

How to Hold the RetinaVue™ 100 Imager

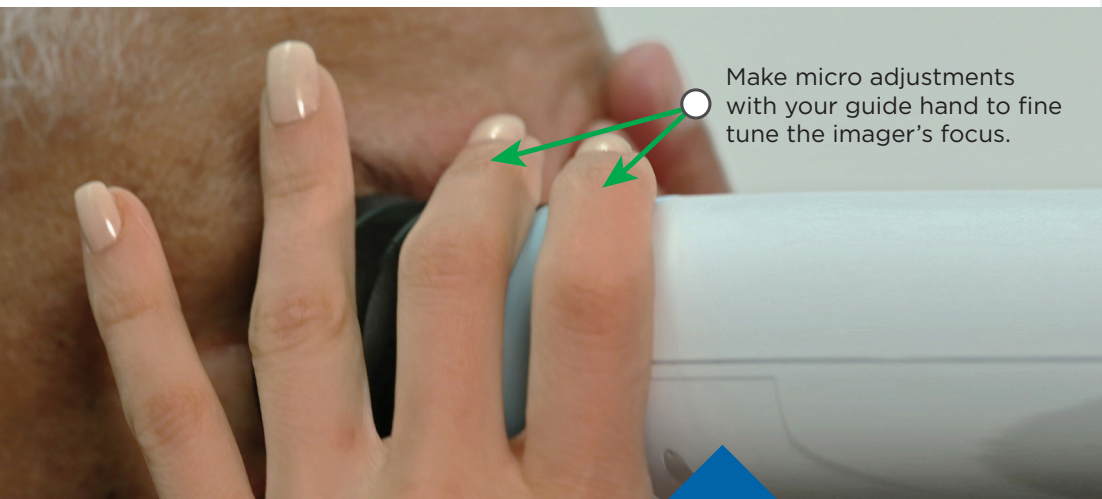
The imager must be held level and in line with your patient's eye. There are two recommended techniques to properly hold the imager for a quick and successful retinal scan:



Telescope Grip



Smartphone Grip



Make micro adjustments with your guide hand to fine tune the imager's focus.

Guide (Patient End) Hand

The patient end of the imager will be held with just the thumb and forefinger. The small and ring finger will be used to steady the imager by anchoring them gently on the patient's forehead.

Troubleshooting Image Quality

Good quality image



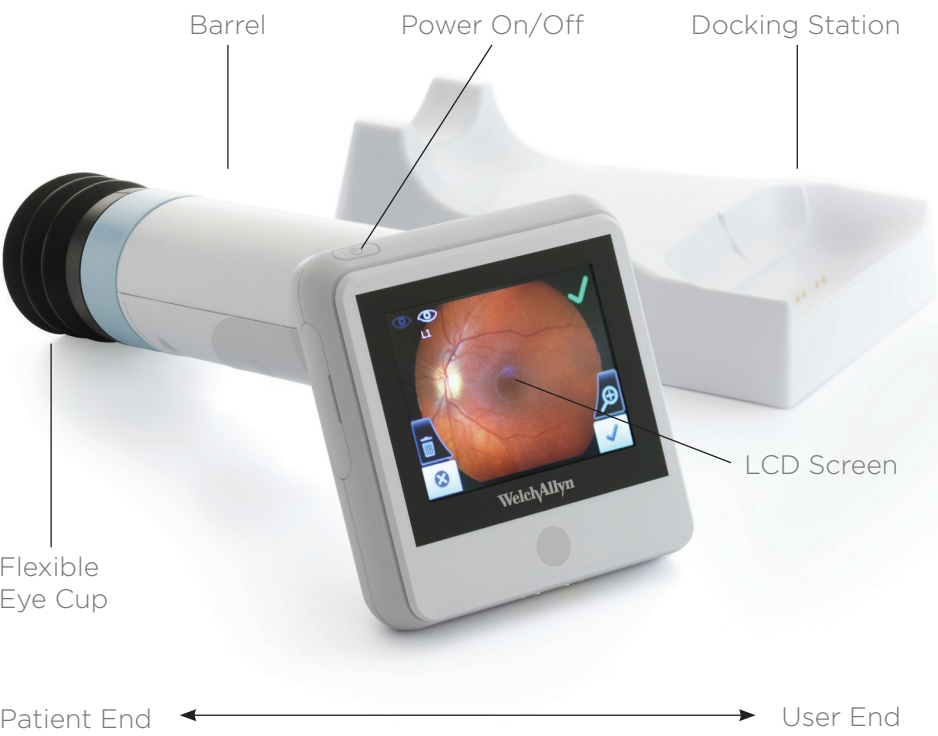
Problem	Solution	
Partial blink		Ask the patient to keep his or her eye open.
Overall dark image		Allow the patient to sit in a darkened room for at least 5 minutes.
Dirty lens		Clean the lens with an appropriate cleaning cloth.



