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# INSTRUMENT STANDARD OPERATING PROCEDURE MANUAL

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College of Medicine



SAFETY AND LABORATORY COOMMITTEE, C.O.M, K.F.U.

**Prepared by**

Document Number	Name	Signature	Date
CM/PHY-001	Mr.Ibrahim Al-Saqer Mr.AbdulRazaq Alwebari Ms.Samar Al-Hamad Ms.Noura Al-Melhem		12/4/21
Revision Number	Approved by		
R1	Dean: Department:		

**Document History**

Document Section	Details of Amendments	Date	Modified by (Initials)
SOP	First Draft on SOP for the operation of Octopus Perimeter 101		

## **1. OBJECTIVE**

- ☐ The document describes the operation of Octopus Perimeter 101

## **2. Introduction**

The OCTOPUS 101 is a projection perimeter to examine the entire 90° visual field. For data storage, display and analysis.

Octopus 101, the evaluation of the visual field, is an important diagnostic test, particularly in glaucoma, but also for diagnosing and monitoring the progression of many other eye diseases.

## **3. RESPONSIBILITIES**

- ☐ It is the responsibility of designated personnel in the lab to train new staff and students on this procedure and to ensure adherence to this procedure under supervision.
- ☐ It is the responsibility of designated personnel (staff or Student) to follow the instructions of this procedure under supervision.
- ☐ The head of the physiology department must resolve any problem with the process and difficulties in using this SOP.

## **4. REFERENCES**

- ☐ OCTOPUS 101 Instruction Manual, HAAG-STREIT, Jan, 2004

## **5. DEFINITIONS**

G2: Glaucoma

ST: Screening (Glaucoma)

M2: Macula

LVP: Low Vision, Peripheral

LVC: Low Vision, central

07: Screening (75°)

BT: Blepharoptosis test

32: General (30°)

N1: Neurological

D1: Diabetes

C08: Macula

BG: Visual function (Germany)

ET: Esterman test (option)

FG: Driver's license test (Germany)

R/L: examined eye (right/ left)

## **6. SAFETY PRECAUTIONS**

- ☐ Wear gloves, a lab coat.

## **7. PROCEDURE FOR OPERATING Octopus Perimeter 101.**

### **7.1. Turning on the instrument:**

#### **A. Set up of an Examination**

- 1- Switch the Measuring Unit ON and start the PC.
- 2- After the "Self test" as shown on the cupola control panel, press the [+] button to start the calibration.
- 3- Double click on the OCTOPUS 101 Vx.y icon to start the program.
- 4- If new patient, click on the button [X..] icon.
- 5- Otherwise, select and mark a patient from the patient file and continue with [A-Z] icon.
- 6- Enter the patient data, or complete / modify the information already present.
- 7- On the lower half of the screen, select the examination program.
- 8- If indicated, select another strategy.
- 9- Select the fixation target other than the default setting if desired.
- 10- Continue by touch on the <Static> button.

#### **B. The Examination**

##### **1-Preparation**

- 1-1. Insrt the trial lens(es) for near correction. Add a plus cylinder as indicated for the presbyopic eye.
- 1-2. Seat the patient straight up but comfortably on the chair and explain the procedure in detail.
- 1-3. Apply the eye occluder and hand the patient the patient answer button.

1-4. Position the patient with the forehead touching the head rest

1-5. Place the trial lens holder near the patient's eye.

1-6. On the cupola control panel, adjust the chin rest with the arrows to center the eye.

1-7. On the PC, the eye can be shown in a smaller or large picture by either a left respectively right double mouse click on the button on the bottom right of the screen.

1-8. With 'Eye' icon the screen returns to the display of the values.

## 2. The Examination Procedure

### A- Examination Control

1- Click with the left mouse button on 'Eye' icon to display the eye at the upper left corner. this way, both fixation and the intermediate result can be monitored.

2- Click with the right mouse button on 'Eye' icon to cover the values and display a large image of the eye.

3- Center the eye by clicking on the arrow keys.

4- Click on the button on the bottom right of the screen to close the video image.

### B. Start the Examination

When the patient has been correctly instructed and positioned, click on Start in order to begin the examination.

## 7.2. Turning off the Instrument

1. Click on [X] in the upper right corner.

2. Turn off the PC and the Measuring Unit.

## 7.3. Warning

**Instructions that must be followed to avoid risk to the patient and/or the operator.**

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