



INSTRUCTIONS VC860300, VC860200



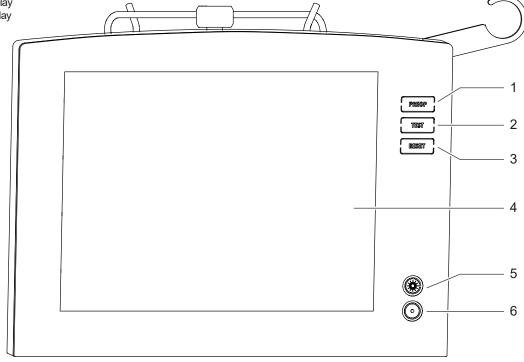


ΕN

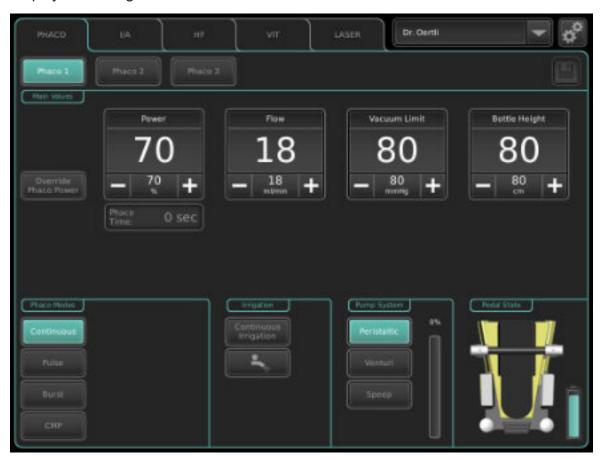


# Control panel

- PREOPkey TESTkey
- RESETkey
- Display and settings area LASER ACTIVE display
- LASER READY display



# Display and settings area





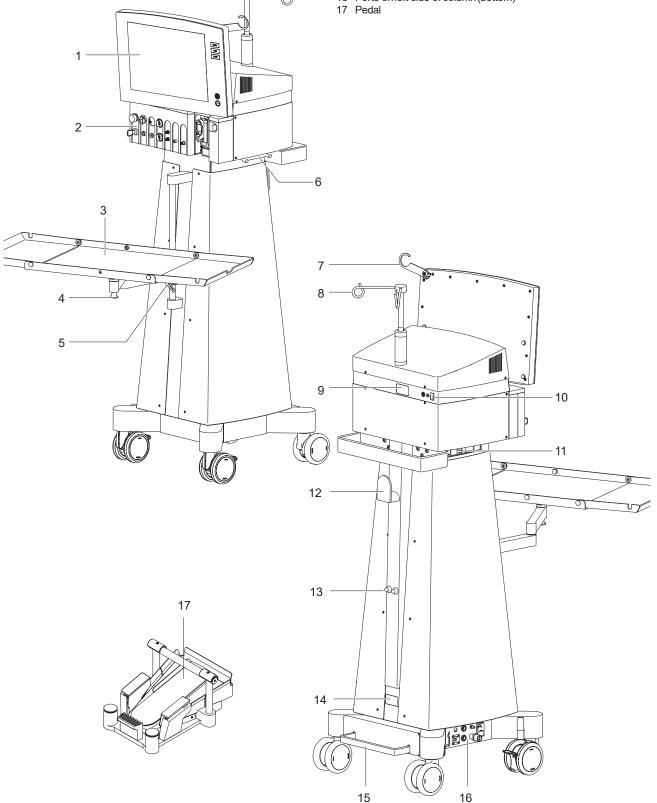
# EN

## Front view

- Control panel
- 2 Ports on front of device
- 3
- Instrument tray (optional) Unlocking device for the instrument tray
- Height-adjustment leverfor the instrument tray
- 6 Drainage bag suspension

## Rear view

- **GFI** suspension
- 8 I/ Vpole
- Laser class 4 sign (LASERfunction)
- 10 On/off switch
- 11 Ports on left side of column (top)
- 12 Mounting for tubes and cables
- 13 Pedal holder
- 14 Type plate surgical platform
- 15 Brake
- 16 Ports on left side of column (bottom)





# OS4<sup>™</sup> USER MANUAL

INSTRUCTIONS VC860300, VC860200



#### CAUTION:

U.S. Federal Law restricts this device to sale by or on the order of a physician.

# **(E**

Document no.: VV016040E

Revision:09

Publicationdate: 2021-03-01

Translation

© 2021 Oertli Instrumente AG.All rights reserved.

Oertli and the Oertli logo are registered trademarks of Oertli Instrumente AG.

OS4, HFDS, SPEEPand ParaProg are trademarks of der Oertli Instrumente AG.

These instructions for use shall not be multiplied in part or in full by electronic (photo) mechanical means or in any other way, nor used without authorisation for competitive purposes without the consent of Oertli Instrumente AG.

Subject to modifications.

Contact and service:

Oertli Instrumente AG

Customer Service and Support

Hafnerwisenstrasse 4

CH-9442 Berneck, Switzerland

Tel.:+41 (0)71747 42 00 Fax:+41 (0)71747 42 90

E-mail: css@oertli-instruments.com Website:www.oertli-instruments.com

6 2021-03-01 / Rev.09



# Table of contents

1	About this document		6	Working with the user interface	27
1.1	Target groups	9	6.1	Operating concept	27
1.2	Warnings and symbols in this manual	9	6.2	Overview of user interface	27
1.3	Other relevant documents		6.3	Working with cross-functional operating elements of the display and settings area	32
2	Safety	10		\\\\	
2.1	Intended use	10	7	Working with cross-functional settings	25
2.2	Operator's obligations	11	7.4	and displays	35
2.3	Staff obligations	12	7.1	Irrigation settings	35
2.4	Safety instructions for potential danger areas	12	7.2	Select pumps and switch between pumps	36
2.5	Safety instructions for individual operational		7.3	Adjust bottle height/ IOP	36
	phases		7.4	Adjust AIR function	37
2.6	Safety devices (surgical platform dependent, LASERfunction)	14	7.5	Fluid/air exchange (switching between AIR and irrigation function)	38
2.7	Personal protective equipment (LASERfunction): Protective laser goggles	14	7.6	Adjusting the light source (Light 1 or Light 2)	39
			8	Using/setting the pedal	41
3	Structure and function	14	8.1	Function keys	41
3.1	Surgical platform variants	14	8.2	Vertical range of movement	41
3.2	Labelling and marking	15	8.3	Horizontal range of movement	41
3.3	Task and function	17	8.4	Displaypedal settings	41
3.4 3.5	Structure Ports for monitoring systems (LASERfunction,	17	8.5	Individually configuring pedal configurations	42
	optional)	19	9	Performing general preparations for	
3.6	Cassette with I/A tube system	19		surgery	42
3.7	Pedal	20	9.1	Switching on the surgical platform	42
3.8	Instrument tray (optional)	20	9.2	Select surgeon memory	42
			9.3	Setting volume	43
4	Transport, storage and disposal	21	9.4	Installing cassette with I/A tube system	43
4.1	Unpacking the surgical platform and checking		9.5	Securing the drainage bag (optional)	45
4.0	its condition	21	9.6	Connecting the infusion set (infusion)	45
4.2	Transporting the surgical platform	21	9.7	Connecting surgical instruments	47
4.3	Storing the surgical platform	21	9.8	Filling I/A tube system (PREOPfilling process)	47
4.4	Disposal	21 ——			
5	Start-up	22	10	Functions and default values	50
5.1	Setting up the surgical platform	22	11	Performing cataract surgery	52
5.2	Mount the infusion pole	23		Performing ultrasound phaco (PHACO)	52
5.3	Connect pedal	23		Performing irrigation and aspiration (I/A)	60
5.4	Check ports for monitoring systems (LASERfunction, optional)	24		Performing anterior vitrectomy (VIT)	63
5.5	Connect pressurised air	24	10	Derforming digth arms (DIA)	67
5.6	Connecting to mains power	25	12	Performing diathermy (DIA)	67
5.7	Charging the pedal	20		Fitting and connecting diathermy instrument	67
5.8	Switching on the surgical platform	26		Performing the HF test	67
				DIA (DIA1, DIA2) function	68
			12.4	Use Instant DIA	69



94

	чı	
_	Ľ	

13	Performing capsulotomy (CAPS)	70	20	Cleaning and sterilisation	94
13.1	Connect diathermy instrument and perform		20.1	Cleaning the control panel	94
	HF test	70	20.2	Cleaning the surgical platform housing and pedal	94
13.2	CAPSfunction	70	20.3	Cleaning and sterilising reusable instruments	94
14	Performing glaucoma surgery (HFDSGLAU 72	J)	21	Surgical platform messages and troubleshooting	95
14.1	Connect diathermy instrument and perform		21.1	Control, confirmation and warning tones	9!
	HF test	72		Display and settings area messages	96
14.2	HFDSGLAU(High Frequency Deep Sclerotomy)	70		1 7 3 3	
	function (optional)	72	22	Maintenance, inspection, repair	99
15	Porforming pare plana vitractomy	74	22.1	Maintenance table	99
15	Performing pars plana vitrectomy	74 74	22.2	Select mains voltage and insert fuses	99
	Connecting instruments			Information on maintenance of the endolaser	100
	Perform Vit test	74	22.4	Repair	100
15.3	VIT function (vitrectomy VIT1, VIT2, VIT3) during pars plana vitrectomy	75		·	
			23	Technicaldata	101
16	Visco: Performing injection/extraction of		23.1	Classifications	10
	silicone oil	77	23.2	Dimensions and weights	10
16.1	Connecting instruments	77	23.3	Environmental conditions	10
	INJECTIONfunction	78	23.4	Electrical data	10
	INJECTION+function	80	23.5	Supply pressure	10
	EXTRACTIONfunction	82	23.6	Power data in the individual functions	102
17	Performing endophacooperation	84	24	Appendix	103
	Connecting instruments	84	24.1	Accessories, spare parts, instruments,	
	ENDO PHACO function	85		consumables	103
	Adjusting settings in the auxiliary menu	86	24.2	Characteristic lines in diathermy	10
			24.3	Radio module	106
18	Performing an endolaser operation	87	24.4	Simplified EU declaration of conformity	106
	Connecting the laser user protection filter (optional)	87	24.5	Electromagnetic compatibility (EMC)	106
	Releaseprotective laser cap	87	24.6	Pressure conversion table	110
	Connecting instruments	88	24.7	Third-party materials and licenses	112
	Using the LASERSTOPkey in hazardous situations	88			
	LASERfunction	89			
	Putting the endolaser into service	90			
	Working with the endolaser	90			
	Adjusting settings in the auxiliarymenu	91			
19	Ending the operation	92			
	Removing surgical instruments	92			
	Removing cassette with I/A tube system	92			
	Switch off the surgical platform	92			
	Mounting the protective laser cap (surgical	-			
	platform dependent)	92			
19.5	Removing the pedal	93			
	Folding up the instrument tray and placing it in the parked position	93			



#### About this document 1

These instructions for use will familiarise you with the properties of OS4.

These instructions for use are part of the surgical platform and apply to all the surgical platform variants specified. These instructions for use describe the safe and appropriate use of the device in all operating phases.

#### 1.1 Target groups

Target group	Ta	sk
Operator -		Keep this manual close to where the surgical platform is used, also for later use.
	_	Tell employeesto read and take note of this manual and other related documents, especially the safety instructions and warnings (■ 2 Safety).
	-	Take note of additional surgical platform related rules and requirements.
Specialised medical and technical staff	_	Read, take note of and comply with this manual, especially the safety instructions and warnings ( 2 Safety).

Tab.1 Target groups and their tasks

#### 1.2 Warnings and symbols in this manual

Warning sign/ word	Danger level	Consequences of non-compliance
DANGER!	Imminent danger	Death, serious injury
WARNING!	Possible danger	Death, serious injury
CAUTION!	Possible dangerous situation	Slight injury
NOTE!	Possible dangerous situation	Material damage

Tab. 2 Warnings

Explanation of the structure of a warning message using the example of a warning:



# **▲** WARNING!

Specification of the hazard.

Specification of a possible effect.

Steps to take to avoid the hazard.

