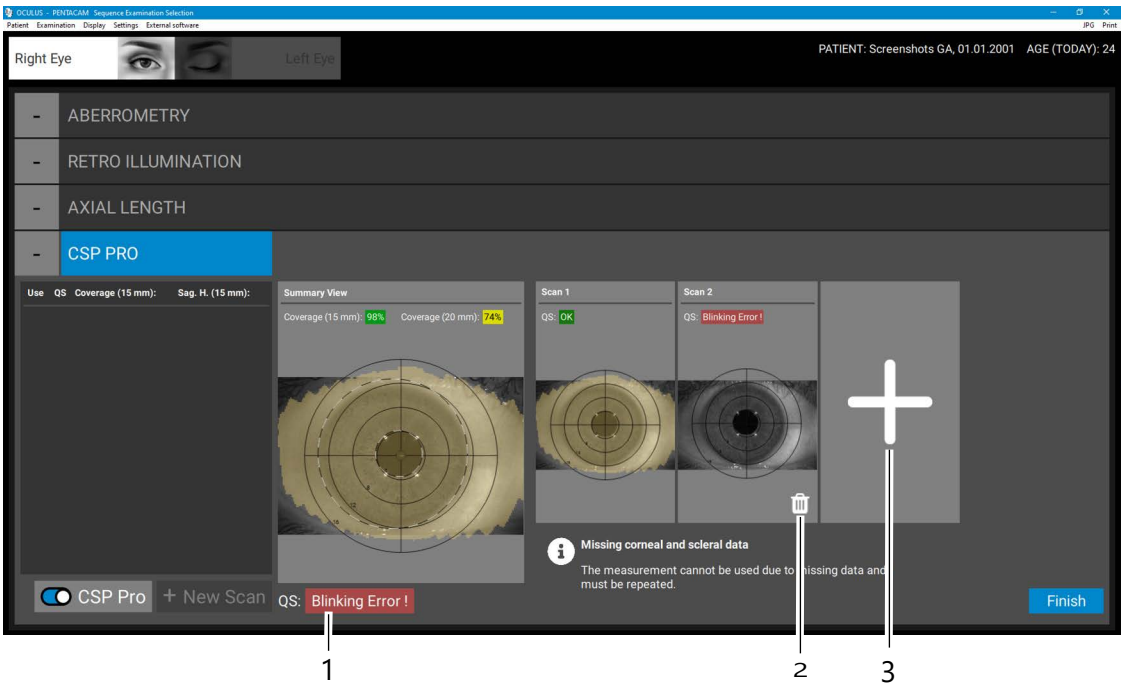


Fig. 8-24: Error message after a CSP Pro measurement

No.	Description	No.	Description
1	Error message	2	[Delete measurement] button
3	[Add measurement] button		

8.10.2 Repeat or Delete Measurement

If the QS value of the first measurement is not sufficient to use this for evaluation, repeat the measurement:

➔ Click on the [Repeat measurement] button.
The measurement is repeated and the previous measured values automatically get deleted.

The eye needs to be held open wide enough for the desired measurement area not to be covered by the eyelids to achieve good coverage of the cornea and sclera. We recommend holding up the upper eyelid with the LidStick® or alternatively a long cotton swab. The patient can carefully pull down his or her lower eyelid with a finger.

➔ Click the [+] button to the right of the last measurement taken to add a measurement.
The coverage area of each measurement is shown in a different color in the corresponding display.
The coverage of all individual measurements is displayed summed up in the coverage map.

➔ Carry out additional examinations until the required measurement area is achieved i.e. a complete corneal scleral profile.

➔ If necessary, delete measurements with yellow or red QS. This is also necessary if more than 4 individual measurements have to be carried out in order to obtain coverage >95%..

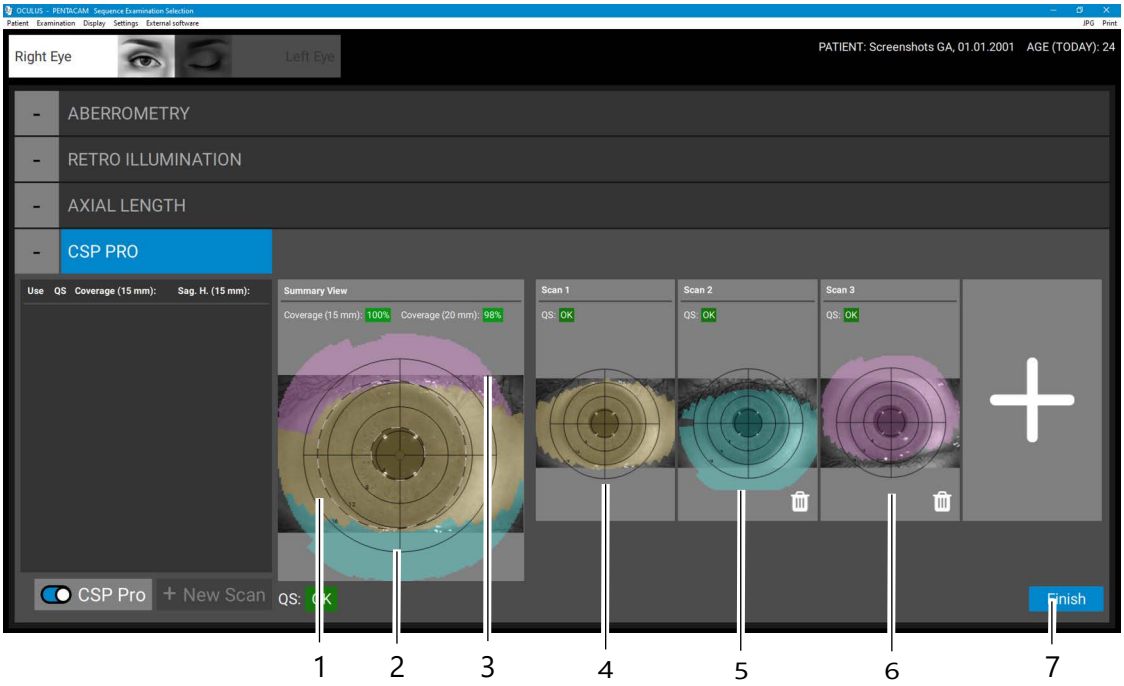


Fig. 8-25: Coverages of individual measurements and total coverage

No.	Description	No.	Description
1	Coverage by measurement 1	5	Coverage by single measurement 2
2	Additional coverage by measurement 2	6	Coverage by single measurement 3
3	Additional coverage by measurement 3	7	[Finish] button
4	Coverage by single measurement 1		

➔ Click the [Finish] button to complete the CSP Pro measurement..

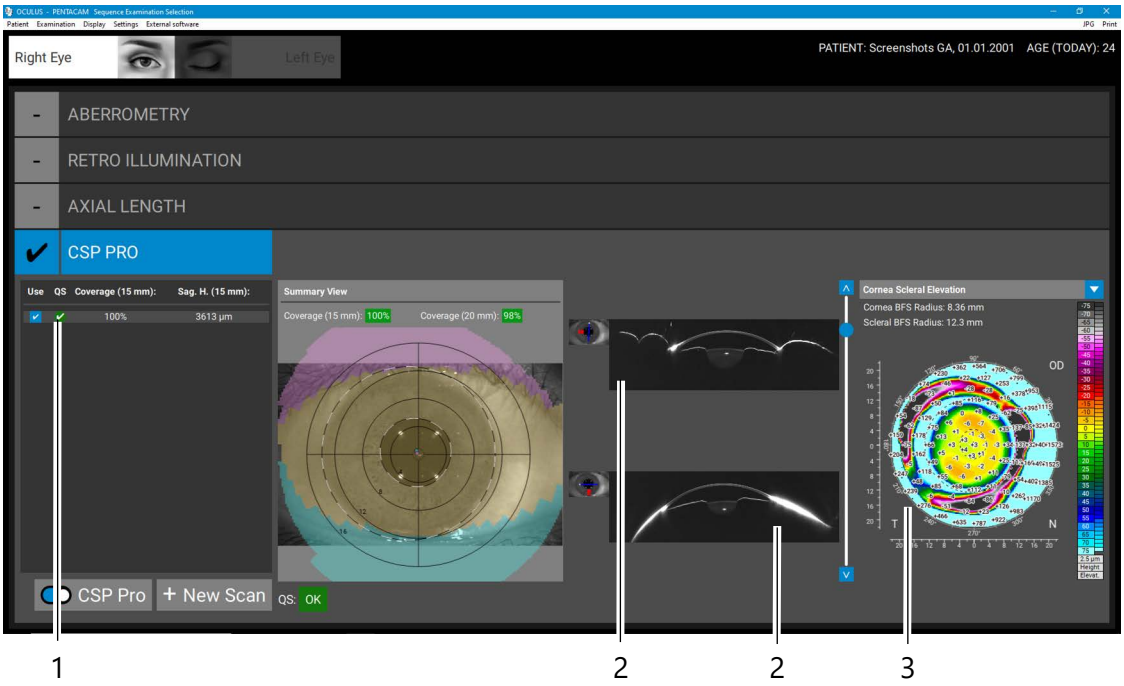


Fig. 8-26: Completed CSP Pro measurement

No.	Description	No.	Description
1	Parameters of the CSP Pro measurement	3	Elevation map
2	Scheimpflug images		

CSP Pro measurement parameter

- **Use:** Examination can be used for the evaluation.
  Click the checkbox of the respective measurement to use it for the evaluation.
  Use only one measurement for the full sequence examination.

➔ **QS:** Quality Specification value → chap. 8.10.1 (page 59).

➔ **Cov.(15 mm):** Coverage of the cornea and sclera in percent.

➔ **Sag. H. (15 mm):** Sagittal height of the cornea for a diameter of 15 mm.

8.11 Perform a Single Scan for an Examination Mode

You can perform single scans for each examination mode, for example to check values after a surgery.

➔ Adjust the table height.