RetinaVue™ 100 Imager

Getting Started

- The RetinaVue™ 100 Imager is light-weight, portable and very easy to use.
- Familiarize yourself with the imager, the practices and techniques within this guide before using it with patients.



Learn More

For quick reference to the techniques described here and additional troubleshooting please refer to the RetinaVue™ 100 Imager Technique Video Guide at www.RetinaVue.com.

To learn more about the RetinaVue™ 100 Imager, order replacement parts, or reference the complete Directions for Use and other documentation please visit www.RetinaVue.com.



www.RetinaVue.com

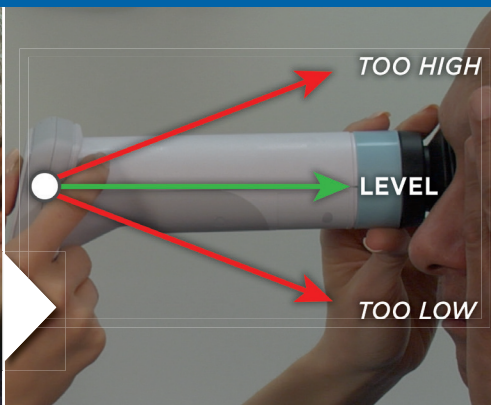
How to Acquire Fundus Images with the RetinaVue™ 100 Imager



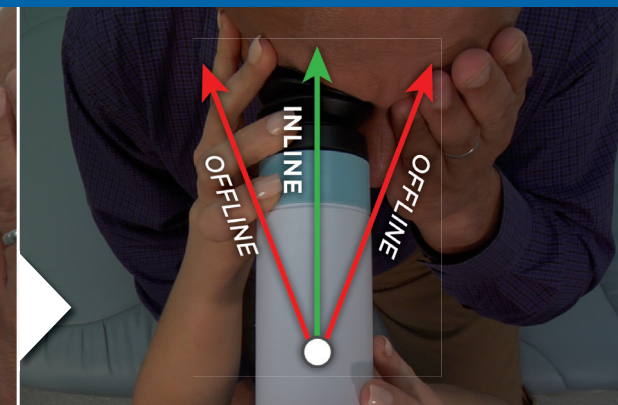
1. Hold the patient end of the imager 2-3 inches directly in front of the patient's eye to be examined.



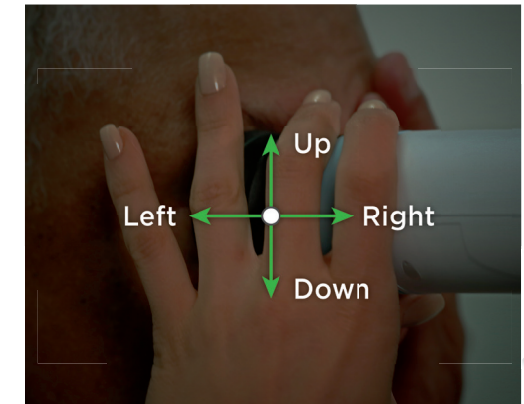
2. Direct the patient to focus on the green light inside the barrel of the imager. They must cover but not close their unexamined eye.