Symbol	Meaning
lack	Safety sign
<b>™</b>	Precondition for action
숲	Separate actions that must be carried out
1. ,2. ,	Multiple actions that must be carried out in the order stated
•	Cross-reference
i	Information that makes working with the surgical platform easier
	·

Tab.3 Symbols

#### 1.3 Other relevant documents

1.5 Official	Other relevant documents				
Document	Document no.	Purpose			
ParaProg manualfor OS 4	VV016041	Instructions for operating ParaProg mode			
Service manual for OS 4	VV016042	Instructions for performing service and maintenance (only for service technicians authorised by Oertli)			
Instructions for Processing of Reusable Instruments Cleaning, Disinfection and Sterilisation	TN999042	Generalinstructions for reprocessing (cleaning, disinfection, sterilisation)			
User manual for OS4 cassette	TN999074	Instructions for use			
User manual for handpieces and tips for HF surgery	TN999005	Instructions for use			
User manualfor phaco handpiece and phaco tips, reusable	TN999022	Instructions for use			
User manualfor drainage bag	TN999039	Instructions for use			
User manual Phaco tips, single use	TN999052	Instructions for use			
User manualfor vitrectomy cutter, single use	TN999079	Instructions for use			
User manualfor endo light instruments ViPer scleral indentor, single use	TN999063	Instructions for use			
User manualfor silicone application set 10 cc Snap Lock / universalvisco cannula, single use	TN999090	Instructions for use			



Document	Document no.	Purpose
Installation instructions for the OS4 instrument table	TN999075	Instructions for use
User manualfor air supply tube, single use	TN999076	Instructions for use
User manual for active infusion set, single use	TN999077	Instructions for use
User manual for chandelier light with trocar, 25G, 27G, single use	TN999085	Instructions for use
User manual for I/A instruments, reusable	TN999093	Instructions for use

Tab.4 Other relevant documents

#### 2 Safety



# **▲** WARNING!

Improper use of the surgical platform.

Danger to patient and user.

☼ The safety chapter contains important information about the safety of the surgical platform: Readit carefully before using the device for the first time.



The surgical platform has been manufactured in accordance with the state of the art and recognised technical safety rules. Nevertheless, dangers to life and limb of the user or third parties, damageto the surgical platform and other objects during its use cannot be ruled out.

#### 2.1 Intended use

The OS4 surgical platform, dependent on the surgical platform variant, is used to perform surgical interventions in the anterior and posterior eye segment. Information on the specific range of functions of your surgical platform can be found in section

3.1 Surgical platform variants.

In the full assembly of the surgical platform variant "anterior/posterior with endolaser", it includes the following functionalities:

- Irrigation and aspiration (I/A function)
- Ultrasound phaco (PHACOfunction)
- Bipolar diathermy for coagulation in the case of bleeding and coaptation of the conjunctiva during the eye surgery (DIAfunction)
- Bipolar diathermic capsulotomy (CAPSfunction)
- Bipolar diathermic deep sclerotomy ab interno (HFDSGLAU function)
- Operation of a vitrectomy instrument (VITfunction)
- Injection and extraction of viscoelastic substances (INJECTION and EXTRACTION functions)
- Retinal photocoagulation with endolaser (LASERfunction)
- Intraocular illumination (LUMfunction)
- Maintaining intra-ocular pressure by air (AIRfunction) and active infusion (GFIfunction, gas-forced infusion)
- Fluid/air exchange



Instruments and consumables, in connection with Oertli devices, constitute a complete surgical system. The use of consumables and handpieces which were not manufactured by Oertli can affect system performance and lead to possible dangers (■ 24.1 Accessories, spare parts, instruments, consumables).



#### 2.1.1 Potential misuse

The surgical platform is not suited for surgical interventions outside the eye.

Failure to comply with the intended use, alterations carried out without the approval of Oertli, or operation with unsuitable parameters are regarded as misuse of the surgical platform. Misuse of the surgical platform can have the following consequences:

- Danger to patients and staff using the device
- Impaired functionality of and damage to the surgical platform which are not covered by the warranty

Oertli accepts no liability for damaged caused by use for purposes other than those for which the device was designed.

### 2.1.2 Intended user

The surgical platform mayonly be used by trained medical personnel.

The correct choice of surgical platform settings is the responsibility of the surgeon.

### 2.1.3 Intended patients

The surgical platform may be used in the vicinity of the patient.

The surgical platform can be used for all patients, regardless of their age, height or weight, assuming the physician considers an operation to be justified.

The following potential dangers exist when using the DIA, CAPS or HFDSGLAU functions in patients with heart pacemakers or pacemaker electrodes:

- Impairment of pacemaker function
- Damageto the pacemaker

Ask the cardiology department for advice if you are unsure.

#### 2.1.4 Intended environment

The surgical platform mayonly be used in enclosed rooms.

The surgical platform must not be used in rooms with inflammable anaesthetics or other combustible gases and materials. Where possible, only non-flammable cleaning agents and disinfectants should be used. Ensure that flammable cleaning agents and disinfectants have completely evaporated prior to HF application. There is a risk of flammable solutions collecting under the patient or in bodily depressions or orifices. Collections of fluids in these areas should be wiped up prior to using HF surgical devices. Be aware that due to spark formation which can occur during normal use of HF surgical devices, endogenous gases and oxygen-saturated materials, such as cotton, wool and gauze, can ignite. Risk of fire and explosion!

For surgical platforms with an endolaser, the room must be arranged and labelled in accordance with local standards and guidelines for the use of an endolaser. Additional requirements on laser safety can be found in standard IEC825-1 ("Safety of laser products").



Information on permitted environmental conditions (

23.3 Environmental conditions).

#### 2.1.5 Intended use of the endolaser

#### Indications:

Retinal photocoagulation for the treatment of retinal diseases such as:

- Retinal tears
- Retinal detachment
- Neovascularisations

#### Contraindications:

- All eye surgeries in which vision is not clear and the surgeon cannot determine the exact dose of energy using tissue reaction.
- Other applications which deviate from intended use.

### 2.2 Operator's obligations

- The operator is responsible for the safe operation of the surgical platform.
- Only use the surgical platform if it is in perfect technical condition, and always use it for its intended use, taking account of safety issues and dangers, and in accordance with this manual.
- Ensure that this manual and all other relevant documents are kept complete and legible, and accessible to staff at any time
- Ensure that the following requirements are met and monitored:
  - Intended use
  - IEC60601-1:2005/A1:2012 Medical electrical equipment - Part 1: General requirements for basic safety and essential performance
  - Statutory or other safety and accident prevention rules
  - Standards and guidelines in force in the country in which the device is being used
- Regularly start up and maintain the endolaser
   (= 22.1 Maintenance table). Otherwise the warranty with regard to the laser becomes invalid.



#### 2.2.1 Staff qualifications

- Ensure that staff required to use the surgical platform have read and understood this manual and all other relevant documents before starting work, especially the safety, maintenance and servicing information.
- Specify staff responsibilities and supervision.
- All work mayonly be carried out by specialist technical staff.
- Staff undergoing training mayonly use the surgical platform under the supervision of specialist technical staff.

## 2.3 Staff obligations

- Only use the surgical platform if it is in perfect technical condition, and always use it for its intended use, taking account of safety issues and dangers, and in accordance with this manual.
- Refrain from anyworking practices that endanger staff or third parties.
- In the event of a fault that affects safety, immediately switch off the surgical platform and have the fault corrected by an appropriate person.
- In all cases of doubt regarding the safety of the surgical platform: Switch off the surgical platform and prevent further use.
- In addition to the overall documentation, comply with statutory or other safety and accident prevention rules and the standards and guidelines in force in the country in which the device is being used.

# 2.4 Safety instructions for potential danger areas

### 2.4.1 Electrical safety

If covers are opened or parts removed that are not accessible without tools, live components can become exposed.

Plugs can also be live.

- Before opening the surgical platform, unplugit from the power source.
- Do not maintain or repair an open surgical platform that is
  live.
- Electrical work mayonly be carried out by the authorised service unit.
- Before connecting the surgical platform, check whether the mainsvoltage and frequency in theatre are correct
   (■ 3.2 Labelling and marking and ■ 23.4 Electrical data).
- In order to reduce the risk of electrocution, the surgical platform may only be connected to a supply network with an earth wire.
- Connect the mainscable to an earthed socket.
- Do not connect any peripheral devices to the surgical platform.

#### 2.4.2 Electromagnetic waves

Other devices emitting electromagnetic waves can affect measuring data or cause malfunctioning of the surgical platform.

This surgical platform can cause malfunctions or can disrupt the operation of devices in the immediate vicinity.

- Take note of information on the radio module and on electromagnetic compatibility (= 24.3 Radio module and = 24.5 Electromagnetic compatibility (EMC)).
- Do not operate mobile phones, cordless phones, transmitters/receivers or other electrical devices that produce electromagnetic waves in the same room as OS4.
- In the event of malfunctions, take appropriate corrective actions such as, for example, realignment, rearrangement of the OS4 or shielding.
- Only use the original instruments and accessories recommended and provided by the manufacturer.

Otherwise there maybe increased interference or the interference resistance of the OS4 maybe reduced.

### 2.4.3 Light emissions

- Take note of reference values for irradiation in the document "Endo illuminator user manual" (= 1.3 Other relevant documents, document no. TN999063 and TN999085).
- Avoid focusing the output of an illumination module on a small area of the retina for a longer period of time since this may cause photoretinitis and serious permanent injury to the patient.

#### 2.4.4 Laser

The "anterior/posterior with endolaser" surgical platform variant (VC86030x) contains a class 4 laser. Irradiating the skin or eyes with direct or indirect scatter radiation presents a risk of blinding and/or burning.

Flammable gases and substances additionally present a risk of fire or explosion.

Failure to comply with the intended use set forth in this document is prohibited and is considered to be misuse of the surgical platform. This can lead to a dangerous radiation exposure or hazards due to electrical voltage.

Therefore it is mandatory to observe the following safety instructions:

- Observe "Laser" warning sign in the treatment room.
- Familiarise yourself with safety devices (LASERSTOP,key switch, etc.)and personal protective equipment.
- Alwayssecure the laser probe port with the associated protective laser cap during periods of non-use.

12 2021-03-01 / Rev.09



- To avoid irradiating the skin and eyes by direct or scatter radiation, the following precautions should be taken:
  - Only connect the laser probe directly prior to treatment.
  - Only activate the laser directly prior to treatment.
  - Ensure that the laser beam is not oriented directly at persons.
  - Ensure that the foot pedal is always within reach of the operating surgeon. Third parties are not authorised to trigger the laser.
  - If the laser is not being used for treatment, always set the laser to stand-by mode.
- Never look directly into the beam of an emitted laser. Risk of blinding!
- Ensure that the laser beam is not oriented directly at flammable substances. Risk of fire!
- Without an activated key switch, it is not possible to emit laser pulses. Persons authorised to operate the device are responsible for the safekeeping of the key which must be removed after use.
- To avoid hazardous situations during treatment, connect the door remote switch (DRS)according to the manufacturer's instructions for use. See also ■ 5.4.2 Check port for door remote switch (DRS).
- All persons who spend time in the laser room must protect their eyes with protective laser goggles which are suitable for the intensity and wavelength of the laser radiation and which are approved by Oertli ( 24.1 Accessories, spare parts, instruments, consumables).
- In the event of damage or a colour change in the coating of the protective laser goggles, do not use them any longer and replace them.
- When emitting the laser pulse, ensure that there are no objects in the optical path.
- Immediately before switching on the laser, warn all persons in the laser area.
- A protective filter (fully automated or passive, for 532 nm) must be added to the optical path of the microscope during the laser treatment. Only use protective filters recommended by Oertli ( > 24.1 Accessories, spare parts, instruments, consumables).

# 2.5 Safety instructions for individual operational phases

#### 2.5.1 Transport

Move the surgical platform during transport only with the instrument tray folded up (parked position).

#### 2.5.2 Start-up

- Do not use the surgical platform directly beside other surgical platforms.
- If operation in the vicinity of other surgical platforms is necessary: Monitor the surgical platform to check that it is operating according to its intended use in the selected arrangement.
- Risk of crushing when operating the instrument tray. Place instrument tray in the working position only according to the procedure described in this manual and in the instrument tray manual ( > 1.3 Other relevant documents).

# 2.5.3 Operation

- Only operate the surgical platform with the brake applied.
- Do not tilt the surgical platform more than 5° in the operating position.
- Do not lean on the instrument tray and do not place a load of more than 2.5 kg on the instrument tray.
- The following potential dangers exist when using the DIA, CAPSor HFDSGLAU functions in patients with heart pacemakers or pacemaker electrodes:
  - Impairment of pacemaker function
  - Damage to the pacemaker

Ask the cardiology department for advice if you are unsure.

- The use of bipolar diathermy as well as CAPS or HFDS GLAU within the surgical platform may interfere with the operation of other electromedical equipment.
- All HF accessory components (connection sockets, plugs, cables, handpieces, tips) must be checked before every operation. Damaged accessories must not be used and must be replaced immediately. In particular, electrode cables must be checked for possible damage, e.g. by means of a magnifying glass.
- If the DIA, CAPS or HFDSGLAU functions are being used at the same time that the patient is being monitored by physiological monitoring devices: Place monitoring electrodes as far awayas possible from the instrument tips. Needle monitoring electrodes are not recommended. In all cases, monitoring systems with an integrated high frequency current limitation are recommended.
- Ensure that the patient does not come into contact with metal parts that are grounded or have significant capacitance to earth.
- Monitor instrument meditips closely during power output when the DIA, CAPS or HFDS GLAU functions are in operation. Release the pedal immediately if tissue is becoming too hot.
- Onlyuse filtered and oil-free pressurised air.
- Only use instruments, cassettes, tube systems and accessories supplied by Oertli.
- To avoid breakage of the instruments or malfunction, do not manually modify (bending, cutting, engraving) instruments, handpieces and tips.
- Clean, disinfect and sterilise reusable instruments before each use.
- Check all accessories regularly for damage, especially instrument cables.
- Replace damaged cables immediately.
- Do not continue to use a damaged surgical platform or accessories. Notify the authorised service unit.
- In all cases of doubt regarding the safety of the surgical platform: Switch off the surgical platform and prevent further use with the appropriate measures.