➔ Check that

- fresh paper has been put onto the chin rest or the chin rest has been cleaned and disinfected → chap. 11 (page 83).
- the forehead rest has been cleaned and disinfected after each examination → chap. 11 (page 83).
- the lens in front of the camera and the acrylic glass are clean.

➔ Ask the patient to place his or her head on the chin and forehead rest.

➔ Do not touch the patient and the device simultaneously.

➔ If the lighting in the examination room has not been turned down or switched off, use the dark sheet supplied to cover the patient and the device.

➔ Select the [Examination] tab and click [Scan].

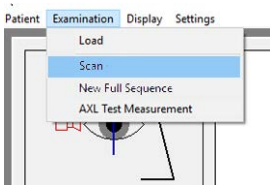


Fig. 8-27: Single scan start

The screen for a single scan is displayed.

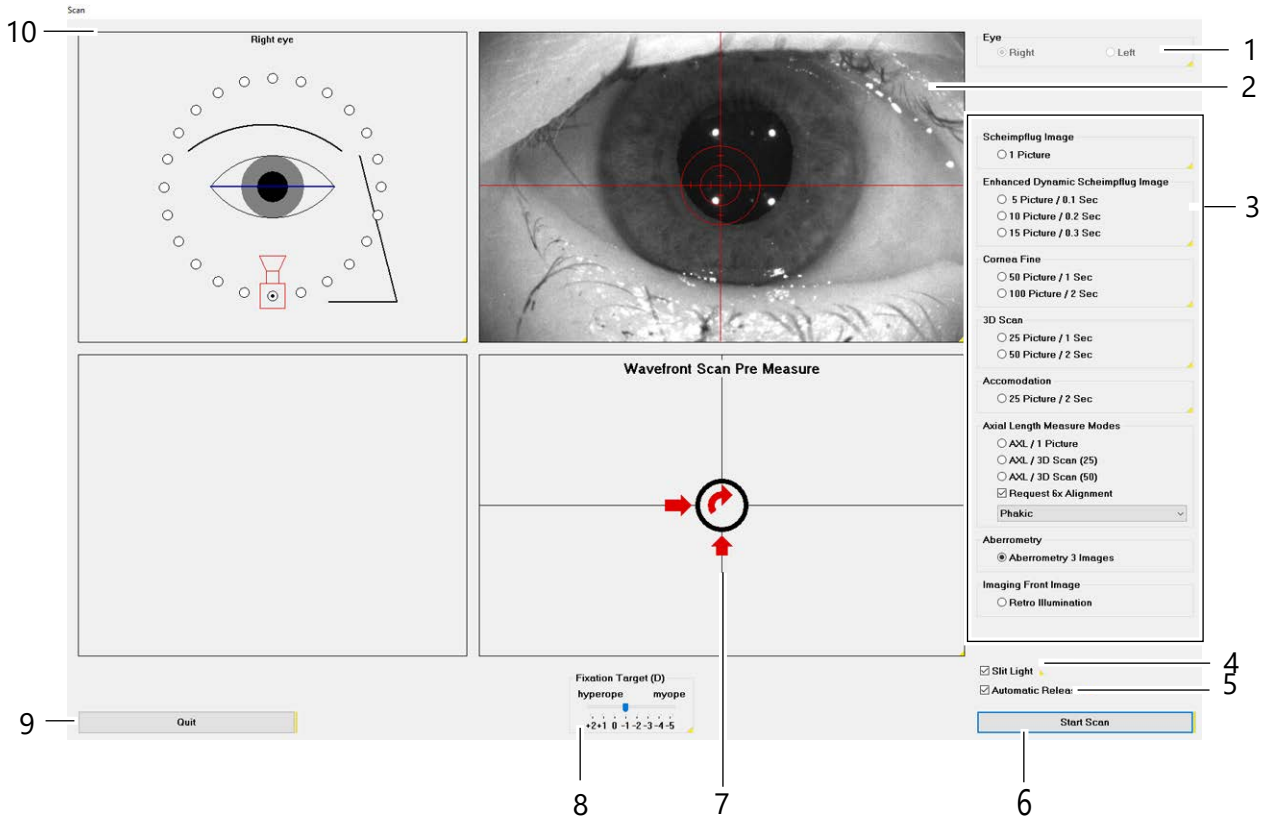


Fig. 8-28: Screen for single scans (example: aberrometry)

No.	Description	No.	Description
1	Display of currently examined eye	6	[Start Scan] button
2	Overview image with adjusting aid	7	Adjustment window
3	Examination mode area	8	Fixation Target
4	[Slit Light] checkbox	9	[Quit] button
5	[Automatic Release] checkbox	10	“Orientation” field

8.11.1 Procedure to take a Single Scan

➔ Select the examination mode → chap. 8.11.3 (page 66).
Enable the depending radio buttons and checkboxes.
➔ Advice the patient to look at the fixation target/point.
The eye currently being examined is detected automatically and is displayed in the display of currently examined eye.
➔ Adjust the camera → chap. 8.2 "Rough adjustment" (page 38) and → chap. 8.4 "Fine adjustment" (page 40).
The Overview Image shows the pupil and a cross hair as an adjusting aid.
➔ Shortly before you have reached the final position ask the patient to widen his or her eye and not to blink.
The device triggers the measurement automatically.

8.11.2 General Settings

- Click the [Slit Light] checkbox to activate/deactivate the blue light for illuminating the eye.
- Click the [Automatic Release] checkbox to activate automatic measurement.
- Clicking the [Start Scan] button activates manual measurement. You can also use the Return key.
- Inside the adjustment window, there are arrows showing you the direction in which you have to move the device to activate automatic measurement (Automatic Release).
- The "Fixation Target" setting is a parameter to optimize the fixation of the patient. For this, the active "Fixation Target", for example the LED blinking red in the middle of the blue slit, can be shifted in steps of 0.5 D. The objective is to offset defects in the patient's vision and ensure a simpler method of fixation.
- Click the [Quit] button to abort the measurement.
- The "Orientation" field shows the respective position of the camera and the eye, which is currently being examined.

8.11.3 Scheimpflug Image Settings

You can set the number and type of images required for the respective examination in the "Image Options" box.

"Scheimpflug Image" group box

- If you activate this option, the camera records only one Scheimpflug image. You can freely select the camera position you require by clicking the white rings in the "Orientation" field.

"Enhanced Dynamic Scheimpflug Image" group box

- Use this option to make the camera record either 5, 10 or 15 Scheimpflug images, with the camera remaining in the same position. Image averaging is carried out on the recorded images to minimise background noise. Only one Scheimpflug image is displayed. You can freely select the camera position you require by clicking the white rings in the "Orientation" field (10). This type of image is suitable for a densitometric assessment of the lens.

"Cornea Fine" group box

- Select this option for a more detailed image of the cornea.
  The camera does not capture the deeper-lying layers. You can select 50 Scheimpflug images with a recording time of one second, or 100 Scheimpflug images with a recording time of two seconds.

"3D Scan" group box

- Use this option to select how many images you want the camera to record per scan. The difference is in the duration of the examination and the number of measuring points that are evaluated. A scan comprising of 50 images takes longer, but it provides the highest amount of measured elevation data.
- This type of examination is used for evaluating the cornea and anterior chamber.

"Accommodation" group box

- If you select this option, the camera will take a total of 50 Scheimpflug images. While the camera is recording the images, the "Fixation Target" shifts constantly from -5 D to +2 D. The camera records the Scheimpflug images from a pre-selected camera position.

"Axial Length Measure Modes" group box

- ➔ Select this option for measuring the axial length.
  If you select this option, the desired mode for the axial length measurement is enabled.
- ➔ Follow the instructions on the screen to align the patients eye to the device. If the patients eye is aligned to the device properly the device measures six times the axial length of the patient's eye.
- ➔ Read the message on the screen and give the patient a break for blinking.
- ➔ Advise the patient to fixate on the red blinking light. Click on the OK button to proceed with the 3D scan.
- ➔ Follow the instructions on the screen to align the patient's eye to the device properly.

If "Request 6x Alignment" is activated, the axial length measurement starts only if the patient is fixating correctly during the complete scan. After the device is aligned properly, the measurement starts automatically.
"Request 6x Alignment" deactivated means: The axial length measurements are performed without any interruptions.
"Request 6x Alignment" is activated by default and should only deactivated if the patient has problems to fixate on the red blinking light.

➔ Select the "Eye Status":
- Phakic: Default status. Presence of crystalline lens.
- Aphakic: Absence of the crystalline lens. Correction of measured axial length by +0.200 mm
- Pseudophakic (Silicone IOL or similar): IOL of silicone or similar material implanted. Correction of axial length by +0.120 mm.
- Pseudophakic (Acrylate): Acrylat/Metaacrylate IOL implanted. Correction of axial length by +0.110 mm.

Plausibility of axial length

During the measurement of both eyes the following messages may occur.

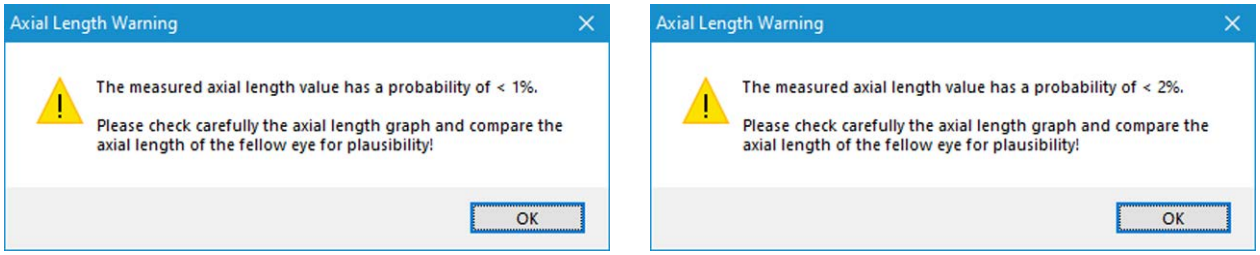


Fig. 8-29: Message: Plausibility check

Note

The axial length values do not correspond to the values of the normal population.