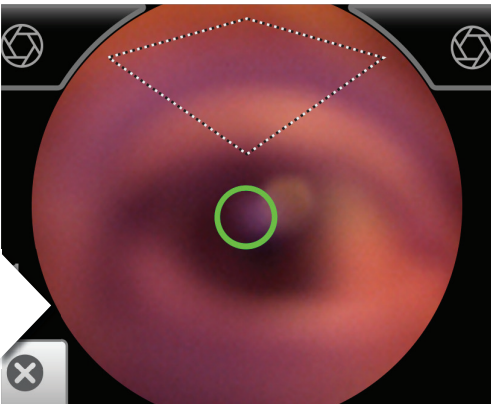
3. It is important to hold the imager level.



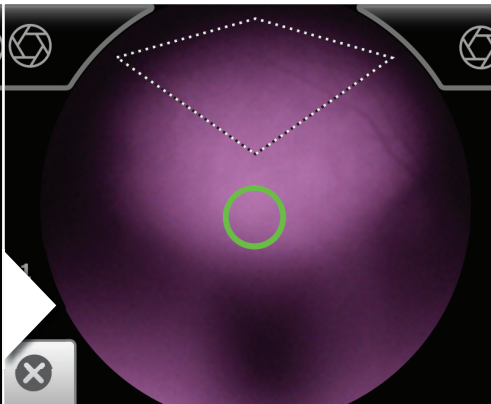
4. It is also important to keep the imager in line with the examined eye.



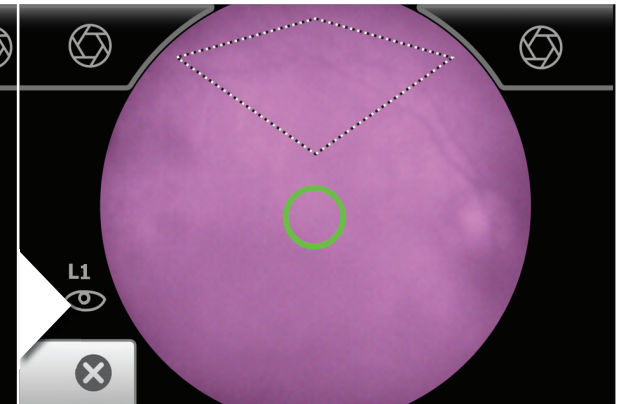
5. Make slight, micro adjustments with your guide (patient end) hand to fine tune the imager's position. DO NOT use your hand on the LCD side to make minor adjustments.



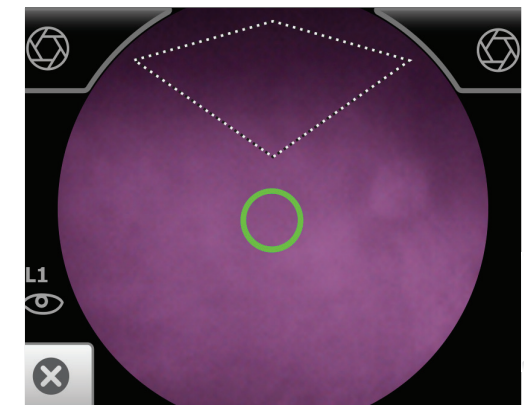
6. Look for a white circular reflection at the top of the eye's image on the LCD screen as shown. This is your initial target.