### 2.5.4 Maintenance and repair

Improper service and improper repairs endanger staff and patients and will void any warranty.

Live components can become exposed through the unauthorised opening and removal of components. Plugs can also be live. There is a risk of electric shock!

Service and repairs to the surgical platform may only be performed by service technicians authorised by Oertli and based on the last valid version of the service manual.

# Safety devices (surgical platform dependent, LASERfunction)

#### 2.6.1 LASERSTOPkey

Using the LASERSTOPbutton, the laser can be switched off by the user in emergency situations (■ 18.4 Using the LASER STOPkey in hazardous situations).

#### 2.6.2 Port for door remote switch (DRS)

■ 3.5.2 Port for door remote switch (DRS)

# 2.6.3 Port for laseruser protection filter (UPF)

■ 3.5.1 Connection for fully automated laser user protection filter (UPF)

# Personal protective equipment (LASERfunction): Protective laser goggles

All persons who spend time in the laser room must protect their eyes with protective laser goggles or laser filters (laser user protection filters, UPF) which are suitable for the intensity and wavelength of the laser radiation and which are approved by Oertli.

The protective laser goggles must meet the following standard:

 DIN EN 207 "Personaleye protection – filter and eye protection devices against laser radiation (protective laser goggles)"

The laser protective goggles are included in the set of equipment supplied, but can also be ordered separately (**24.1** Accessories, spare parts, instruments, consumables).

# 3 Structure and function

# 3.1 Surgical platform variants

Depending on the surgical platform variant, your surgical platform has the following functionalities:

Functionality	"Anterior/ posterior" variant (VC86020X)	"Anterior/ posterior with endolaser" variant (VC86030X)
PHACO	€	<b>l</b> ⊛
I/A	V®	<b>V</b> ⊕
DIA/CAPS/HFDS GLAU*	V®	<b>℃</b>
Anterior vitrectomy	V⊛	<b>l</b> ®
Posterior vitrectomy	€	<b>V</b> ⊕
INJECTION(+)/ EXTRACTION	€	l®
ENDO PHACO	V⊛	<b>℃</b>
LASER	-	<b>l</b> ®
Gasforced infusion (GFI)	V®	<b>l</b> ⊚
Fluid/air exchange	€	€
Intraocular illumination:		
Light LED	V®	<b>℃</b>
Light LED+	l⊛	€

<sup>\*</sup> The HFDSGLAU function is optional and can be enabled as desired.



# 3.2 Labelling and marking

The labelling and marking of the OS4 varies depending on the surgical platform variant (
3.1 Surgical platform variants) and its functional scope.

OS4 is marked on the front and rear as well as on the left column side as follows:

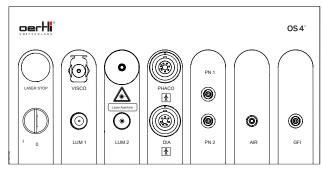


Fig. 1 Front marking



Fig. 2 Back marking

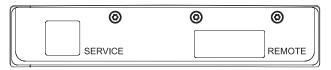


Fig. 3 Marking on left side of column (top)

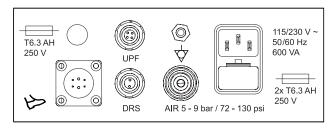


Fig. 4 Marking on left side of column (bottom)

The back of the surgical platform and the pedal also bear a type plate.

# 3.2.1 Type plate on the surgical platform



Fig. 5 Type plate on the surgical platform (example)

## 3.2.2 Pedaltype plate



Fig. 6 Pedal type plate (example)

# 3.2.3 Instrument tray type plate

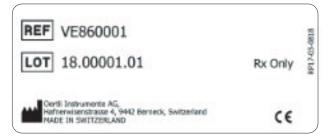


Fig. 7 Instrument tray type plate (example)

ΕN

# 3.2.4 Sign on instrument tray



Fig. 8 Sign on instrument tray

# 3.2.5 Laserclass 4 sign for surgical platform with the LASERfunction (optional)

DANGER - LASERRADIATION
AVOID EYE OR SKIN EXPOSURE TO
DIRECT OR SCATTERED RADIATION

CLASS 4 3R LASER PRODUCT

MAX. LASERRADIATION: 4W 5 mW
PULSE DURATION: CW CW
WAVELENGTH: 532 nm 635 nm
ACCORDING TO IEC/EN 60825-1:2014

Fig. 9 Laser class 4 sign (LASERfunction)

# 3.2.6 Symbols on type plates

Symbol	Meaning
REF	Oertli article number
SN	Serial number (e.g.75640001)
LOT	Lot number (e.g.14.00001.01)
X	WEEE- device must be disposed of by specialist department
<u> </u>	Caution!
(i	Observe instructions for use
	Manufacturer and date of manufacture year-month-day(e.g.2020-12-02)

Symbol	Meaning
∐̃ 92 kg	Weight of the surgical platform including maximumload (e.g.92 kg)
<b>C E</b> 0297	This product fulfils the requirements of the Council Directive 93/42/ EECconcerning medical devices.
Rx Only	CAUTION:
	U.S.Federal Law restricts this device to sale by or on the order of a physician.
IPX6	Increased protection against heavyspray water (pedal only)
Tab.5 Sym	bols on type plates

	3F = F
3.2.7 Sy	mbolson the surgical platform
Symbol	Meaning
*	Application parts of type BF
$\triangle$	Warning!
Laser Aperture	Laser beamwarning. Laser beam outlet.
	Observe instructions for use
14.3	Non-ionising electromagnetic radiation.
	The surgical platform contains a radio module for wireless connection with the pedal.
COM	Port for communication with the pedal
	On/off switch: Switches the surgical platform on or off
0	Endolaserkey switch: Switches the laser off
I	Endolaser key switch: Switches the laser on
T6.3 AH 250 V 2x T6.3 AH 250 V	Only use mains fuses with the values indicated
115/230 V ~ 50/60 Hz 600 VA	Permissible mains voltage and mains frequency

16 2021-03-01 / Rev.09



Symbol	Meaning
B	Pedal socket
$\bigcirc$	Port for equipotential bonding
AIR5 - 9 bar/ 72 - 130 psi	Permissible air pressure
SERVICE	Service interface (for service technicians only)
REMOTE Remote control junction box (remote control optional)	

Tab.6 Symbols on the surgical platform

# 3.2.8 Symbolson instrument tray

Symbol	Meaning
	When pushing the surgical platform, put the instrument tray in parked position, since the surgical platform may otherwise tip over.
max. 2.5 kg	Do not sit; maximumload 2.5 kg

Tab. 7 Symbols on instrument tray

#### 3.2.9 Icons on the user interface

Symbol	Meaning
i	Routine message/ information (■ 21.2.1 Routine messages)
	Warning (►21.2.2 Warnings)
$\langle \mathbf{x} \rangle$	Error message (► 21.2.3 Error messages)

Tab.8 Icons on the user interface

#### 3.3 Task and function

The OS4 surgical platform, dependent on the surgical platform variant, is used to perform surgical interventions in the anterior and posterior eye segment. Information on the specific range of functions of your surgical platform can be found in section

3.1 Surgical platform variants.

In the full assembly of the surgical platform variant "anterior/ posterior with endolaser",it includes the functionalities which are described in section ■2.1 Intended use.

The surgical platform activates and controls the instruments connected with the limit values determined by the surgeon and set on the control panel, fine control being carried out with the foot pedal and within the pre-defined value range.

OS4 works with two complete pumps:

- Peristaltic pump
- Venturi pump

The peristaltic pump can be operated in SPEEPmode which enables control of the desired vacuumduring occlusion.

Frequently used set values can be stored and retrieved.

#### 3.4 Structure

#### 3.4.1 Surgical platform overview

- ► Fig. Front view, page 4
- ► Fig. Rearview, page 4

### 3.4.2 Control panel

► Fig. Control panel, page 3

All settings for operating OS4 can be adjusted in the touchsensitive control panel. At the sametime, the surgical platform provides information about the operational status and current values on various displays.

It consists of the following components:

<u> </u>			
Component	References		
PREOP and TEST keys	■ 6.2.1 PREOPand TESTkeys		
RESETkey	■ 6.2.2 RESETkey		
Status displays (LASER function, optional)	■ 6.2.3 Status displays (LASER function, optional)		
Display and settings area	■ 6.2.4 Display and settings area		

#### Tab.9 Components of the control panel

The control panel can be panned horizontally and vertically to offer good readability and operability at all times.

The control panel is illuminated so that the surgical platform can also be operated in low-light conditions.

EN

#### 3.4.3 **Ports**

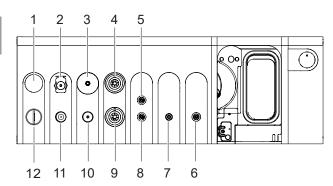


Fig. 10 Ports on front of device

- 1 LASER STOP key
- 2 Port for silicone application set (INJECTION/ EXTRACTION)
- Laser probe port
- Phaco handpiece port
- Vitrectomy cutter port (black)
- GFIport (gas-forced infusion, red)
- 7 Air delivery line port
- Vitrectomy cutter port 8 (green)
- Diathermy handpiece port 9
- 10 Light source 2 port
- 11 Light source 1 port
- 12 Endolaser key switch

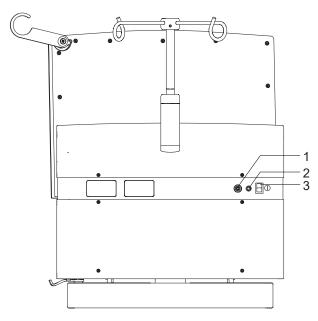


Fig. 11 Ports on back of device

- COMport
- Voltage indicator
- On/off switch

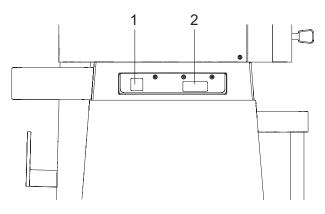


Fig. 12 Ports on the left column side (top)

- Service interface (for service 2 Remote control junction box technicians only)
  - (remote control optional)

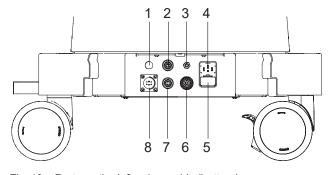
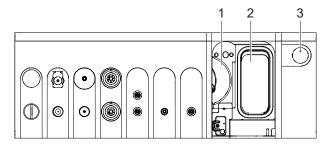


Fig. 13 Ports on the left column side (bottom)

- Fuse holder
- Connection for fully automated UPF (laser user protection filter)
- Potential matchingpin
- Power supply
- 5 Fusedrawer with fuse holder (adjustment of the mains voltage) and fuses
- Pressurised air port
- Port for DRS (door remote switch)
- Pedal socket



#### I/A system on the surgical platform 3.4.4

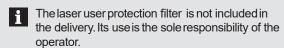


I/A system on the surgical platform Fig. 14

- Cassette eject button
- Cassette slot

The cassette eject button has an LED:

- Displaylit in blue: cassette inserted
- Displayoff: no cassette inserted
- 3.5 Ports for monitoring systems (LASER function, optional)
- 3.5.1 Connection for fully automated laser user protection filter (UPF)



Only use the laser user protection filter from Meridian AG.

There is a corresponding port on the lower left side of the column for monitoring a fully automated laser user protection filter. This connection allows a fully automated UPF to be connected to the laser and used.

If a passive UPF is used instead of a fully automated UPF, it must be confirmed manually at the surgical platform that, when using the endolaser, a suitable system is used or is ready for use and that all persons in the room are protected by suitable personal protective equipment (protective laser goggles). Otherwise the laser is inactive (protection function).

#### 3.5.2 Port for door remote switch (DRS)

The door remote switch is not included in the delivery. Its use is the sole responsibility of the operator.

There is a corresponding port on the lower left side of the column for monitoring room entry with a door remote switch (DRS). Amonitoring circuit can be connected using this port. If no DRS is used, the port must be spanned using a shorting plug (■ 5.4.2 Check port for door remote switch (DRS)). Otherwise the laser is inactive (protection function).

#### 3.6 Cassettewith I/A tube system

Only cassettes with tube systems for single use are available; external drainage bags are not part of the delivery and can be ordered separately (■ 24.1.4 Consumables).