➔ Check the axial length values of both eyes.

The plausibility is marked by a yellow flagged QS value. This will be stored in the Pentacam®-Program accordingly.

This symbol, related to the messages appears for example in the IOL calculator.

➔ Click on this symbol to show the corresponding message.

You must check the corresponding measured value.

If the measured axial length value has a probability of < 1 %, the following message may occur.

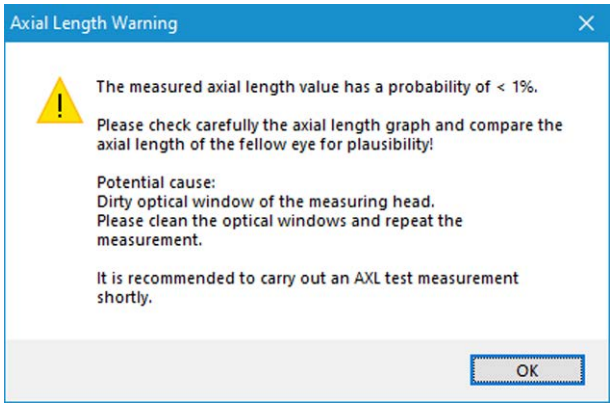


Fig. 8-30: Message: dirty optical window

Warning

Faulty measurements due to dirty window

➔ Clean the optical window.

➔ Carry out a test measurement.

If you do not carry out the test measurement, then this message will be stored in the Pentacam®-Program accordingly marked by a red flagged QS value, for example in the IOL calculator.

➔ Repeat the measurement.

You must check the corresponding measured value.

"Aberrometry" group box

- Enables the wavefront aberrometry measurement.

"Imaging Front Image" group box

- Enables the retroillumination.

Further information on the capturing process → chap. 7.4 (page 36).

8.12 Manual Measurement Function in the Scheimpflug Image

- ➔ Select the button in the extended Scheimpflug image display.
- ➔ Click with the left mouse button on the Scheimpflug image and define the start point of the measurement.
- ➔ Now move the cursor and the distance between the start point and the current mouse position will be displayed in µm.
- ➔ To cancel the current measurement, press the right mouse button.
- ➔ Once you have reached the end point for the measurement, click the left mouse button again.

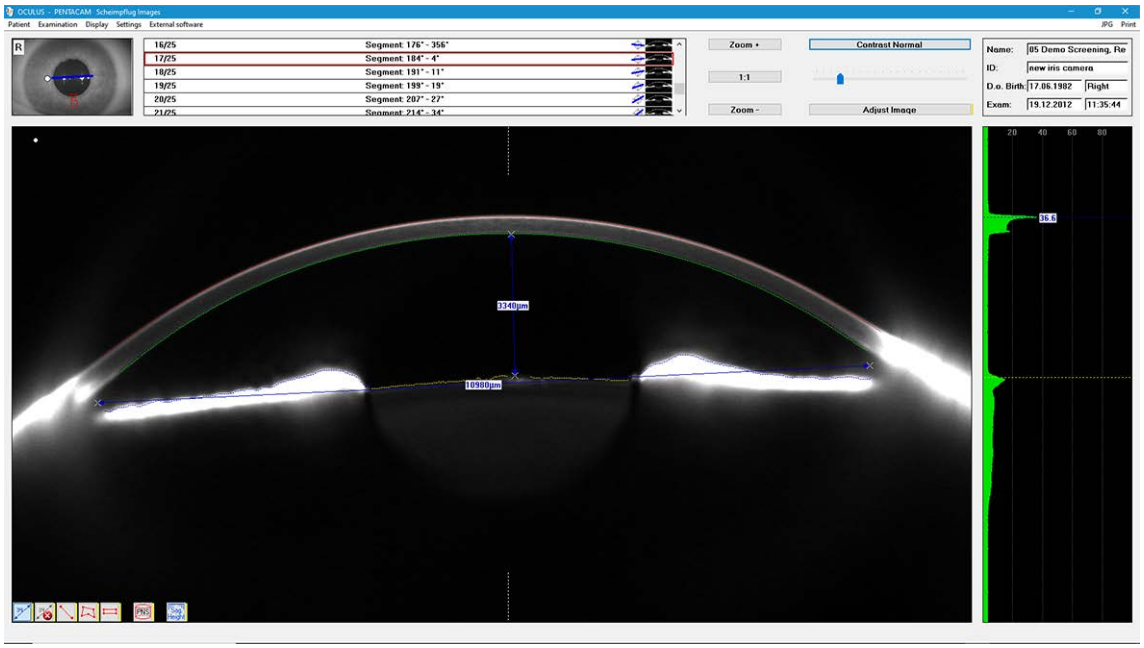


Fig. 8-31: Measurement function in the Scheimpflug image

The arrow head and the associate distance will now be permanently displayed.

- ➔ Click on the button . The last measuring line is deleted.

9 Managing Patient Data

Once you have completed an examination, you can do the following with the patient data:

- Rename it → chap. 9.1 (page 71)
- Export it → chap. 9.2 (page 71)
- Import it → chap. 9.3 (page 73)
- Back up → chap. 9.4 (page 74)

For more information on Patient Data Management, refer to the User Guide.

9.1 Rename Patient Data

After creating of the patient data, you can edit it.

➔ Press the [Change] button.
The input boxes for patient data are now enabled, and the cursor jumps to the "Last name" field.
➔ Change the entries in the individual boxes.
➔ Press the [Save] button.

9.2 Exporting Patient Data

Patient and examination data can be exported, for example, for forwarding to another clinic.

➔ Select the patient and also one of the examinations in the respective list as required.
➔ Click [Export] button below the patient list. The following dialogue appears:

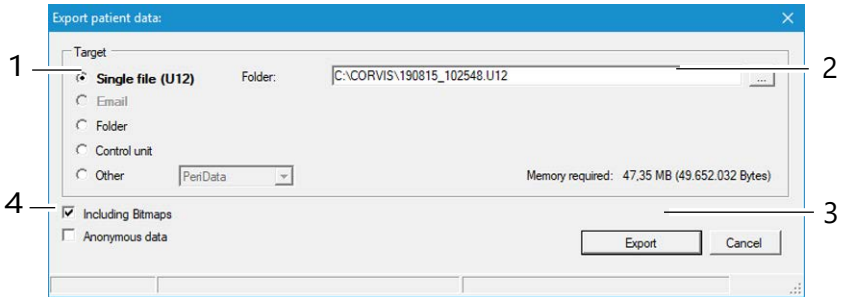


Fig. 9-1: "Export patient data" dialog

No.	Description	No.	Description
1	Saving destination selection	3	[Cancel] and [Export] buttons
2	[...] button	4	Options for data export

The default options for import and export of data are configured in the “Settings” field → User Guide.
Depending on the settings, you may not have to perform all of the following steps (e.g. selection of the directory).

➔ Select the “Target” where you would like to export the data.

Recommendation: Export the patient data using the “Single file (U12)” option.

➔ Press the [...] button.
➔ In the dialog that appears, select the folder or the file to which the patient data should be exported.
➔ Specify the name and destination of the file you are saving.
➔ Make sure you have selected [Including Bitmaps].
➔ Click [Export].
The patient and examination data have now been saved at the destination specified.
You can send data stored on the hard drive as an e-mail attachment.

Note

Requirements for transferring data to another PC:

- The Pentacam®-Program must be installed on the other PC. If the program is updated on the device PC (sender), the program on the other PC (recipient) must also be updated.
- Make sure, that the PC is connected to a local network controlled by the Floating License Key or that a single license key is connected to the PC in order to interactively evaluate the exams.

9.3 Importing Patient Data

If you receive patient data, for example, on a USB stick, you can import these data.

Note

Risk of loss of data due to computer viruses

Computer viruses can cause loss of data.

➔ Run a virus check before importing data from the USB flash drive.

➔ Press the [Import] button. The following dialog appears:

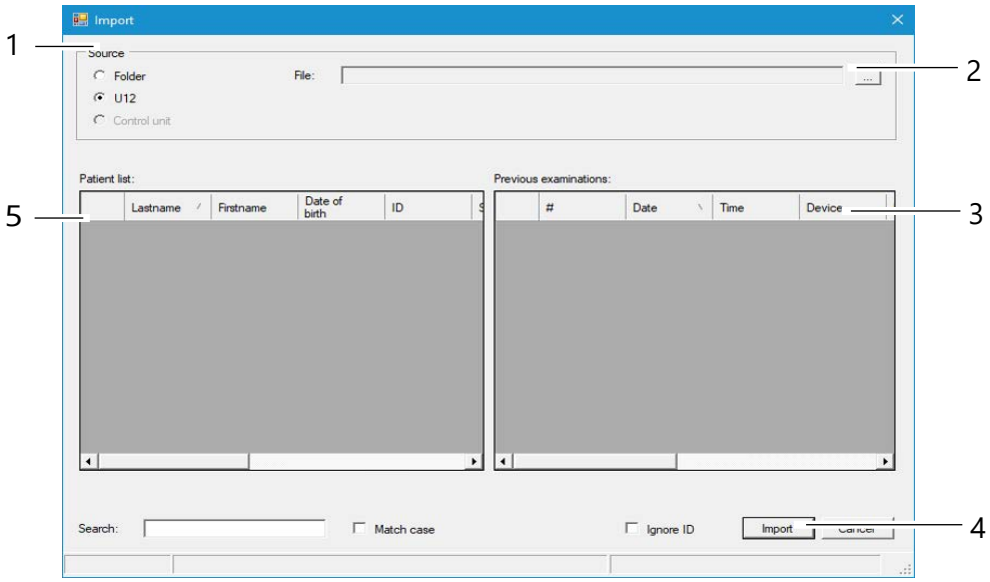


Fig. 9-2: "Import" dialog

No.	Description	No.	Description
1	Select data source	4	[Import] button
2	[...] button	5	Patient list
3	Previous examinations		

The default options for import and export of data are configured in the "Settings" field → User Guide.