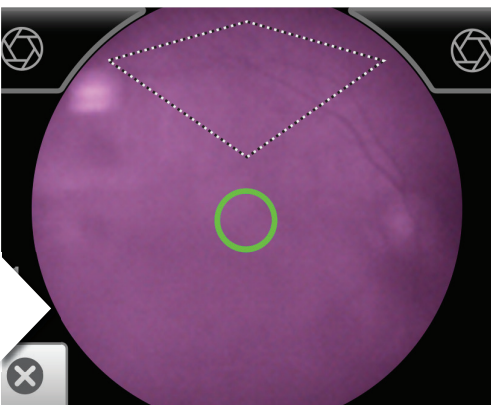
7. Guide the green circle on the imager's LCD screen towards this target by slowly moving the imager towards the eye.



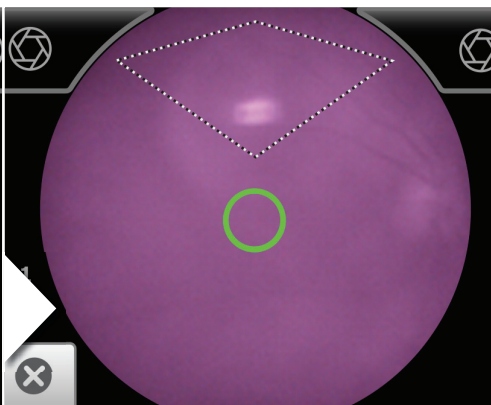
8. Once the reflection has filled the screen, push slightly forward until a "bubble" appears.



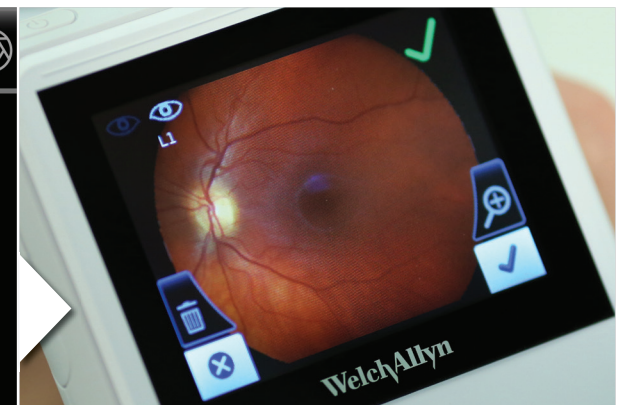
9. Keep the imager in line. Slightly adjust the imager away from any shadows that appear.



10. Move the patient end of the scope toward the bubble.

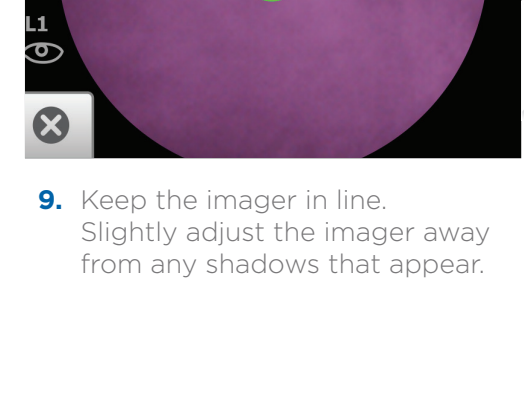


11. Simply align the bubble inside the diamond icon as shown.



12. An audible tone will alert you that the image has been captured.

The acquired image will be displayed in about five seconds.



13. Cover the unexamined eye with his or her hand.

Explain to the patient:

- You will see a flash of light when the image is taken.
- The eye cup will rest around but not touch the eye.
- The patient must sit in the exam room with the lights dimmed for five minutes to allow his or her pupils to dilate.

Proper Positioning:

- While standing directly in front of the patient seated at the edge of the exam table.

or

- While you are both seated. Sit directly in front of the patient with your legs together on the same side as the eye being examined.

Direct the patient to:

- Remove eyeglasses, contacts can remain in place.
- Sit up straight.
- Look forward and hold his or her head still.
- Keep both eyes open as wide as possible and limit blinking.
- Cover the unexamined eye with his or her hand.
- Direct his or her gaze at the green lights inside the imager's barrel.