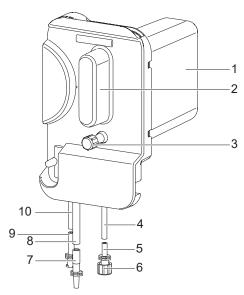


Fig. 15 Cassette with I/A tube system

- Drainage container
- Handle 2
- 3 Connection for drainage bag with protective cap (blue, emergency draining)
- Infusion line
- Infusion port
- Protective cap for infusion port
- Irrigation port
- Irrigation line
- Aspiration port
- 10 Aspiration line

The fill level of the cassette can be checked on the corresponding display on the control panel (■ 6.2.11 Pump setting and fill level of the cassette).



#### 3.7 Pedal

The I/A system and instruments are controlled by the pedal. It can be connected to the corresponding port of the surgical platform or operated wirelessly ( 5.3 Connect pedal).

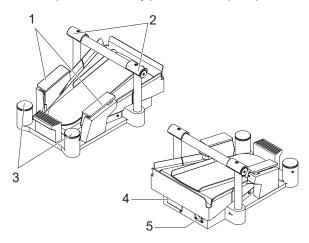


Fig. 16 Pedal

- 1 Switch, lateral (left/right)
- 2 Switch,top (left/right)
- 3 Heelswitch (left/right)
- 4 Cover (radio module)
- 5 Pedal socket (under the cover)

The pedal settings can be performed using ParaProg individually for each physician (■ 8 Using/setting the pedal and user manual for ParaProg ■ 1.3 Other relevant documents).

Default values have been set when the device is supplied.

The pedal can be charged directly via the surgical platform (\$\infty\$ 5.7 Charging the pedal).

If the pedal is not needed or if OS4 is moved, it can be suspended behind on the back of the surgical platform (**a** 4.2 Transporting the surgical platform).

# 3.8 Instrument tray (optional)

The instrument tray is not included in the delivery. It can be ordered separately (■ 24.1 Accessories, spare parts, instruments, consumables).

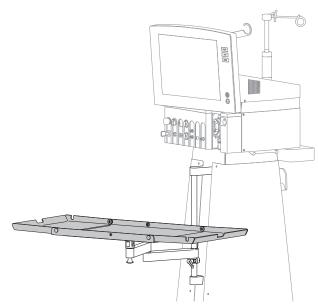


Fig. 17 Instrument tray



# 4 Transport, storage and disposal

# 4.1 Unpacking the surgical platform and checking its condition

- 1. Unpack the surgical platform as soon as it is delivered and check for damage that may have occurred in transit.
- Notify the haulier immediately of any damage that has occurred in transit.
- Dispose of packaging material in accordance with local regulations.

### 4.2 Transporting the surgical platform

The surgical platform is braked centrally using the brake arm. The brake acts on the two rear wheels:

Position	Orientation	Description	
1	top	<ul> <li>Wheels fully movable.</li> </ul>	
		<ul> <li>The surgical platform can be pushed in all directions.</li> </ul>	
2	bottom	Rear wheels are fully secured.	
		<ul> <li>The surgical platform cannot be moved.</li> </ul>	

Tab. 10 Brake arm positions

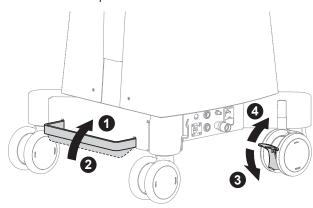


Fig. 18 Brakes on the surgical platform

The two front wheels can additionally be separately secured with the grips, if needed.

- Apply brakes: Position 3
- Release brakes: Position 4

#### NOTE!

Collision with other objects.

The surgical platform can tip overif it is transported with the instrument tray opened.

Damageto the surgical platform.

To push the surgical platform, place the instrument tray in the parked position and fully retract the I/V pole.

Weight details (►23.2 Dimensions and weights).

- All connection cables disconnected.
- Instrument tray in parked position (■19.6Foldingupthe instrument tray and placing it in the parked position).

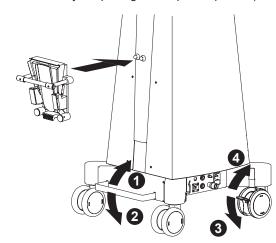


Fig. 19 Hang pedal

- 1. Suspend pedal on the pedal holder on the surgical platform.
- 2. Wind cable on holder.
- 3. Place brake armin position 1.
- 4. If necessary, release brake grips on the front wheels (position 4).
- Hold the surgical platform by the handle and move to the desired set-up location.
- 6. To secure the surgical platform, place brake arm in position 2.
- 7. If necessary, secure brake grips on the front wheels (position 3).

## 4.3 Storing the surgical platform

- 1. Ensure that the storage location meets the following conditions:
  - dry
  - free from vibrations
- 2. Ensure that the storage conditions are met (■23.3 Environmental conditions).

### 4.4 Disposal

The product must not be disposed of in household waste. It must be collected separately from household waste and disposed of in an environmentally responsible manner in accordance with the local regulations governing the disposal of electronic devices, or sent to Oertli for disposal.

The operator is responsible for the proper disposal of the product.

Single-use items must be disposed of in accordance with the local regulations for the disposal of contaminated medical waste.



#### 5 Start-up



#### WARNING!

Improper use of the surgical platform.

Danger to patient and user.

 The safety chapter contains important information about the safety of the surgical platform: Readit carefully before using the device for the first time.

#### 5.1 Setting up the surgical platform



- Position the surgical platform so that the user can always see all the displays and hear acoustic signals and can always operate all the controls, components, keys and ports.
- Position the surgical platform so that it is not interfered with by other devices and does not itself interfere with other devices ( 2.4.2 Electromagnetic waves).
- Permitted environmental conditions ( 23.3 Environmental conditions).
- Position the surgical platform in a suitable place on a stable, even and clean base ( 4.2 Transporting the surgical platform).
- To secure the surgical platform, place brake armin position 2.
- If necessary, secure brake grips on the front wheels (position 3).

#### 5.1.1 Opening the instrument tray and placing it in working position

#### NOTE!

Overloading of the instrument tray.

Severedamage to the surgical platform.

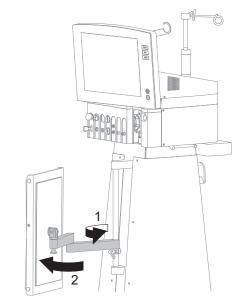
- During use, do not place a load of more than 2.5 kg on the instrument tray.
- Do not place any load on the instrument tray when the surgical platform is moved.
- Do not use the instrument tray for support.
- Do not sit on the instrument tray.
- Do not place anyheavy components on the instrument tray.

# ▲ CAUTION!

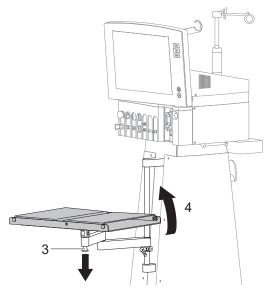
Careless handling of the surgical platform and instrument tray.

Pinching of the hand or finger.

- Do not place fingers between the lever arms of the instrument tray.



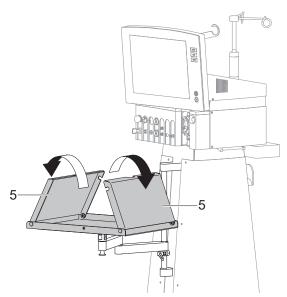
1. Take instrument tray out of the parked position (1 and 2).



- 2. Release the unlocking mechanism by pulling in the direction of the arrow (3) and hold.
- Rotate instrument tray (4).

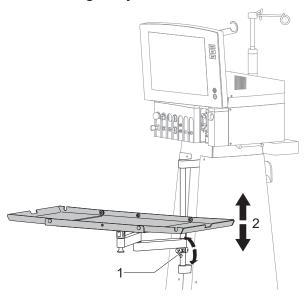
22





- 4. Let go of the unlocking mechanism.
- 5. Fold out side parts (5).

## 5.1.2 Height adjustment



- 1. Support instrument tray with your hand and push lever for height adjustment (1)upwards in the direction of the arrow.
- 2. Move instrument tray upwards or downwards (2).
- Once it is in the desired working position, push lever for height adjustment (1)downwards in the direction of the arrow

The instrument tray is firmly secured.

## 5.2 Mount the infusion pole

#### **NOTE**

Leaking liquid.

Damageto the surgical platform.

Position the infusion pole as shown below at a 45-degree angle to the surgical platform.

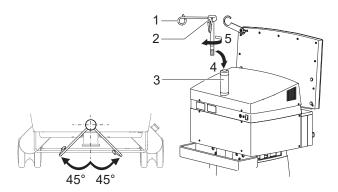


Fig. 20 Mount the infusion pole

- 1. Insert (4) infusion pole (1) into the holder (3).
- 2. Firmly rotate the infusion pole in the direction of the arrow (5).
- 3. If the infusion pole is not at a 45-degree angle to the surgical platform: Use an Allen key to loosen the screw (2), place infusion pole as shown in a 45-degree angle and secure screw once again.
- The bottle height is adjusted via the corresponding value range in the display and settings area (\$\bigs\) 7.3 Adjust bottle height/ IOP).

#### 5.3 Connect pedal

You can either connect the pedal to the surgical platform or operate it wirelessly via wireless data transmission.

Radio-controlled operation:

The setting for radio-controlled operation has already been activated as a default in service mode.

If you want to use a pedal other than the one provided, contact the authorised service unit.

Prior to operation: Pedal is charged (■ 5.7 Chargingthe pedal).



# Operation via cable

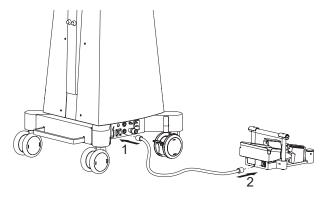


Fig. 21 Connect pedal

- Connect the pedal cable to the pedal socket (1)on the surgical platform.
- Connect the pedal cable to the pedal socket (2)on the
- Switchon the surgical platform (■ 5.8 Switching on the surgical platform).

Status display for pedal status (■ 6.2.12 Status displays for pedal status and pedal battery status) is activated.

#### Wireless operation via radio

Surgical platform switched on.

Operate heel button.

It takes about 10 sec. until the radio connection is established

Status display for pedal status (■ 6.2.12 Status displays for pedal status and pedal battery status) is activated.

#### 5.4 Check ports for monitoring systems (LASERfunction, optional)

#### 5.4.1 Laseruser protection filter (UPF)



#### WARNING!

No laser user protection filter.

Hazard to user due to laser radiation.

optical path of the microscope during the laser treatment.



#### **▲** WARNING!

Protective equipment missing.

Hazard due to laser radiation.

Protect all persons who spend time in the laser room with protective laser goggles for 532 nm/ OD6.

To protect the user, a laser user protection filter must be inserted in the optical path of the microscope during the laser treatment. Only use protective filters recommended by Oertli.

Passivelaser user protection filters for various types of microscopes are available from Oertli. They are securely installed in the optical path of the microscope and continuously filter harmful laser radiation.

 When starting up the endolaser, confirm that a passive UPF is connected and that all persons in the room are protected by protective laser goggles (■ 18 Performing an endolaser operation).

Fully automated laser user protection filters for various types of microscopes are available from Oertli. They are fixed in the optical path of the microscope and connected to the surgical platform via a cable. The filter glass is automatically swiveled into the optical path shortly before the laser radiation is triggered and filters the harmful laser radiation only when using the laser.

- Have a fully automated laser protection filter configured for the device by the authorised service unit before use.
- Before use, install the filter in the microscope according to the manufacturer's instructions.
- When starting OS4, ensure that the fully automated UPF is properly connected to the surgical system.
- When starting up the endolaser, confirm that all persons in the room are protected by protective laser goggles ( 18 Performing an endolaser operation).

#### 5.4.2 Check port for door remote switch (DRS)



The door remote switch is not included in the delivery. Its use is the sole responsibility of the operator.

If no DRS is used, a shorting plug must be inserted. Otherwise the laser is inactive (protection function).

Connect DRS according to the manufacturer's instructions for use.

Or

If no DRS is used, span the port with a shorting plug.

#### 5.5 Connect pressurised air

An external pressurised air supply is needed for the VIT and INJECTION+functions and for operating the venturi pump.

The corresponding fittings are not included in the delivery. They can be ordered separately ( 24.1 Accessories, spare parts, instruments, consumables).

#### NOTE!

Excessively high pressure.

The surgical platform no longer works correctly; damage to the surgical platform.

Adhere to the specified supply pressure ( 23.5 Supply pressure).



If there is no pressure connection or insufficient pressure connection, the VIT and INJECTION+ functions and the venturi pump cannot be operated. If there is no pressure connection, the cassette cannot be inserted and ejected.



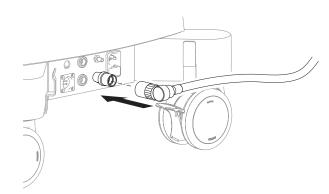


Fig. 22 Connect pressurised air

- 1. Connect fittings to the pressurised air connection on the surgical platform.
- 2. Connect fittings to the pressurised air supply.

# 5.6 Connecting to mains power

#### NOTE!

Incorrect mains voltage.