➔ Depending on the settings, you may not have to perform all of the following steps (e.g. selection of the directory).

➔ Select the option where the source data are contained ("Folder" or "U12" (single file)).

Recommendation: Import the patient data using the "Single file (U12)" option.

- ➔ Press the [...] button.
- ➔ In the dialog box, select the directory or the file where the patient data are located.
- ➔ Confirm your selection with [OK] or [Open].
  The patients and the associated examinations that are found are displayed in the lower part of the dialog.
- ➔ To import the data, press the [Import] button.
  The data will then be available in the Patient Data Management system.

9.4 Data Backup

You should make a backup copy of patient and examination data at regular intervals. In case of loss of data, you can reconstruct the data from a previously created backup with the help of this function. Since data backup takes several minutes, depending on the scope of the database and the data to be backed up, a backup should be carried out when the PC and the device will not be needed.

Note

Risk of loss of data due to computer viruses

Computer viruses can cause loss of data.

- ➔ Run a virus check before making a backup to a USB flash drive.

The general rules for security backups apply to the creation of backup copies created with the help of the Patient Data Management system. Storage of backup files should always be done on a separate system (e.g. on a USB flash drive with adequate capacity).

9.4.1 Backup Data

➔ Press the [Backup] button at the top right of the Patient Data Management system. The following dialog is displayed:

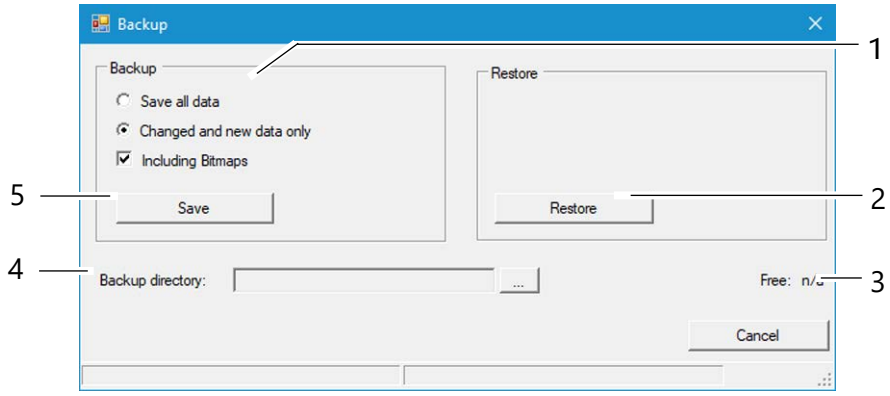


Fig. 9-3: "Backup" dialog

No.	Description	No.	Description
1	Backup data selection	4	Backup directory and button [...]
2	[Restore] button	5	[Save] button
3	Display free storage space		

➔ Select whether all of the data or only changed data should be backed up.

The Patient Data Management system internally tags all saved data records.
If you select the option "Changed and new data only", only the data records that were not saved during a previous backup will be backed up.

➔ Press the [...] button to the right of the "Backup directory" box (4).
➔ In the dialog that appears, select the folder to which the data should be backed up.
➔ Confirm your selection with [OK].
➔ To back up the data, press the [Save] button. The previously selected data will then be backed up to the corresponding folder.

9.4.2 Reconstructing Data

If a loss of data occurs, the data from a previous backup can be re-imported into the Patient Data Management system.

- ➔ Press the [...] button.
- ➔ In the dialog that appears, select the folder which contains the backup data.
- ➔ Confirm your selection with [OK].
- ➔ To import the data, press the [Restore] button. All data in the appropriate directory are copied to the Patient Data Management system.

9.4.3 Automatic Backup

In addition to the manually performed backup, it is also possible to automatically run a backup when exiting the Patient Data Management system. The settings required for this can be made in the "Settings" area → User Guide.

10 Test Measurements

The device is tested and calibrated in the OCULUS factory. OCULUS Optikgeräte GmbH recommends to perform regular test measurements of the device.
You will be prompted by the software for test measurements.

10.1 Test Measurement: Axial length

10.1.1 Attach the Test Eye

Tool and material

- Pentacam® AXL Test eye (70108)
- 1.5 mm Allen key

Procedure

➔ Turn off the device.
➔ Use the Allen key to attach the test eye to the chin and head rest, directly underneath the retainer for the head rest.

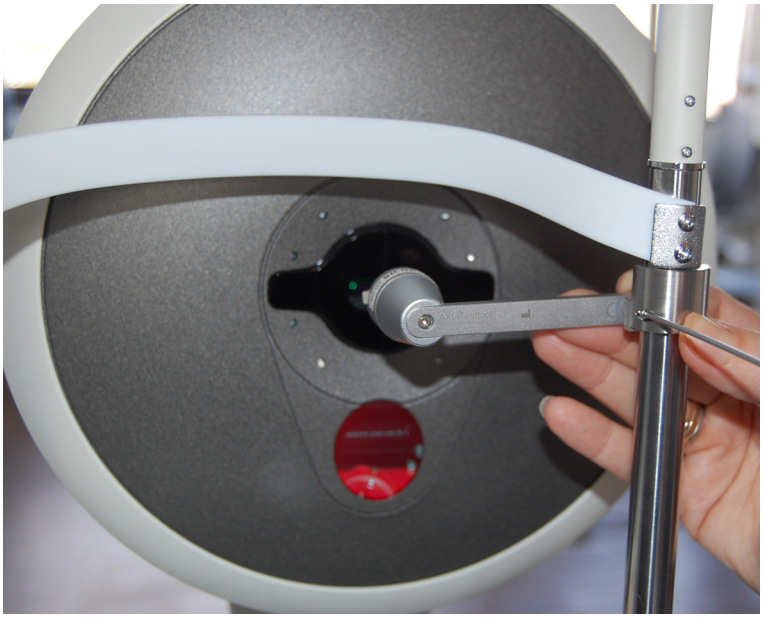


Fig. 10-1: Attach the test eye

➔ Make sure that the test eye is in park/home position when it is not being used.

Fig. 10-2: Test eye in park/home position

10.1.2 Perform the Axial Length Test Measurement Routine

The axial length test measurement routine has to be performed daily before the first "Full Sequence Examination". After the Full Sequence Mode is selected the following screen appears:

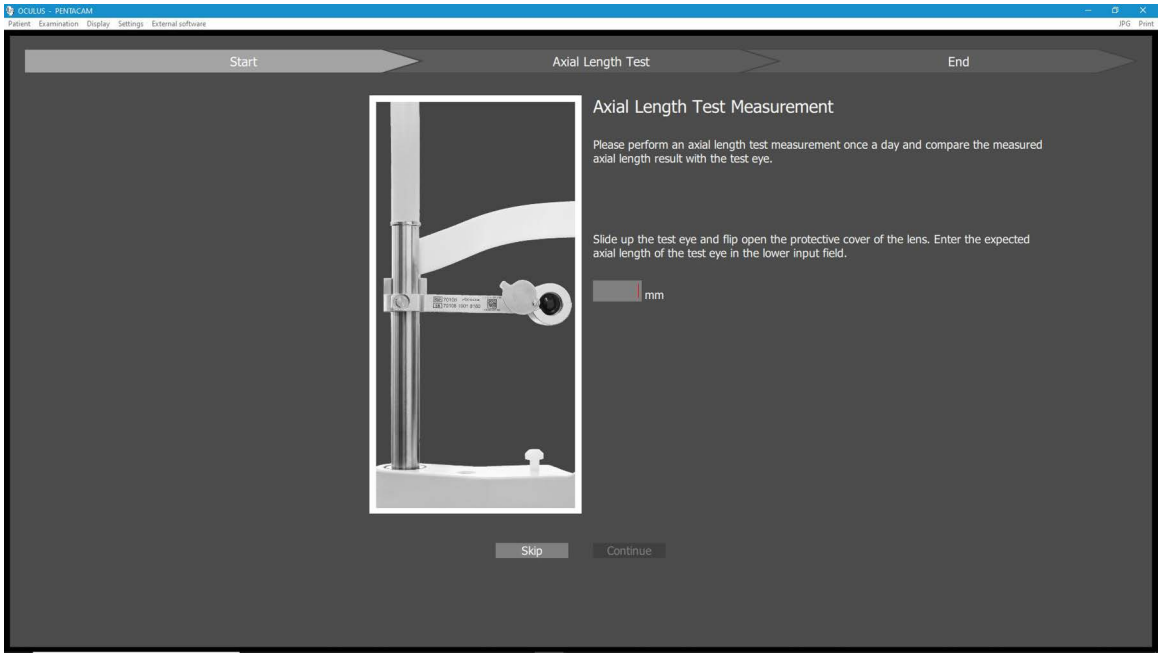


Fig. 10-3: Axial Length Test Measurement start screen

➔ Follow the instructions on the screen, type in the axial length of the test eye and click on "Continue".

For the case the test measurement is skipped it is saved in the software and all following AXL scans receive a bad QS value including the message "Missing test measurement".