Damage to the surgical platform.

Check that the mains voltage and mains frequency in the theatre correspond to the specified values.

#### NOTE!

Incorrect voltage selection at the voltage selector. Damage to the surgical platform.

- Mains voltage and mains frequency in theatre correct (■ 3.2 Labelling and marking and ■ 23.4 Electrical data).
- Earthed and easily accessible socket available.
- √e Voltage selector correctly inserted
  - ( 22.2 Select mains voltage and insert fuses).

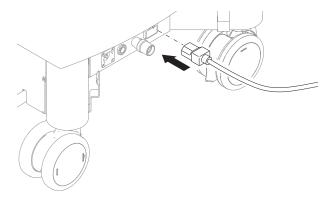


Fig. 23 Power supply

- 1. Plug the power cable into the power supply of the surgical platform.
- Connect power cable with mainspower socket.
   Mains adapter connected to mainscurrent.
   Voltage indicator (1) is lit in orange:

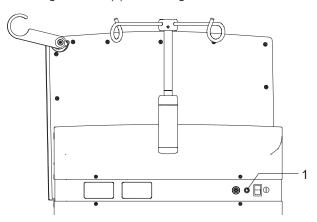


Fig. 24 Voltage indicator



## 5.7 Charging the pedal

Prior to initial use, the pedal must be connected to the surgical platform for 8 hours. This ensures that the battery is fully charged.

i

EN

The pedal is charged via OS4.

The pedal can be charged when the OS4 is switched on or off. The OS4 only needs to be connected to the mains current.

- Surgical platform connected to the mains, mains voltage applied (■ 5.6 Connecting to mains power).
- Optional: Switch on the surgical platform (■ 5.8 Switching on the surgical platform).
- 2. Connect pedal to the surgical platform (■ 5.3 Connect pedal).

The pedal is charged via the surgical platform.

The charging icon appears in the pedal status field.

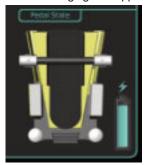


Fig. 25 Pedal status field

### 5.8 Switching on the surgical platform

Press the on/off button on the surgical platform.
Voltage indicator is lit and green.

The surgical platform automatically performs a self-test after it has been switched on.

If the test has been completed successfully, the message SYSTEMREADY, CHOOSEFUNCTION is displayed in the control panel.

The selected surgeon is displayed in the top right-hand corner (■ 9.2 Select surgeon memory).

The surgical platform is nowready and can be prepared for the surgery ( 9 Performing general preparations for surgery).



Fig. 26 Start screen
If error messages appear, these are correspondingly displayed:



Fig. 27 Example of messages



Overview of error messages (■ 21.2.3 Error messages).

26 2021-03-01 / Rev.09



# 6 Working with the user interface

## 6.1 Operating concept

The user interface is divided into four levels:

- User level (display and settings area): Normal operating range, display and setting of functions and valueranges
- Auxiliary menus: Fine-tuning/additional setting options for functions and value ranges
- ParaProg: Basic surgeon settings.
   Access only for trained experts, e.g. hospital technicians (user manual for ParaProg ■ 1.3 Other relevant documents).
- Service: Access only for authorised Oertli service

## 6.2 Overview of user interface

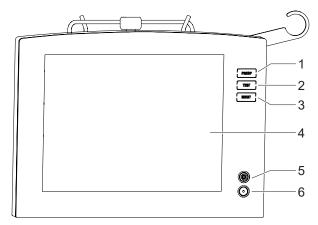


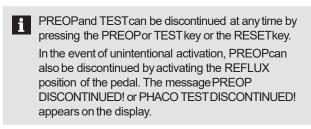
Fig. 28 User interface

- 1 PREOPkey
- 2 TESTkey
- 3 RESETkey
- 4 Display and settings area
- 5 LASER ACTIVE display
- 6 LASER READY display

### 6.2.1 PREOPand TESTkeys

Key	Description	
PREOP	<ul> <li>Starts and discontinues tube system prefilling</li> </ul>	
TEST	<ul> <li>Only with PHACOfunction: Starts phaco test</li> </ul>	
	<ul> <li>Only with VITfunction: Test vitrectomy cutter</li> </ul>	
	<ul> <li>Onlyfor the HF function group: Test HF instrument</li> </ul>	

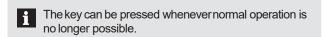
Tab. 11 PREOP and TEST keys



# 6.2.2 RESETkey

Key	Description	
RESET	Put the surgical platform into a safe status and restart it	

Tab. 12 RESETkey



# 6.2.3 Status displays (LASERfunction, optional)

Display	Description	
LASER READY	<ul> <li>The display is lit in blue: The laser is started up and is ready for use.</li> </ul>	
	<ul> <li>The display is not lit: The laser is not ready for use.</li> </ul>	
LASER ACTIVE	The display blinks: The laser is in use. Laser pulses are being emitted.	
	<ul> <li>The display is not lit: The laser is not in use.</li> <li>No laser pulses are being emitted.</li> </ul>	

Tab. 13 Status displays (LASERfunction, optional)

EN

# 6.2.4 Display and settings area

The display and settings area provides information on the functional status of the surgical platform and is used to select functions as well as the display and input of the required values.

The display and settings area reacts to gentle touching or tapping and can be operated using sterile film and surgical gloves.

It is possible that only the operable functions are active, depending on the stage of the surgical procedure or the position of the pedal. This allows OS4 to offer a high degree of protection against misuse. The execution of a command can be identified by the change in the input element and, if applicable, an acoustic signal (control tone, > 21.1 Control, confirmation and warning tones). If a blocked function is pressed, the display does not change.

The values displayed can be increased or reduced using the +/- keys immediately below the value displays.



Fig. 29 Display and settings area (e.g.PHACO)

No.	Element	References
1	Function display	(■ 6.2.5 Function display)
2	Surgeon memory	(■ 9.2 Select surgeon memory)
3	Auxiliary menu	(■ 6.2.13 Auxiliary menus)
4	Value ranges	(► 6.2.7 Value ranges and ► 6.3.7 Working with values)
5	Status displays for pedal status and pedal battery status	(► 6.2.12 Status displays for pedal status and pedal battery status)
6	Pump setting and fill level of the cassette	(■ 6.2.11 Pumpsetting and fill level of the cassette)
7	Irrigation settings	(■ 6.2.10 Irrigation settings)
8	Function-dependent settings area	(■ 6.2.9 Function-dependent settings area)
9	Function-dependent modes	(■ 6.2.8 Function-dependent modes)
10	Programme selection	(■ 6.2.6 Programme selection)

Tab. 14 Display and settings area

28 2021-03-01 / Rev.09



# 6.2.5 Function display

The desired operating function can be selected in this area ( • 6.3.1 Working with tabs/switching between functions).



Fig. 30 Function display (e.g.PHACO)

Key	Description
PHACO	Ultrasound phaco function with programmes and subfunctions
I/A	Irrigation/aspiration function with programmes and subfunctions
HF	High-frequency function with programmes and subfunctions
VIT	Vitrectomy function with programmes and subfunctions
LASER	Laser function with programmes and subfunctions

Tab. 15 Function display

## 6.2.6 Programme selection

In this area, the desired function-dependent programmes can be selected in the individual functions ( $\blacksquare$  6.3.3 Working with function keys for function modes).



Oertli recommends programming programme changes on the pedal.

## **PHACOfunction**

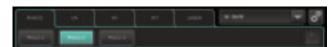


Fig. 31 PHACOprogramme selection

Key	Description	Reference
PHACO2,	Ultrasound phaco function: Select PHACO1, PHACO2 or PHACO3 with the values saved for the respective programme.	■ 11.1 Performing ultrasound phaco (PHACO)

Tab. 16 Programme in the PHACOfunction

#### I/A function



Fig. 32 I/A programme selection

Key	Description	Reference
I/A 1, I/A 2,I/A 3	Irrigation/ aspiration function: select I/A 1, I/A 2 or I/A 3 with the values saved for the respective programme.	■ 11.2 Performing irrigation and aspiration (I/A)

Tab.17 Programme in the I/A function

# **HF function**



Fig. 33 HF programme selection

Key	Description	Reference
DIA1, DIA2	Select DIA (diathermy) function with the power value stored for the respective programme.	■ 12 Performing diathermy (DIA)
CAPS	Select CAPS (capsulotomy)function with the power output level stored.	■ 13 Performing capsulotomy (CAPS)
HFDS GLAU	Select HFDS GLAU (high frequency deep sclerotomy) function.	■ 14 Performing glaucoma surgery (HFDS GLAU)

Tab. 18 Programmes in the HF function

## **VITfunction**



Fig. 34 VITprogramme selection

Key	Description	Reference
VIT1, VIT2, VIT3	Select functions VIT1, VIT2, VIT3 (vitrectomy) for operating a vitrectomy cutter with the values saved for the respective programme.	<ul> <li>11.3 Performing anterior vitrectomy (VIT)</li> <li>15 Performing pars plana vitrectomy</li> </ul>
INJEC- TION(+)	Select INJECTION (injection of silicone oil) function with the stored values.	■ 16 Visco: Performing injection/ extraction of silicone oil
EXTRAC- TION	Select EXTRACTION (extraction of silicone oil) function with the stored values.	■ 16 Visco: Performing injection/ extraction of silicone oil



Key	Description	Reference
ENDO PHACO	Select ENDOPHACO function with the stored values.	■ 17 Performing endophaco operation

Tab. 19 Programmes in the VIT function

#### **LASERfunction**

In the LASERfunction, the keys for laser operation are displayed in the programme selection. They provide information on the status of the endolaser ( 18 Performing an endolaser operation).



Fig. 35 LASER programme selection

# 6.2.7 Value ranges

These ranges display the respective values:

- Pedal in zero position or position 1: Saved maximum value
- Pedal in position 2 or 3: Current value



Fig. 36 Value ranges (example: PHACO)

Detailed information on the setup of the value ranges and setting values can be found in section ► 6.3.7 Working with values.

#### 6.2.8 Function-dependent modes

This area contains the additional modes available for the respective function.



Fig. 37 Function-dependent modes (example:PHACO)

# 6.2.9 Function-dependent settings area

This area contains the additional parameter settings area available for the respective function.

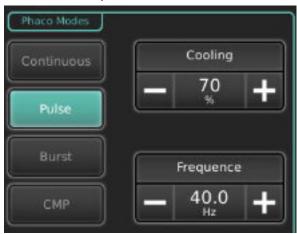


Fig. 38 Function-dependent settings area (example:PHACO)

### 6.2.10 Irrigation settings

Irrigation settings can be made in this area.

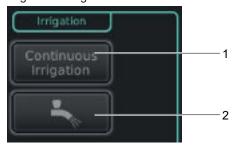


Fig. 39 Irrigation settings

No.	Element	Reference
1	Continuous irrigation	■ 7.1.2 Continuous irrigation (IRR)
2	BSS removal	■ 7.1.1BSS removal

Tab.20 Irrigation settings

30 2021-03-01 / Rev.09



# 6.2.11 Pump setting and fill level of the cassette

The desired pump can be selected in this area and the fill level of the cassette of the I/A tube systemcan be displayed.

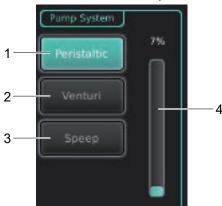


Fig. 40 Pump setting and fill level of the cassette

No.	Element	Description	
1	Peristaltic	Select peristaltic pump	
2	Venturi	Select venturi pump	
3	SPEEP	Select SPEEP	
4	Cassette fill level	Displays the fill level of the cassette. If the cassette has exceeded a certain fill level, the colour of the display changes:	
		<ul> <li>Green:Low fill level.</li> </ul>	
		<ul> <li>Orange:70% fluidic level.</li> </ul>	
		<ul> <li>Red:90% fluidic level.Error message on screen</li> <li>(► 21.2.2 Warnings).</li> </ul>	

Tab.21 Pump setting and fill level of the cassette

# 6.2.12 Status displays for pedal status and pedal battery status

Important information about the pedal is displayed in this area.

i

If the pedal is not connected, the status display for the pedal status is disabled and the pedal battery status is not displayed.

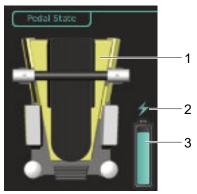


Fig. 41 Pedal status and pedal battery status

No.	Element	Description
1	Pedalstatus	<ul> <li>Shows the direction in which the pedal moves.</li> </ul>
		<ul> <li>Shows the key being activated.</li> </ul>
2	Charging icon	This is displayed when the pedal is connected to the surgical platform by the cable and the pedal is charged.
3 Pedalbattery status		Displays the battery status of the pedal. If the charging of the pedal falls below a certain level, the colour of the display changes from green (high charge) to orange to red (low charge, ■ 5.7 Charging the pedal).
		If the charge status is so low that the battery needs to be connected to the power supply, a corresponding message is displayed on the screen.