Fig. 10-4: Axial length of the test eye

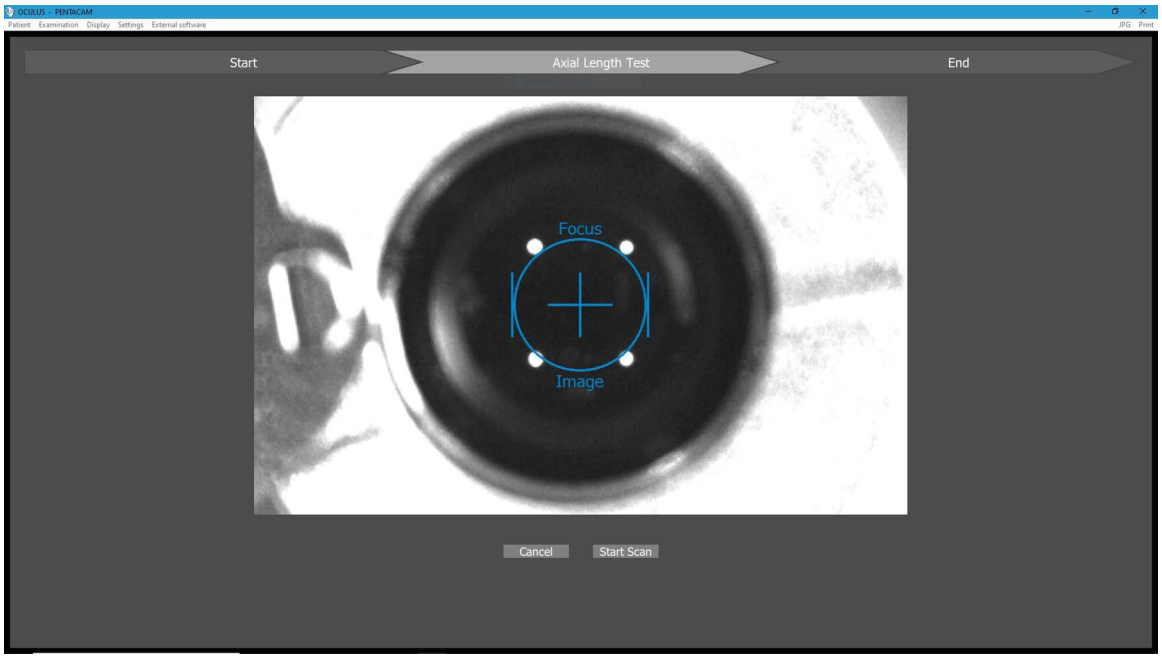


Fig. 10-5: Axial length test

Align the device to the test eye → chap. 8.4 “Fine adjustment” (page 40).

➔ Press [Start Scan] or press the return button to start the test measurement manually.

In case the test measurement is okay the following message appears:

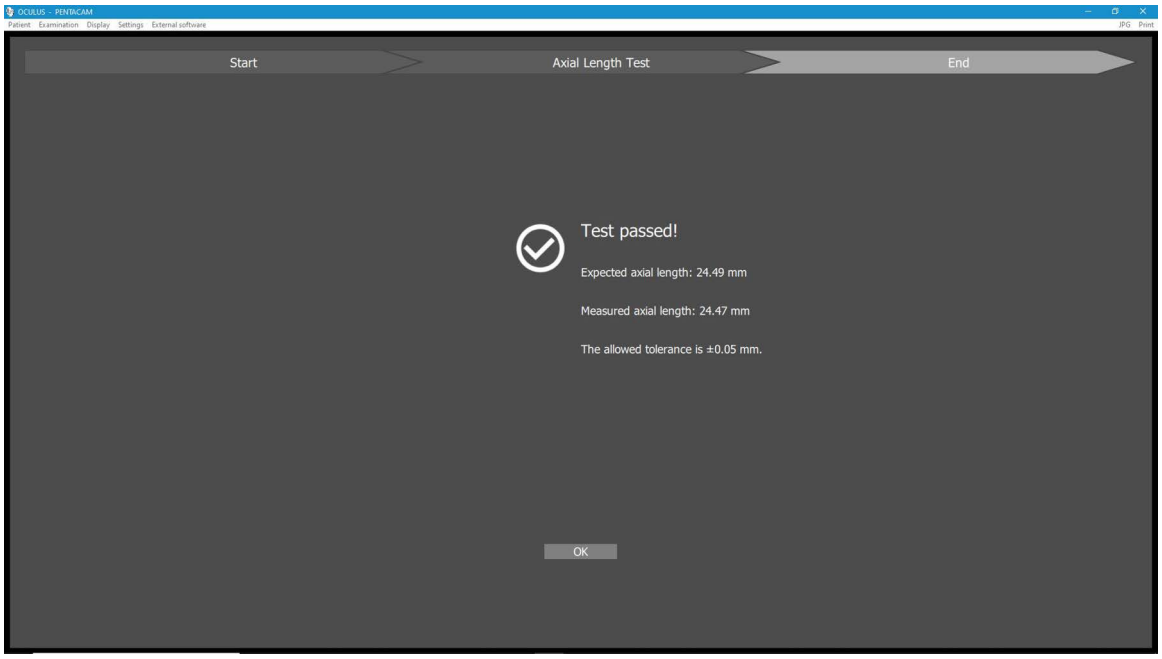


Fig. 10-6: Test passed screen

➔ To finish the process click "OK".

In case the test measurement failed the following message appears:

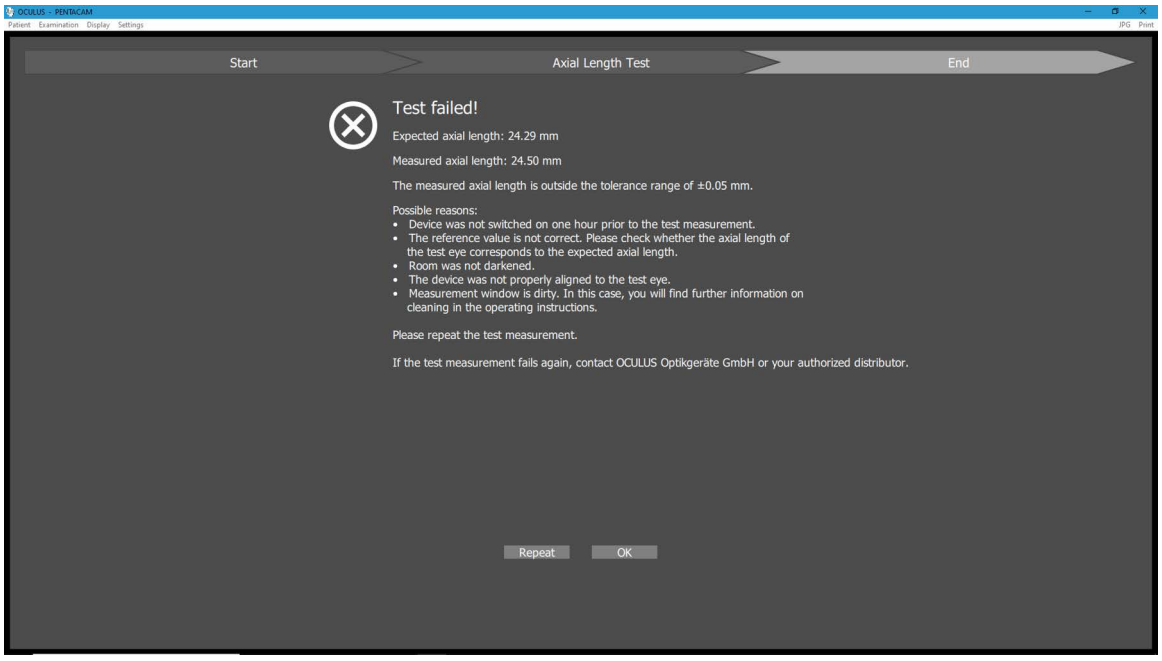


Fig. 10-7: Test failed screen

➔ Exclude all possible reasons (see screen) for a fail test measurement.
➔ Repeat the test measurement again.
➔ If also this test measurement is not successful please call your authorized dealer.
➔ To finish this process click "OK".

In case you had to replace the test eye because of any reason you have to type in the axial length of the new test eye into the input field before you do a new test measurement.

After the test measurement process is finished you can slide down the test eye.

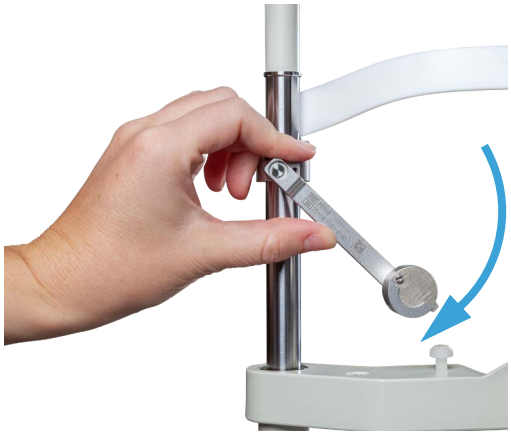


Fig. 10-8: Sliding down the test eye

The protective cover closes automatically. You can proceed with the measurements.

During an examination: If you adjust the chin rest for a smaller head (the head of a child, for example), the test eye may be in the way. Slide the test eye to the side and then adjust the chin rest.

10.2 Test Measurement: Tomography (3D Scan)

The device is tested and calibrated at OCULUS.
OCULUS Optikgeräte GmbH recommends to carry out additional regular test measurements with the device.
Start the test with a measurement of a human eye. Carry out at least five successive measurements on each eye. Calculate the arithmetic mean and log the results.
Once a month, this measurement sequence should be carried out on the same eye as described above.
Compare the arithmetic mean from the initial measurement with the current measurement.
The following table depicts the tolerance range between the result of the initial measurement and the result of the current measurement:

	Tolerance range
Curvature	+/- 0,1 D
Pachymetry	+/- 10 µm

If the difference between the initial value and the current value lies outside the tolerance range, contact our service or your marketing authorisation holder. The values are shown in the overview display, for example; please refer to the User Manual.

11 Cleaning, Disinfection and Maintenance

Cleaning and disinfection of the device is described in this chapter. Sterilization is not required.

➔ Heed the product descriptions and instructions for use of products and equipment you use to care for, clean, and disinfect the unit and/or its accessories.

➔ Do not clean the device with aggressive, chlorine containing, abrasive or sharp cleaning agents.

Clean the cover glass from time to time to retain the high measurement accuracy of the device and to avoid malfunctions. If the test measurement shows a peak at 39 mm, a corresponding message will occur → chap. 10 (page 77).

11.1 Cleaning

Caution

Risk of electric shock if the device is not completely disconnected from the mains for the cleaning.

➔ Turn the device off → chap. 4.5 (page 27).

➔ Pull the power plug before cleaning. When disconnecting electrical connections, pull on the respective plug and not on the cable itself.