Tab.22 Pedal status and pedal battery status



By tapping on the figure of the pedal, the desired pedal configuration displayopens ( > 8 Using/setting the pedal).





Fig. 42 Current pedal settings (for information only)

# 6.2.13 Auxiliarymenus

Auxiliary menus are windows in which additional fine-tuning can be performed for a programme (**a** 6.3.5 Working with windows):



Fig. 43 Auxiliary menu (Phaco Power Override) in the programme PHACO1

Auxiliary menus are opened via the icon:



# 6.3 Working with cross-functional operating elements of the display and settings area

This section contains information on using recurring elements of the user interface.

# 6.3.1 Working with tabs/switching between functions

You can use tabs to select the mainfunctions of the OS4:



Fig. 44 Function display tab (example: PHACO)



- Tap the desired tab in the function display.
  The contents of the selected function are displayed.
- To switch to another tab, tap on the desired tab.



# 6.3.2 Switching between programmes

Switching is equivalent to operating function keys (\$\infty\$ 6.3.3 Working with function keys for function modes) and is performed by simply tapping on the desired programme key:



Fig. 45 Selecting programmes (example: PHACO)



# 6.3.3 Working with function keysfor function modes

OS4 differentiates between two types of function keys:

- Function keys for alternative functions
- Function keys for additional functions (= 6.3.4 Working with function keys for additional functions)

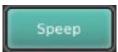
In the case of function keys for alternative functions, only one of the functions can ever be activated in each case:



Fig. 46 Alternative options (example)



Fig. 47 Inactive function key



To deselect the function: Select another function.

# 6.3.4 Working with function keysfor additional functions

OS4 differentiates between two types of function keys:

- Function keys for alternative functions
  - ( 6.3.3 Working with function keys for function modes)
- Function keys for additional functions

A function key for additional functions may have several states:



Fig. 48 Additional function (example)

The respective function key turns green and the desired function is selected:



The condition for activating the function is fulfilled.

Additional function is active. The respective function key is outlined in white.





# 6.3.5 Working with windows

In windows, you can perform additional settings. They are usually opened using symbols (icons).



EN

Fig. 49 Example: Icon to open the light properties setting

1. Tap on the icon.

The window with the setting options is displayed:



Fig. 50 Light properties settings

- 2. Perform the desired settings in the window.
- 3. Savechanges with symbol:



4. Close window by tapping on the "X":



# 6.3.6 Working with sliders

You can use sliders to change values progressively:

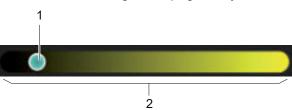


Fig. 51 Slider

- 1 Slider
- 2 Settings range
- 1. Tap on the slider (1) and hold down.
- Slide the slider in the desired direction along the settings area (2).
- 3. When the desired area is reached, let go of the slider. Alternatively, the values can be changed directly by tapping on the desired settings area.

# 6.3.7 Working with values

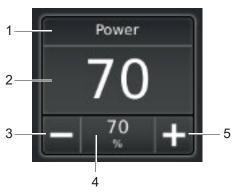


Fig. 52 Value range (example: PHACO)

- 1 Name of the value
- 2 Current value/ saved maximum value (if pedal is in pos. 0 or 1, 6.2.7 Value ranges)
- 3 Decrease maximum value
- 4 Maximum value with unit5 Increase maximum value

# Change values

The procedure is the same for value ranges in the main display and settings area and in the auxiliary menu:

- The desired programme is selected.
- 1. Press the + or key for the value until the desired maximum value is displayed.



- Changing values gradually: Press the + or key briefly.
- Changing values more quickly: Keep the + or key held down for longer.

Changed (not stored) values are retained for the duration of the operation.



They are reset to the stored values in the following cases:

- Inserting a cassette
- Switchingthe operating platform off/on
- RESET
- Change of surgeon memory
- To reset the values in a programme, press and hold the programme key for 3 s.

The values are reset.

## Storing values

Values can be stored for a particular programme. The procedure is the same for value ranges in the main display and settings area and in the auxiliary menu:

- 1. Change values as described above.
- 2. Save changes with symbol:



The saved values/fields are briefly lit in green.

# 7 Working with cross-functional settings and displays

# 7.1 Irrigation settings



Fig. 53 Irrigation settings

1 Continuous irrigation

2 BSS removal

#### 7.1.1 BSS removal

Using BSS removal, BSS fluid can be removed before or after an operation.

Press and hold the BSS removal key:



BSS fluid is released.

To stop BSS removal: Release the key.

# 7.1.2 Continuous irrigation (IRR)

In continuous irrigation, irrigation flow is maintained irrespective of the pedal setting.

of the pedal setting.	
Task	Method
Select mode	Press Continuous Irrigation key. The Continuous Irrigation key is lit in green. The mode is selected.
Start irrigationflow	Select defined pedal position for irrigation or Cont. irrigation on/off.
	The irrigation valve opens.
	The BSS removal key is lit.
	The irrigation flow starts.
Interrupt irrigation flow	Select pedal position REFLUXor Cont.irrigation on/off.
	The irrigation valve closes.
	The BSS removal key display goes out.
	The irrigation flow is interrupted.
End mode	
	The irrigation valve closes.
	The Continuous Irrigation display and the BSS removal key go out.
	The irrigation flow ends.

Tab. 23 Continuous irrigation (IRR)tasks

EN

The continuous irrigation is stored with the PHACO, I/A, HF, DIA, VIT, INJECTION(+), EXTRACTION, ENDO PHACOand LASERfunctions.

#### 7.2 Select pumps and switch between pumps

The function is not available in the following programmes: DIA 1, DIA 2, CAPS, HFDS GLAU.

You can choose between 3 alternative pumps:

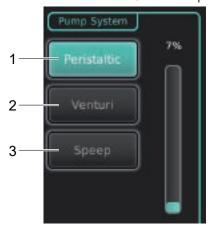


Fig. 54 Pump setting

No.	Element	Description
1	Peristaltic	Select peristaltic pump
2	Venturi	Select venturi pump
3	SPEEP	Select SPEEP

Tab. 24 Pump alternatives

Switching between pumps is equivalent to operating function keys (■ 6.3.3 Working with function keys for function modes) and is performed by simply tapping on the desired programme

A switch between pumps cannot be performed while the pedal is activated in a position for aspiration or REFLUX.

#### **SPEEP**

In SPEEPmode, the vacuum limit of the peristaltic pump is set linearly in the defined pedal position while the set flow remains constant until the vacuumlimit is reached.

#### REFLUX(Backflush)

REFLUX(backflush) is performed according to the pedal configuration selected in ParaProg. The maximum pressure for the back flush with the pump is 150 mmHg.

REFLUXis limited to 4 sec. per activation.

#### 7.3 Adjust bottle height/IOP



# **▲** WARNING!

Manuallychanging the hook for the bottle intake. Risk to the patient due to incorrect display of the bottle height.

 Do not change the hook provided for the bottle intake. Bottles mayonly be hungon the hooks provided by the manufacturer.

Depending on the type of irrigation ( 9.6 Connecting the infusion set (infusion)) and setting in ParaProg (user manual for ParaProg, ■ 1.3 Other relevant documents), one of the following value ranges is displayed in the display and settings

# ParaProg

- Gravity infusion
- **Unit in** ParaProg: cm



- **Gravity infusion** with infusion pole
- **Unit in** ParaProg: mmHg





# Value range ParaProg

- Active infusion
- Unitin ParaProg: mmHg



Tab.25 Irrigation types



As soon as the ACTUAL value exceeds the alarm threshold set in ParaProg (■ 1.3 Other relevant documents) for the IOP pressure, the GFI alarm signal sounds.

### Adjusting bottle height

In service mode (■ 1.3 Other relevant documents, VV016042) it is possible to configure the manualor automatic infusion pole control. Automatic infusion pole control is used as standard.

Automatic infusion pole control:



# **CAUTION!**

Unexpected movement of the infusion pole while handling the infusion bottle.

Slight injury to the user or other people.

- ★ Keep all body parts out of the way of the travel path of the infusion pole.
- ♀ If the cassette is inserted, press the + or key in the value range until the desired bottle height is set.

If no cassette is inserted, press the + or - key to adjust the future bottle height (target value)in the value range. The infusion pole does not move.

The infusion pole travels automatically when the following events occur:

- Cassette is inserted: infusion pole travels at the stored value of the programme selected. The infusion pole does not travel in the start level.
- Cassette is ejected: infusion pole travels downwards.

Manual infusion pole control:

 Press the + or − key in the valuerange until the desired bottle height is displayed.

#### 7.4 Adjust AIRfunction



The function is available in the following programmes: Vitrectomy (VIT1, VIT2, VIT3), INJECTION(+), EXTRACTION, ENDO PHACO, LASER.

The AIR function can be controlled via the defined pedal position or the display and settings area.

OS4 additionally offers 3 programmable settings for the air supply: AIR1, AIR2, AIR3.



Fig. 55 Adjust AIR function

Task	Method
Switch on mode	Select AIR1, AIR2 or AIR3.     The function is selected.
Change values	Pressthe + or − key until the desired AIR pressure is displayed.
Rest values to stored value	Press and hold Air 1, Air 2 or Air 3 key for 3 seconds.
Save values for AIR1, AIR2 or AIR3	Savechanges with symbol:
Switch off mode	AIR function switched off (■ 7.5 Fluid/air exchange (switching between AIR and irrigation function)).
	3-way stopcock set to BSS (■ 7.5 Fluid/air exchange (switching between AIR and irrigation function)).
	Select AIR1, AIR2 or AIR3 once again.
	The function is deselected.

Tab.26 Adjust AIR function



As soon as the actual value exceeds the alarm threshold set in ParaProg (■ 1.3 Other relevant documents) for AIR pressure, the AIR alarm signal sounds.



# 7.5 Fluid/air exchange(switching between AIRand irrigation function)

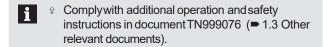
Δ

#### **CAUTION!**

Lack of toning of the eye during aspiration due to unintended switching of machine-driven 3-way stopcock without activation of air.

Risk of short-term hypotension.

- Stringently monitor IOP during surgery.
- Activate air at the OS4 surgical platform or switch 3-way stopcock on the surgical platform to BSS.
- The function is available in the following programmes: Vitrectomy (VIT1, VIT2, VIT3), INJECTION(+), EXTRACTION, ENDO PHACO, LASER.



In the functions listed, a switch can be madevia the display and settings area between the emission of pressurised air (AIR)or BSS fluid using an open 3-way stopcock and the configuration of tube connections.

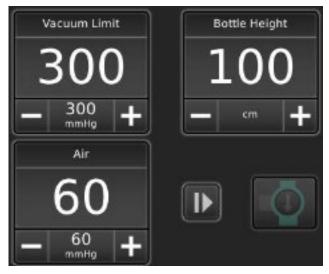


Fig. 56 Valve display

The preset parameters are irrigation / BSS supply, AIR is selected and the manual3-way stopcock is set so that all the connections are open.

#### k Meth

Initial position of the 3-way stopcock on the surgical platform. Irrigation/ BSS supply is preset. All valves are closed.



Switch on BSS

Irrigation/BSS supply is set.

Activate pedal in irrigation position.
 BSS valve is opened.
 Icon is displayed:



Prepare/switch on air supply

Press icon:



The icon is lit in blue. The AIR function is ready:



Switch from BSS to AIR

Press icon:



The valve is switched from BSS to AIR. Pressurised air is supplied:



Switch from AIR to BSS

Press icon:



The valve is switched from AIR to BSS. BSS is supplied.





Task	Method
End air supply	When irrigation/BSS supply is set:



The icon is no longer lit. The air supply is ended:



BSS valve remains open.



When air supply is set:

Press icon:



The icon is no longer lit. The AIR valve is closed. The air supply is ended:



Nothing is supplied to the eye. Aspiration remains possible.



Tab. 27 Switch valves

Alternatively, an external manual 3-way stopcock can be used to switch between the output of pressurised air (AIR) or BSS fluid. This option can be selected in ParaProg (user manual for ParaProg ■ 1.3 Other relevant documents).

The following symbol appears in the display and settings area:



Fig. 57 Manual 3-way stopcock

The manual 3-way stopcock is preset to irrigation/ BSS supply, Air is selected.

Task	Method
Switch from BSS to AIR	Press icon:
	The icon is lit in blue. The AIR function is ready:
	<ul> <li>Switch manual 3-way stopcock from irrigation/BSS supply to air.</li> <li>Air is supplied.</li> </ul>
Switch from AIR to BSS	<ul> <li>Switch manual3-way stopcock from air to irrigation/ BSS supply.</li> <li>Irrigation/BSS is supplied.</li> </ul>

Tab.28 Fluid/air exchange with manual3-way stopcock

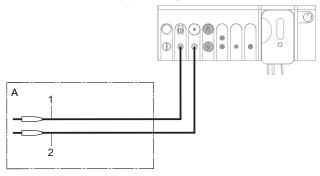
# 7.6 Adjusting the light source (Light 1 or Light 2)

The function is available in the following programmes: Vitrectomy (VIT1, VIT2, VIT3, INJECTION(+), EXTRACTION, ENDO PHACO, LASER).

Always insert light instruments carefully into the port

Alwaysinsert light instruments carefully into the port as far as they will go. Otherwise the maximumpossible amount of light will not be available.

OS4 offers the following types of light sources:



No.	Туре	Port	Name in display and settings area
1	LED+	Light source1 port	Light 1
2	LED	Light source2 port	Light 2

Tab.29 Types of light sources



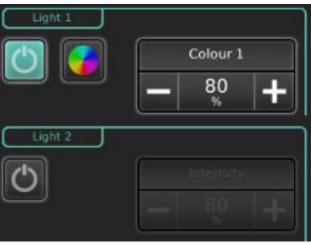


Fig. 58 Adjust light source Switch on light source Press icon: The light source is activated: Adjust brightness Press the + or - key until the desired power output level is displayed. OnlyLED+: Brightness setting applies only to the colour yellow. Savebrightness Savechanges with symbol:

Only LED+:

setting

Make additional settings (Colour 1, Colour 2, Colour 3) № Light source switched on.

1. Press icon:



2. Use slider to adjust Colour 1, Colour 2, Colour 3.



Save changes with symbol:



Switch off light source Press key: The light source is deactivated:

Tab.30 Adjust light source



## 8 Using/setting the pedal

Pedal connected to the surgical platform (■ 5.3 Connect pedal).

The pedal settings can be configured using ParaProg individually for each physician (usermanual for ParaProg 

1.3 Other relevant documents).

## 8.1 Function keys

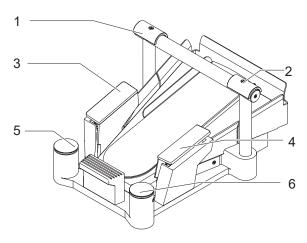


Fig. 59 Function keys

No.	Element
1	TOPleft switch
2	TOPright switch
3	Lateral left switch
4	Lateral right switch
5	Heel switch, left
6	Heel switch, right

Tab.31 Function keys

## 8.2 Vertical range of movement

The vertical range of movement is divided into 3 sections, from zero position to fully depressed:

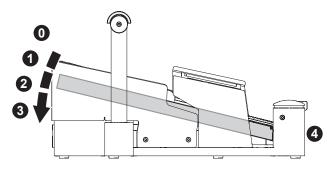


Fig. 60 Vertical range of movement

These three sections are between positions 0, 1,2 and 3. Position points 1 and 2 can be felt in the form of slight resistance (slight engagement) when the pedal is pressed slowly down

Pressing with the heel brings the pedal into position 4 (REFLUX) for back flush.

#### 8.3 Horizontal range of movement

The horizontal range of movement is divided into 3 sections: left, right and normal position (middle):

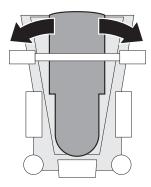


Fig. 61 Horizontal range of movement

#### 8.4 Displaypedal settings

The standard configurations can be seen as follows for each function:

Tap the pedal display in the display and settings area.
 The window with the pedal configurations is displayed:



Fig. 62 Configuring the function keys

- For functions of the function keys, tap on the Buttons key.
- For horizontal and vertical range of movement functions, tap on the Sections key:



Fig. 63 Configuring the function keys



#### 8.5 Individually configuring pedal configurations

For each combination option of a vertical and horizontal range of movement, function keys can be stored in ParaProg (ParaProg user manual - 1.3 Other relevant documents).

#### Performing general preparations 9 for surgery

The following sections describe the necessary steps to prepare OS4 for surgery.



#### ▲ CAUTION!

Defective components.

Risk to user and patient.

Damageto the surgical platform.

- Before installation, check all components for completeness, possible damage and leakage.
- All handpiece leads and any (electrical) leads should be regularly checked (e.g. exposed conductive wire, nicks/tears in the insulation, deformation, etc.).
- ☼ Do not reuse damaged or defective components, instead replace them immediately.

#### 9.1 Switching on the surgical platform

№ Pedal charged 5.7Chargingthepedal).

∿ a Air connection set up (= 5.5 Connectpressurisedair).

- ¹ Instrument tray prepared (optional, ▶ 5.1.10 peningthe instrument tray and placing it in working position) and covered with a sterile cloth (not included with the delivery).
- Pressthe on/off button on the surgical platform. Voltage indicator is lit and green.

The surgical platform automatically performs a self-test after it has been switched on.

If the test has been completed successfully, the message SYSTEMREADY, CHOOSEFUNCTION is displayed in the control panel.

The surgical platform is ready.

#### 9.2 Select surgeon memory

Pedal in zero position.

1. When the surgical platform is switched off: Switch on the surgical platform ( 9.1 Switching on the surgical platform).



Select surgeon memory

- 2. Tap on the arrow in the SURGEONMEMORYfield.
- Select from the list of desired surgeon memories. The setting is automatically transferred.



#### 9.3 Setting volume

The volumes of control/warning sounds, voice confirmation and the start tone can be adjusted independently of one another.



The control sounds for DIA, CAPS, HFDS GLAU and the GFIalarm signal cannot be switched off completely.

The control sounds for the endolaser cannot be changed (standard specifications).

The adjusted volume settings apply to all of a user's functions/programmes.

- Switching on the surgical platform (▶9.1Switchingonthe surgical platform).
- ¹ Sugeon memory selected (►9.2 Selectsurgeon memory).
- 1. Press key:



The General window is displayed:



Fig. 65 General window

- 2. Press the + or key in the Confirmation Sound Volume value range until the desired volumefor warning tones is displayed.
  - Values:0 to 100%
- 3. Press the + or key in the Control Sound Volume value range until the desired volume for control tones is displayed.
  - Values:0 to 100%
- 4. Press the + or key in the Start Sound Volume value range until the desired volume for the start-up tone is displayed.
  - Values:0 to 100%
- 5. Press the + or key in the Voice Confirmation Volumevalue range until the desired volume for the voice confirmation is displayed.
  - Values:0 to 100%

Savechanges with symbol:



Close window by tapping on the "X":



#### 9.4 Installing cassette with I/A tube system



#### WARNING!

Insufficient sterility.

Hazard to patient.

- Only use original Oertli cassettes (■ 24.1 Accessories, spare parts, instruments, consumables).
- Do not re-use cassette intended for single use.
- Sterility must be ensured when installing the cassette. The ends of the tubes connecting instruments must remain in the sterile area.



## ▲ CAUTION!

Defective components.

Danger to patient and user.

 Before installing the cassette, check the tube system for completeness, possible damage and leakage.

With the exception of the HF functions, all surgical steps require a perfectly assembled and filled irrigation / aspiration system.

All elements are designed so that faulty connections are highly unlikely: To simplify the setup of the I/A system, the OS4 uses cassette systems which only need to be inserted into the surgical platform.

#### 9.4.1 Unpacking and preparing the pack



## ♠ WARNING!

Insufficient sterility.

Hazard to patient.

- Non-sterile persons: Do not touch the contents of the pack.
- Only touch the outer side.
- Non-sterile person: Open the pack and give the pack to the sterile person for removal.
  - Sterile removal of contents by the sterile person.
- 2. Put sterile film from the pack over the control panel.
- 3. Removeties from cassette tubes.



#### 9.4.2 Insert the cassette

## **▲** WARNING!

Sharp edges in the cassette shaft.

Risk of injury.

Do not reach into the cassette shaft on the surgical platform.

#### NOTE!

Unauthorised repairs to or work on the surgical platform.

Damageto the surgical platform.

- Do not perform work on the cassette shaft on the surgical platform with a tool.
- are caught.

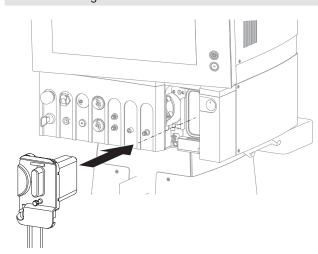


Fig. 66 Insert the cassette

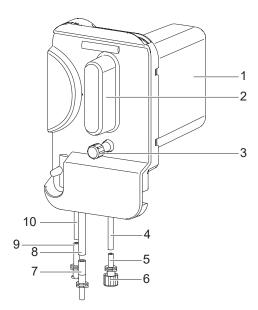


Fig. 67 Connections on the cassette

- Drainage container
- 2 Handle
- Connection for drainage bag 3 with protective cap (blue, emergency draining)
- Infusion line
- Infusion port
- Protective cap for infusion port
- Irrigation port
- Irrigation line 8
- Aspiration port 10 Aspiration line
- Ensure that the blue protective cap for the emergency draining (3) is screwed in completely.
- 1. Removeand dispose of the protective cap for the infusion port (6). Connect infusion port (5) to the infusion set. Ensure sterility!
- 2. Push cassette (with tubes pointing downwards)into the cassette shaft as far as it will go.

The cassette is automatically pulled in.

- The tubes should not be kinked or caught during insertion of the cassette.
- 3. Insert irrigation port (7) and aspiration port (9) into the desired handpiece.
  - The Luer connectors are designed to prevent incorrect connection.
- 4. When using drainage bag VV636010 (optional): Remove blue protective cap (3) and mount drainage tube securely on the port for drainage bags for emergency drainage (3) on the cassette.

#### NOTE!

Insufficient vacuum.

Leaking irrigation fluid.

f no drainage bag is attached (optional): Ensure that the drainage seal (3) is correctly closed.



#### 9.5 Securing the drainage bag (optional)

Drainage bags are not included in the delivery and may be ordered separately (■ 24.1.4 Consumables).



Take note of additional instructions for use in document TN999039 (■ 1.3 Other relevant documents).

#### NOTE!

Capacity of the drainage bag of the cassette exhausted.

Sterile field can become contaminated.

During longer surgeries, always use a drainage

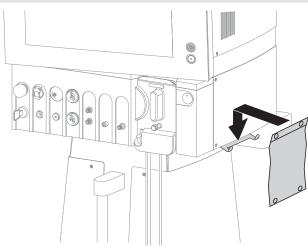


Fig. 68 Securing the drainage bag

- Suspend the drainage bag on the suspension for drainage bags on the surgical platform.
- 2. Secure drainage tube on the cassette on the connection for drainage bags.

Close the clamp of the drainage bag when the OS4 is used

#### 9.6 Connecting the infusion set (infusion)

OS4 offers two options for infusions:

- Gravity infusion
- Active infusion (gas-forced infusion, GFI)



## **↑** CAUTION!

Incorrect use of the infusion set.

Hazardto patient.

- Correct use of the infusion set is the surgeon's responsibility.
- Position the infusion container higher than the patient's eye level. Correct positioning of the infusion container is the surgeon's responsibility.
- Ensure that there is always enough eye rinse solution in the infusion container.
- Continuously monitor the volume during use.

#### 9.6.1 **Gravity infusion**

pde mounted (=5.2 Mounttheinfusionpole). ∿e hfusion

 Irrigation pole is adjusted in the ParaProg (■ 1.3 Other) relevant documents).

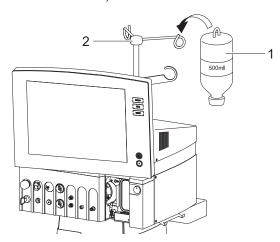


Fig. 69 Suspend the infusion bottle

1. Suspending the infusion bottle (1)on the hook on the infusion pole (2).

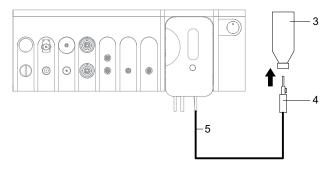


Fig. 70 Connect the infusion set

- 2. Removeprotective cap from infusion set.
- 3. Close the tube clamp on the infusion set.
- 4. Connect infusion set (4) to infusion bottle (3).
- 5. Connect infusion set to infusion port (5).



- Adjust desired function and bottle height ( 7.3 Adjust bottle height/IOP).
- Open the tube clamp on the infusion set.
  - To prevent leakage of liquid, close the tube clamp on the infusion set when replacing the infusion bottle.
- An alarm signal sounds if the infusion set is wrongly connected to the port for the drainage bag. The notification Faulty connection of giving set. Immediately remove cassette! appears. Take the following steps immediately in order to prevent damage to the surgical platform caused by overflowing
  - Removethe cassette from the surgical platform.
  - Empty cassette.
  - 3. Connect infusion set correctly to the infusion port.
  - 4. Please insert a cassette.

#### 9.6.2 Using an active infusion (gas-forced infusion, GFI)



## **▲** CAUTION!

Non-controllable infusion.

Hazardto patient.

♀ For the active infusion, use only glass or plastic bottles with a 500-ml capacity.

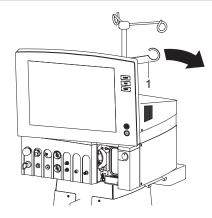


Fig. 71 Fold out the GFI suspension

- ∿a Adoive IOP is adjusted in the PanaProg (➡1.3Otherrelevan 📑 documents) selected.
- Position the GFI suspension (1) on the surgical platform.
- 2. Removethe protective tube from the cannula.
- 3. Close tube clamp on active infusion set.