Required materials:

- Antistatic cleaning agent
- Cleaner for painted surfaces: Mixture of equal parts of alcohol and distilled water, possibly with a few drops of household detergent
- Soft, lint-free cloth
- Purified compressed air
- commercial clean agent for the acrylic glass

Cleaning intervals

➔ Clean the components of the device once a month or if necessary.

Cleaning the Housing

➔ It is best to clean the housing surfaces with a soft cloth and an anti-static cleaning agent.
➔ Wipe off any residue from painted surfaces with the mixture for painted surfaces.

Cleaning the Chin-Forehead Rest

➔ Make sure that no liquid gets into any of the openings of the device.
Do not use liquid from aerosol cans.
➔ Clean the chin-forehead rest with a soap solution (or with alcohol, if very dirty).
➔ Use a lint-free, damp cloth.

Cleaning the illuminated slit

The optical components illuminating the slit, and the lens in front of the camera are precision parts and sensitive to pressure. The surfaces of these components are susceptible to scratching.

Note
When cleaning the illuminated slit, do not use a cloth or other cleaning agents.

➔ Carefully clean the centre of the illuminated slit with purified compressed air.
➔ Clean the lens in front of the camera using a dry, lint-free cloth.
➔ Clean the acrylic glass with a commercial clean agent.

11.2 Disinfection

➔ Recommendation: Use disinfection wipes suitable for medical devices, for example:
Mikrozid sensitive wipes premium; Fa. Schülke & Mayr
Softpack 48 Stück / Art. Nr. 165711
Schülke & Mayr GmbH; Tel: +4940521000 / Fax: +494052100318
E-Mail@schuelke.com; www.schuelke.com

Note

Equipment damage caused by disinfectant solution

The disinfectant solution may damage the surface of the device if it is sprayed directly on it.

➔ Spray the disinfectant solution onto a cleaning cloth, do not spray it directly on the device.

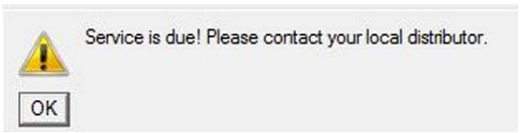
➔ Disinfect the forehead rest after each examination.

➔ If you do not use paper for the chin rest, disinfect the chin rest after each examination.

11.3 Maintenance

In order to retain the high measurement accuracy of the Pentacam® AXL Wave OCULUS Optikgeräte GmbH recommends to perform a maintenance service every two years or after 25000 scans. A corresponding message appears.

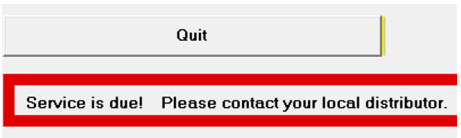
- By daily pop up window



- In the settings, see User Guide
  Date of next service and number of performed examinations

- In the scan menu (→ chap. 7 (page 35)) as preliminary information (3 month before)

bzw.
Information when service is due.



- During an examination (which is saved), an indicator appears next to the QA field.

➔ Let the Pentacam® AXL Wave check by our service department or an authorized dealer.

Caution

Risk of personal injury or material damage due to invisible laser radiation

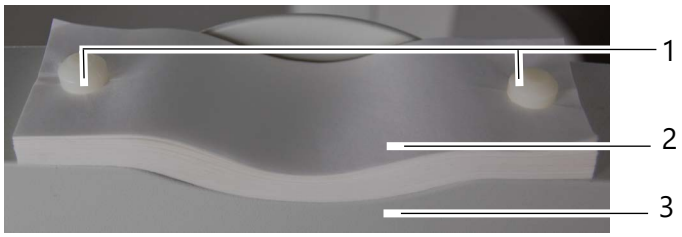
The device contains a Class 1 laser according to IEC 60825-1: 2014. It is an encapsulated laser system. When the device cover is opened, you may be exposed to invisible, Class 3R (5 mW) laser radiation.

➔ Never open the unit.

➔ For authorized service personnel only: When doing maintenance jobs, avoid looking directly into the laser beam.

11.4 Attaching Paper to the Chin Rest

If you want to attach new chin rest paper, follow these instructions:



No.	Description
1	Pins
2	Paper for chinrest
3	Chinrest

Fig. 11-1: Fasten chin rest paper

➔ Pull the two pins (1) out of the chin rest.

➔ Place the chin rest paper (2) in such a way that the holes of the paper and those in the chin rest (3) are aligned.

➔ Insert the two pins (1) in the chin rest.

12 Troubleshooting

Caution

If an error occurs which you are unable to correct by following the instructions below, label the device as "out of order" and contact our service department or an authorised dealer.

Error	Possible cause	Remedy
After you have started the device program → chap. 6 (page 31), the following dialog box appears: "No communication with Pentacam!".	No power to the power adapter.	Check whether the indicator light on the power supply is on. If not, connect the power supply to the mains.
	Connection cable of the device is not plugged properly.	Check whether ■ the power supply cable is correctly attached to the device. ■ the blue slit light is visible in the Scan menu → chap. 7 (page 35). ■ the USB connector is properly inserted.
	Software/hardware problems	Switch the device off and restart the PC. Switch the device on as soon as Patient Data Management becomes active. When you start the device program, the message, "Load Bootloader" must appear. Contact the service department or your authorised dealer.

13 Transport and Storage

The device must be properly dismantled and packed before being transported or stored.

13.1 Storage Conditions

Ambient temperature range	-10 – +55 °C
Relative humidity, including condensation	10 – 95 %
Air pressure range	700 – 1060 hPa

13.2 Transport Conditions

Ambient temperature range	-40 – +70 °C
Relative humidity, including condensation	10 – 95 %
Air pressure range	500 – 1060 hPa

13.3 Disassembly

➔ End the current session.
➔ Switch off the device.
➔ Disconnect the cable from the computer/laptop and the power adapter.

Fig. 13-1: Disassembly

➔ Loosen the screw connection of the Y cable and pull it out.
Only pull on the plugs, not on the cables itself.

13.4 Transport and Storage

Caution

Risk of equipment damage due to incorrect shipment or from improper storage

➔ Avoid shocks, vibrations, and contamination.
➔ Avoid high temperatures and humidity.

➔ Transport the device carefully.
➔ Do not hold the device by the joystick to carry it.
➔ Store the device in compliance with the storage conditions.
➔ Avoid placing near heaters and moisture.

14 Disposal

In accordance with Directive 2012/19/EC of the European Parliament and the Council of 4th of July 2012, and in accordance with German law governing the marketing, return and environmentally compatible disposal of used electrical and electronic devices, such appliances must be recycled and may not be discarded as household waste.

➔ Dispose the device in a compliant manner.

15 Terms of Warranty and Servicing

Please note our General Terms and Conditions (GTC) on our website www.oculus.com.

16 Technical Data

Measuring equipment

Camera	Digital CMOS camera
Light source	Blue LED (475 nm, UV-free)
Processor	DSP with 2746 Mio. floating point operations per second
Speed	100 images in 2 seconds (Cornea Fine Scan)
Dimensions W x D x H (measuring head)	278 x 320 to 400 x 502 to 532 mm (10.9 x 12.6 to 15.7 x 19.8 to 21.0 in)
Weight (measuring head)	9.0 kg (20.2 lbs)

Measuring range

Corneal topographer according ISO 19980	Type A
Curvature	3 to 38 mm 9 to 99 D
Accuracy	± 0.1 D
Reproducibility	± 0.1 D
Working distance	80 mm
Axial length Reproducibility	14 to 40 mm ± 30µm
Refraction	-10 D to + 6 D (7 mm pupil)

Power adapter

Power adapter	HEMG 49 (05150150)
Mains connection	100 - 240 V AC
Frequency	50 – 60 Hz
Power input, max.	85 VA
Output voltage	24 V DC
Fuses	Integrated overcurrent shut-off

Power supply Pentacam® AXL Wave

Output voltage	24 V DC
Max. power consumption	35 W

Other information

Lifecycle expectancy	Up to 10 years

Classification according to IEC 60601-1

Type of protection against electrical shock	Protection class 2
Level of protection against electrical shock	Type B
Level of protection against damaging water entry	IP20

Ambient operating requirements

Temperature	+10 – +35 °C
Humidity	30 – 90 %
Air pressure	800 – 1060 hPa

Computer

Use a computer which is in conformity with the IEC 60950 or IEC 62368-1 standard.

Recommended computer specifications	Intel® Core™ i5, 500 GB HDD, 8 GB RAM, Windows® 10, Intel® HD Graphics

CE in accordance with Regulation (EU) 2017/745 on Medical Devices

The unit is a Class IIa product.

CE 0123

Conformity assessment procedure: (EU) 2017/745 MDR, Annex IX, Chapters I and III

Classification according to IEC 60825-1: 2001 and IEC 60825-1: 2014

The unit contains a class 1 laser classified SLED	
Maximum output of the laser radiation	0.7 mW
Single pulse duration Pulse count per examination	520 ms 6x
Wavelength	880 nm

ISO 15004-2:2007 Group 2 instrument

A graph showing the relative spectral output of the instrument between 305 nm and 1100 nm when the instrument is operating at maximum light intensity and maximum aperture will be provided by OCULUS on request. The spectral output will be shown for the beam after it exits the instrument.

Caution

The light emitted from this instrument is potentially hazardous. The longer the duration of exposure and the greater the number of pulses, the greater the risk of ocular damage. Exposure to light from this instrument when operated at maximum output will exceed the safety guideline after 48 treatments.

17 Annex

17.1 Electromagnetic Compatibility

Medical electrical equipment is subject to special precautionary requirements with respect to EMC, and must be installed and operated according to the EMC-Instructions contained in the accompanying paperwork.
OCULUS devices and systems are suitable for use in professional healthcare establishments, e.g. doctor's practices or clinics; however, they may not be used in proximity to HF surgical units or inside of the HF shielded room of an ME system for magnetic resonance imaging.
Portable and mobile HF communications appliances can affect medical, electric equipment.
No special measures need be observed in respect of OCULUS devices and systems.

Portable and mobile RF-communications devices can interfere with electrically operated medical devices and affect the performance of the device.
The device is intended for use in an electromagnetic environment in which the radiated RF interference is uncontrolled. The user can help prevent electromagnetic interference by maintaining the following minimum distance, based on the maximum output of the communication equipment, between portable and mobile RF communication devices (transmitters) and the device.

➔ Portable RF communication devices (including peripheral devices such as antenna cables and external antennas) should not be any closer than 30cm (12 inches) to any part of the device.

Manufactured under consideration of permitted degradations during or as a consequence of the EMC test without affecting the basic safety:

- A short interruption of the USB connection during the examination is permissible because it will not affect the diagnosis, treatment and observation.

Caution

The use of accessories, transducers and cables not specified by OCULUS (for example as replacement parts) may result in increased emissions or decreased immunity of the device.

➔ Use only the original accessories, transducers and cables specified by OCULUS.

The use of accessories, transducers and cables specified by OCULUS with devices other then the Pentacam® may result in increased emissions or decreased immunity of the other device.

➔ Do not use the accessories, transducers and cables specified by OCULUS with devices other then the Pentacam®.

To be in compliance with the requirements of the IEC 60601-1-2. 6.1 and 6.2 the following types of equipment, accessories, power adapters and cables must be used.

Order number	Description	
70020	Pentacam® AXL Wave	
05200320	Cable with connector plug, EU standard	2.5 m (98.4 in)
05200210 (110 Volt)	Cable with connector plug, US standard	2.5 m (98.4 in)
05150150	Power adapter HMEG 49	24 V, 2,1 A
70002	Y cable with galvanic isolation	2 m

17.2 Guidance and Manufacturer's Declaration – Electromagnetic Emissions and Immunity for the Pentacam® AXL Wave

Guidance and manufacturer's declaration electromagentic emissions IEC 60601-1-2: 2015, based to table 1		
The OCULUS Pentacam® AXL Wave is intended for operation in the electromagnetic environment specified below. The user of the Pentacam® AXL Wave should ensure that it is being used in such an environment.		
Emissions test	Compliance	Electromagnetic environment – guidance
RF emissions CISPR 11	Group 1	The Pentacam® AXL Wave uses RF energy only for its internal function. Therefore, its RF emissions are very low and are not likely to cause any interference in near-by electronic equipment.
HF-emissions CISPR 11	Class B	
Harmonics emissions IEC 61000-3-2	Class A	
Voltage fluctuations / flicker emissions IEC 61000-3-3	complies	

Electromagentic immunity, IEC 60601-1-2: 2015, based on table 4			
Immunity test	**IEC 60601 test level**	**Compliance level**	**Electromagnetic environment – guidance**
Electrostatic discharge (ESD) IEC 61000-4-2	± 8 kV contact ± 15 kV air	± 8 kV ± 15 kV	Floors should be made of wood or concrete or covered with ceramic tiles. If the floor is covered with synthetic material, the relative humidity must be at least 30%.
Power frequency (50/60Hz) magnetic field IEC 61000-4-8	30 A/m 50 Hz or 60 Hz	30 A/m 50 Hz or 60 Hz	Power frequency magnetic fields should be at levels characteristic of a typical location in a typical commercial or hospital environment.

Electromagentic immunity, IEC 60601-1-2: 2015, based on table 5, 8			
Electrical Fast transient/ bursts IEC 61000-4-4	± 2 kV for power supply lines 100 kHz repetition frequency ± 1 kV for input/output lines	± 2 kV ---------- ± 1 kV	Mains power quality should be that of a typical commercial or hospital environment.
Surge IEC 61000-4-5	± 1 kV line(s) to line(s) ± 2 kV line(s) to earth	± 1 kV differential mode ± 2 kV line(s) to earth	Mains power quality should be that of a typical commercial or hospital environment.
Voltage dips, short interruptions, and voltage variations on power supply input lines IEC 61000-4-11	0 % U_τ; 1/2 period at 0, 45, 90, 135, 180, 225, 270 and 315 degree 0 % U_τ; 1 period and 70 % U_τ; 25/30 periods Single-phase: at 0 degree 0 % U_τ; 250/300 periods	0 % U_τ; 1/2 period at 0, 45, 90, 135, 180, 225, 270 and 315 degree 0 % U_τ; 1 period and 70 % U_τ; 25/30 periods Single-phase: at 0 degree 0 % U_τ; 250/300 periods	Mains power quality should be that of a typical commercial or hospital environment. If the user of the Pentacam® AXL Wave requires continued operation during power mains interruptions, it is recommended that the Pentacam® AXL Wave be powered from an uninterruptible power supply or battery.
Note: U_τ is the a.c. mains voltage prior to application of the test level.			

Electromagentic immunity, IEC 60601-1-2: 2015, based on table 4, 5			
Immunity test	**IEC 60601 test level**	**Compliance level**	**Electromagnetic environment – Guidelines**
Conducted RF IEC 61000-4-6 Radiated RF IEC 61000-4-3	3 V_{eff} 150 KHz to 80 Mhz 6 V in ISM- and amateur radio frequency bands between 150 kHz and 80 MHz 80 % AM to 1 kHz 3 V/m 80 MHz to 2,7 GHz 80 % AM at 1 kHz	V_{eff} = 3 V	Portable and mobile RF communications equipment should be used no closer to any part of Pentacam® AXL Wave, including cables, than the recommended separation distance calculated from the equation applicable to the frequency of the transmitter. Recommended separation distance $d = \left[\frac{3,5}{(V_1)}\right]\sqrt{P}$ $d = \left[\frac{3,5}{(E_1)}\right]\sqrt{P}$ 80MHz to 800 MHz $d = \left[\frac{7}{(E_1)}\right]\sqrt{P}$ 800 MHz to 2.5 GHz where P is the maximum output power rating of the transmitter in watts (W) according to the transmitter manufacturer and d is the recommended separation distance in metres (m). Field strength from fixed RF transmitters, as determined by an electromagnetic site survey (a), should be less than the compliance level in each frequency range (b). Interference may occur in the vicinity of equipment marked with the following symbol: 
Note 1: Note 2:	At 80 Hz and 800 MHz, the higher frequency range applies. These guidelines may not apply in all situations. Electromagnetic propagation is affected by absorption and reflection from structures, objects and people.		
a. Field strengths from fixed transmitters, such as base stations for radio (cellular/cordless) telephones and land mobile radios, amateur radios, AM and FM radio broadcast, and TV broadcast cannot be predicted theoretically with accuracy. To assess the electromagnetic environment due to fixed RF transmitters, and electromagnetic site survey should be considered. If the measured field strength in the location in which the Pentacam® AXL Wave is used exceeds the applicable RF compliance level above, the Pentacam® AXL Wave should be observed to verify normal operation. If abnormal performance is observed, additional measures may be necessary, such as re-orienting or relocating the Pentacam® AXL Wave. b. Over the frequency range 150 KHz to 80 MHz, field strengths should be less than 3 V/m.			

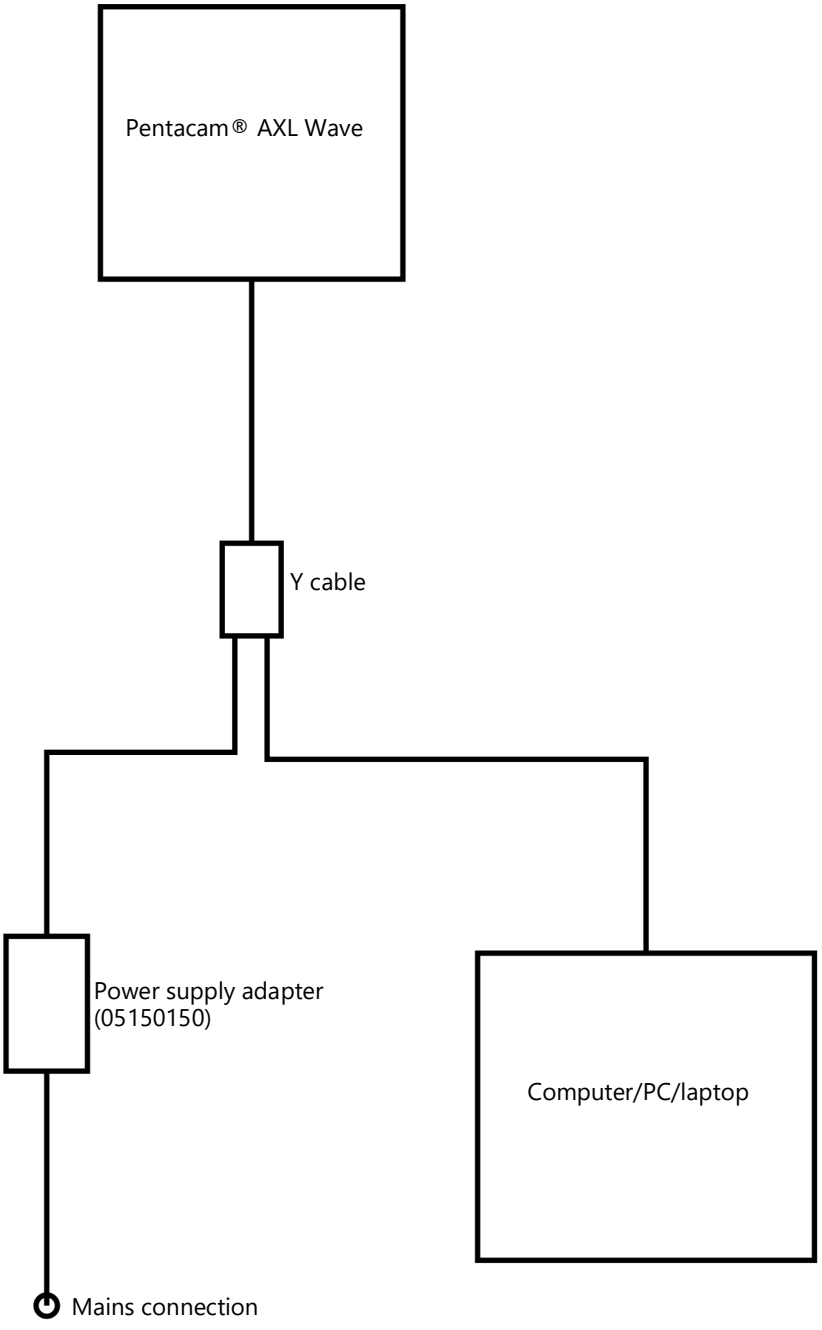
Recommended separation distances between portable and mobile RF communications equipment and the Pentacam® AXL Wave, IEC 60601-1-2:2007, table 6

The Pentacam® AXL Wave in intended for us e in an electromagnetic environment in which radiated RF disturbances are controlled. The customer or the user of the Pentacam® AXL Wave can help prevent electromagnetic interference by maintaining a minimum distance between portable and mobile RF communications equipment (transmitters) and the Pentacam® AXL Wave as recommended below, according to the maximum output power of the communications equipment.

Rated maximum output power of transmitter W	Separation distance according to frequency of transmitter m		
	150 KHz to 80 Mhz d= 1.2 √P	80 MHz to 800 MHz d= 1.2 √P	800 MHz to 2.5 GHz d= 2.3 √P
0.01	0.12	0.12	0.23
0.1	0.38	0.38	0.73
1	1.2	1.2	2.3
10	3.80	3.80	7.3
100	12	12	23

For transmitters rated at a maximum output power not listed above, the recommended separation distance d in metres (m) can be estimated using the equation applicable to the frequency of the transmitter, where P is the maximum output power rating of the transmitter in watts (W) according to the transmitter manufacturer.
NOTE 1: At 80 MHz and 800 MHz, the separation distance for the higher frequency range applies.
NOTE 2: These guidelines may not apply in all situations. Electromagnetic propagation is affected by absorption and reflection from structures, objects and people.

17.3 Description of the Connection



17.4 Data Sheet HEMG 49-S240210-7 (05150150)

H HiTRON

UNIVERSAL INPUT AC-DC MEDICAL & ITE APPLICATION
EXTERNAL DESKTOP SWITCHING ADAPTER 48-50 WATTS
GREEN POWER SINGLE OUTPUT HEMG49 SERIES

FEATURES:

- **ACCOMMODATE UNIVERSAL AC INPUT**
- **MEET MEDICAL STANDARDS IEC60601-1 & ITE STANDARDS IEC60950-1**
- **EMI MEET EN 55011 & EN55022 / FCC CLASS B**
- **MEET ENERGY STAR LEVEL V & CEC LEVEL IV**
- **CE MARKING COMPLIANCE**

SPECIFICATION

INPUT SPECIFICATION

Input Voltage: Typical 90-264Vac.
Input Connector: 3 pole AC inlet IEC320-C14(DT7) / 2 pole AC inlet IEC320-C8(DT8).
Input Frequency: 47-63Hz.
Inrush Current: 12Arms (52Apk) at 230Vac.
Input Current: Typical 0.91A at 115Vac/ 0.57A at 230Vac.
Dielectric Withstand: Meet IEC60601-1 & IEC60950-1.
EMI: Meet EN55011 & EN55022 / FCC Class B.
Hold-up Time: Typical 12mS at 115Vac.
Typical 70mS at 230Vac.
Over Temp. Protection: Optional (NTC circuit).
Earth Leakage Current (Class I) : Less than 0.3 mA.
Touch Leakage Current (Class I & II) : Less than 0.1mA.
No Load Power: Less than 0.3W at 230Vac

OUTPUT SPECIFICATION

Output Voltage: See Ratings Chart.
Output Current: See Ratings Chart.
Output Wattage: Typical 48-50Watts.
Output Connector & Cord: Optional.
Line Regulation: Typical 0.1%.
Load Regulation: Typical ±1.5-3.0%.
Noise & Ripple: 1.0% peak to peak.
OVP: Built-in by latch circuit.
Adjustability: Factory set.
Over Current Protection (OCP):
Fully protected against output overload and short circuit.
The PSU will shut down after OCP is activated.
Consult the factory for OCP setting.

GENERAL SPECIFICATION

Efficiency: Typical 87%-88% (various with the output voltage)
Switching Frequency: Typical 65KHz.
Circuit Topology: Fixed Frequency Flyback circuit.
Transient Response: Output voltage returns in less than 5.5mS following a 50% load change.
Safety Standard: Meet Medical IEC60601-1 & ITE IEC60950-1, Class I for DT7(C14) or Class II for DT8(C8)

Operating Temperature: 0°C to +40°C.
Storage Temperature: -20 to +85°C.
Cooling: Free air convection.
Construction: Impact resistant thermo-plastic enclosure case.
Power Density: 3.14-3.27Watts. / Cubic inch.
Desktop Format.

NOTE: (1) All measurements are at nominal input, full load, and +25°C unless otherwise specified.
(2) Load regulation is measured at 115Vac or 230Vac in percentage to indicate the change in output voltage as the load varied from half load to full load (±%).
(3) The exact obtainable load regulation depends upon the output cord selected and load current.
(4) Due to requests in market and advances in technology, specifications subject to change without notice.

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For the details of safety approval, please consult the factory.

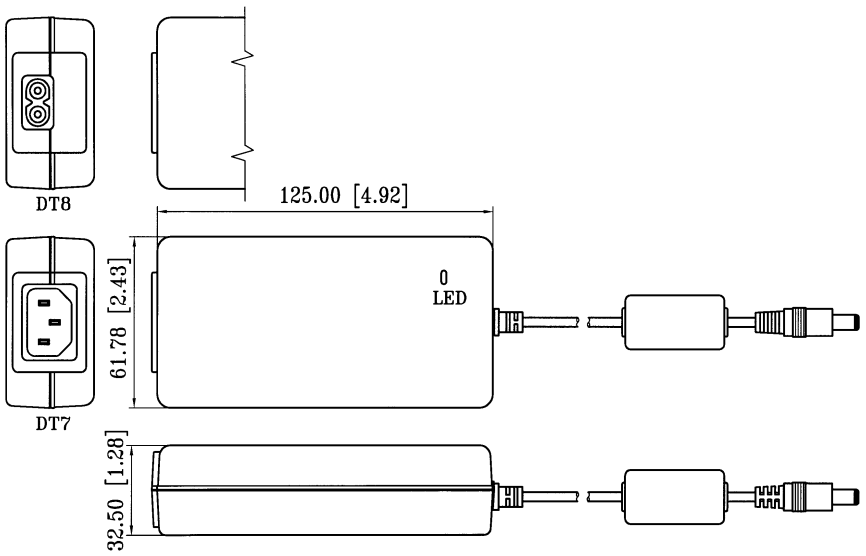
-7-

OUTPUT VOLTAGE / CURRENT RATINGS CHART

SINGLE OUTPUT

MODEL NO.	AC INLET	O/P VOLTAGE	O/P CURRENT
HEMG49-S120400-7	IEC320-C14(DT7)	**12.0Vdc**	4.0A
HEMG49-S120400-8	IEC320-C8(DT8)	**12.0Vdc**	4.0A
HEMG49-S150330-7	IEC320-C14(DT7)	**15.0Vdc**	3.3A
HEMG49-S150330-8	IEC320-C8(DT8)	**15.0Vdc**	3.3A
HEMG49-S240210-7	IEC320-C14(DT7)	**24.0Vdc**	2.1A
HEMG49-S240210-8	IEC320-C8(DT8)	**24.0Vdc**	2.1A

MECHANICAL DIMENSIONS: MM [INCHES] **WEIGHT:** 373.0g (13.2 Oz.)



-8-

17.5 Instructions for Integration into an IT-Network

The device, in conjunction with the connected computer and the device software running on it, forms a programmable electrical medical system (PEMS) according to IEC 60601-1.

It is essential that you follow the section → chap. 2.3 "Instructions for Cybersecurity" (page 18) of → chap. 2 "Safety" (page 12) in the device instructions for use.

Please note the following information for implementing an integration of the PEMS into an IT-Network:

The purpose of integrating the PEMS into an IT-Network can be:

- Licensing by local license server
- Storage and retrieval of the examination data on a local network drive
- Printing
- Data export
- DICOM workflow

Required characteristics of the IT-Network into which the PEMS is to be integrated:

- Prefer wired LAN connection
- IPv4 network
- Fast-Ethernet (100 Mbit/s minimum)

Required configuration of the IT-Network into which the PEMS is to be integrated:

- Licensing: required opened ports: 3968 TCP; 51371 - 51372 UDP
- Storage, printing, data export: File and Printer Sharing for Microsoft Networks (SMB 3.0 or higher - required opened port: 445)
- DICOM Storage Service Class = PACS
- DICOM Worklist Management Service Class (Modality Worklist Server)

Technical specifications of the network connection with the PEMS, including the specifications of data security:

- Refer to the section → chap. 2.3 "Instructions for Cybersecurity" (page 18) of → chap. 2 "Safety" (page 12) in the device instructions for use.
- Refer to the "Floating License Key - License management for software options" instructions for use (if applicable)
- Refer to device specific DICOM interface description (if applicable)

The intended flow of information between PEMS, the IT-Network and other devices in the IT-Network and the intended routing through the IT-Network

- License handling from local license server to PEMS and vice versa
- Storage and data export to local network storage and loading from local network storage
- Printout to local printer

List of hazard situations that result from the IT-Network being unable to provide the features that are required to fulfill the purpose of integrating the PEMS into to meet the IT-Network:

- Loss of data
- unsuitable data exchange
- Data corruption
- unsuitable temporal data allocation
- unexpected data reception
- unauthorized access to data

Connection of the PEMS to an IT-Network that includes other equipment could result in previously unidentified risks to patients, operators or third parties.

The responsible organization should identify, analyze, evaluate and control these risks.

Subsequent changes to the IT-Network could introduce new risks and require additional analysis.

Changes to the IT-Network include:

- changes in IT-Network configuration
- connection of additional items to the IT-Network
- disconnecting items from the IT-Network
- update of equipment connected to the IT-Network

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