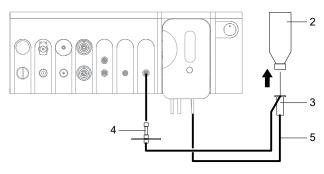


Fig. 72 Connect active infusion set

- 4. Connect GFIconnection to the GFIport (4)on the surgical platform.
- 5. Pre-pierce infusion bottle (2) with spike.
- Insert cannula on active infusion set (3)into infusion bottle (2). Make sure that the cannula protrudes above the liquid level of the bottle.

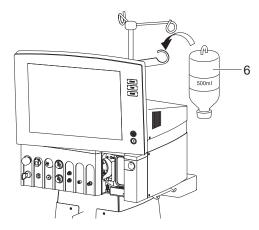


Fig. 73 Suspend the infusion bottle

- Suspend the infusion bottle (6) on the GFI suspension on the surgical platform.
- Connect the infusion line of the active infusion set to the infusion line (5) of the cassette.
- 9. Fill half of the drop chamber with ophthalmic rinsing
- 10. Adjust the required function and GFI pressure on the surgical platform (■ 7.3 Adjust bottle height/ IOP).
- 11. Open tube clamp on active infusion set.



To prevent leakage of liquid, close the tube clamp on the active infusion set when replacing the infusion bottle.



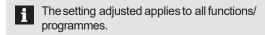
#### 9.6.3 Setting the IOP basis

#### **▲** WARNING!

Wrong infusion bottle height.

Hazard to patient.

name Ensure that the value selected for the height of the position of the patient's eye corresponds to the meanfluid level in the bottle.



1. Press key:



The General window is displayed:



General window

- 2. Press the + or key in the IOPBasis value range until the desired IOP basis is displayed.
  - Values:0 to 150 cm
- Save changes with symbol:



Close window by tapping on the "X":



#### 9.7 Connecting surgical instruments

The respective handpiece connection depends on the respective surgical method and is described in the respective section in detail.

The ports for the surgical instruments are coded on the surgical platform both by colour and by mechanical means. This makes it impossible to connect the instruments incorrectly.

Instrument	Reference
Ultrasound phaco handpiece	■ 11.1 Performing ultrasound phaco (PHACO)
Irrigation/aspiration instrument	■ 11.2 Performing irrigation and aspiration (I/A)
Instruments for the anterior vitrectomy	■ 11.3 Performing anterior vitrectomy (VIT)
Diathermy instruments (diathermy, capsulotomy,	<ul><li>■ 12 Performing diathermy (DIA)</li></ul>
glaucoma)	■ 13 Performing capsulotomy (CAPS)
	■ 14 Performing glaucoma surgery (HFDS GLAU)
Instruments for pars plana vitrectomy	■ 15 Performing pars plana vitrectomy
Silicone application set	■ 16 Visco: Performing injection/extraction of silicone oil
Instruments for endophaco surgery	■ 17 Performing endophaco operation
Instruments for endolaser surgery	■ 18 Performing an endolaser operation

Tab.32 Surgical instruments

#### 9.8 Filling I/A tube system (PREOPfilling process)



## ♠ WARNING!

Handpiece in patient's eye during PREOP. Injury to patient's eye.

 Never carry out the (PREOP) filling process while the handpiece is in the eye.



PREOPand TESTcan be discontinued at any time by pressing the PREOPor TESTkey or the RESETkey.

In the event of unintentional activation, PREOPand TESTcan also be discontinued by operating the REFLUXposition or position 4 of the pedal. The message PREOPDISCONTINUED! or PHACO TEST DISCONTINUED!appears on the display.



#### **▲** CAUTION!

Air in I/A system.

Danger to patient (poor chamber stability).

- To ensure proper operation, fill the I/A system completely with irrigation liquid.
- number 2 Ensure that there are no air bubbles in the tubes.
- © Correct installation of the cassette checked (■ 9.4 lnstalling) cassette with I/A tube system).
- Surgical instruments prepared ● 9.7 Connecting surgica instruments).

#### 9.8.1 Variant 1: Phacoinstrument



Proceed according to option 1 in the case of a phaco operation, as a phaco test is automatically launched after PREOP.

- ¹ Phaco handpiece prepared (▶11.1.1Connectingthe ultrasound phaco handpiece).
- Attach test chamber ( 11.1.2 Attaching the test chamber).
- 2. Open the infusion tap on the infusion set.
- 3. Select PHACOfunction.
- 4. Press the PREOPkey.

The irrigation valve opens and the pump draws liquid through the tube system.

The Phaco window with the filling progress in % is displayed:



Fig. 75 Phaco window

- 5. Position test chamber slanted slightly upwards. The residual air rises upwards out of the tubes.
- 6. Wait until the filling process automatically switches off.

The phaco test is performed automatically ( 11.1.4 Conducting phaco test).

The phaco system is ready for use once the phaco test has been successfully completed.

#### 9.8.2 Variant 2: I/A instrument

- 1. Open the tube clamp on the infusion set.
- Hold the tip of the coaxial I/A instrument or of the bimanual I/A instruments in the container with irrigation liquid.
- 3. Select I/A function.
- 4. Press the PREOPkey.

The irrigation valve opens and the pump draws liquid through the tube system.

The I/A window with the filling progress in % is displayed:



Fig. 76 I/A window

5. Wait until the filling process automatically switches off. The I/A system is ready for use.



#### 9.8.3 Variant 3: Vitrectomy

- 1. Combine irrigation and aspiration tube.
- 2. Open the tube clamp on the infusion set.
- 3. Select VITfunction.
- 4. Press the PREOPkey.

The irrigation valve opens and the pump draws liquid through the tube system.

The VIT window with the filling progress in % is displayed:



Fig. 77 VIT window

- 5. Wait until the filling process automatically switches off.
- 6. Connect vitrectomy cutter and irrigation handpiece or irrigation line.
  - The system is ready for use.
- 7. Press TESTkey to test the cutter.



#### 10 Functions and default values



## **▲** WARNING!

Improper use of the surgical platform.

Danger to patient and user.

recommended or suggested value settings. The correct choice of surgical platform settings is in fact the responsibility of the surgeon.

Every surgeon develops their own surgical technique which in turn calls for specific settings for the different surgical steps. OS4 is highly flexible in meeting these individual requirements.

In addition, please note that settings cannot simply be transferred to OS4 from a surgical platform of another manufacturer. The types of instruments used, the irrigation / aspiration tubes and the height of the infusion bottle also influence irrigation, aspiration and vacuum behaviour.

The following default values are stored on delivery of the surgical platform:

Pump selection: SPEEP

#### Basic settings for PHACO

Programme	Venturi	Peristaltic	SPEEP	Poweroutput	Modulation	Bottle height	Active infusion
PHACO 1 (Grooving)	100 mmHg 80% venteff.	18 ml/min 100 mmHg	18 ml/min 100 mmHg	50%	Continuous	80 cm	60 mmHg
PHACO 2 (Removal)	350 mmHg 80% venteff.	35 ml/min 350 mmHg	35 ml/min 350 mmHg	50%	Pulse:40 Hz, 50% cooling	80 cm	60 mmHg
PHACO 3 (Epinucleus)	350 mmHg 50% venteff.	25 ml/min 350 mmHg	25 ml/min 350 mmHg	20%	Continuous	80 cm	60 mmHg
I/A 1	350 mmHg 70% venteff.	20 ml/min 400 mmHg	20 ml/min 400 mmHg	-	-	80 cm	60 mmHg
I/A 2	60 mmHg 90% venteff.	6 ml/min 60 mmHg	6 ml/min 60 mmHg	-	-	80 cm	60 mmHg
I/A 3	450 mmHg 90% venteff.	25 ml/min 450 mmHg	25 ml/min 450 mmHg	-	-	80 cm	60 mmHg

Tab.33 Basic settings for PHACO

## Basic settings for vitrectomy

Programme	23G Venturi	23G Perist.	23G SPEEP	Cut rate/power	Modulation	Bottle height	Active infusion
VIT 1 (vitrectomy)	550 mmHg 100% v-eff.	50 ml/min 550 mmHg	50 ml/min 550 mmHg	5000 cuts/min	-	35 cm	26 mmHg
VIT2 (at the retina)	300 mmHg 100% v-eff.	18 ml/min 550 mmHg	18 ml/min 550 mmHg	7500 cuts/min	-	35 cm	26 mmHg
VIT3 (Retinal detachment)	150 mmHg 100% v-eff.	5 ml/min 550 mmHg	5 ml/min 550 mmHg	10,000 cuts/min	-	35 cm	26 mmHg
ENDO PHACO	250 mmHg 80% v-eff.	15 ml/min 250 mmHg	15 ml/min 250 mmHg	60%	CMP:40 Hz, 85% cooling	60 cm	40 mmHg

Tab.34 Basic settings for vitrectomy



## Basic settings for HF

Programme	Poweroutput	Bottle height	Active infusion
DIA 1	50%	80 cm	60 mmHg
DIA 2	15%	50 cm	40 mmHg
CAPS	Regular	80 cm	60 mmHg
HFDS GLAU	-	80 cm	60 mmHg

Tab.35 Basic settings for HF

## Basic settings for additional functions

Function	Value	
AIR 1	20 mmHg	
AIR2	30 mmHg	
AIR3	40 mmHg	
INJECTION(+)	3.5 bar	
EXTRACTION	0.98 bar	
Light 1 LED+	- Colour1:70% white/ 30% blue	
	<ul><li>Colour2:90% white/ 60% blue</li></ul>	
	- Colour3:40% white/ 40% blue	
Light 2 LED	30%	
Instant DIA	20%	

Tab.36 Basic settings for additional functions



## 11 Performing cataract surgery

# 11.1 Performing ultrasound phaco (PHACO)

# 11.1.1 Connecting the ultrasound phaco handpiece



#### **WARNING!**

Incorrect use of the instrument.

Hazard to patient.

 Only use the surgical platform with the instruments and accessories recommended and supplied by Oertli (■ 24.1 Accessories, spare parts, instruments, consumables).

The instrument must be connected as shown in the following diagram:

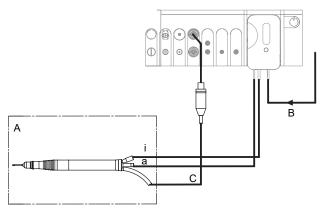


Fig. 78 Connecting the ultrasound phaco handpiece

A Sterile field a Aspiration
B Infusion i Irrigation
C Cable

- Install cassette with I/A tube system
   (■ 9.4 Installing cassette with I/A tube system).
- Tap BSS bottle and hang at the desired bottle height (■ 9.6 Connecting the infusion set (infusion)).
- 3. Connect infusion (B)with cassette.
- 4. Insert the irrigation tube (i) and the aspiration tube (a)into the ultrasound phaco handpiece. The Luer connectors are designed to make incorrect connection of the instruments impossible.
- 5. Insert the plug marked in blue of the phaco handpiece into the port (C)marked in blue on the surgical platform.

#### Fitting a single-use tip

#### NOTE!

Phacotip overtightened during fitting.

Damageto the instrument.

- Store the prefitted key. It will be needed again at the end of the operation to remove the tip.
- Place the single-use Oertli tip with the prefitted key supplied on the handpiece, making sure that it is straight.
- Applying normal manual pressure, turn the tip gently in a clockwise direction until it locks into position on the handpiece.
- 3. Remove the key by pulling it off in a straight line and visually inspect the tip to ensure that it has been perfectly fitted.
- Wet the Oertli silicone irrigation sleeve with irrigation liquid to easefitting.

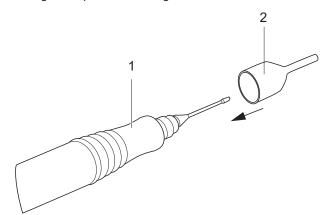


Fig. 79 Fitting the silicon irrigation sleeve

Screw Oertli silicone irrigation sleeve (2) onto the tip on the handpiece

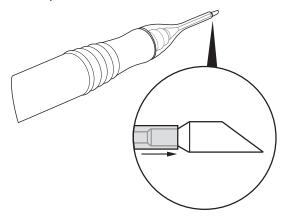


Fig. 80 Adjust tip

6. Adjust in the direction of the arrow until the tip of the Oertli silicone irrigation sleeve abuts the trumpet of the tip.



#### Fitting a reusable tip

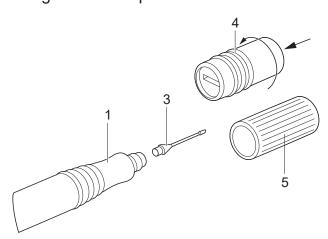


Fig. 81 Reusable tip

- 1. Pull the phacokey (5) provided or the titanium key (4) available as an accessory over the reusable Oertli tip (3).
- Applying slight axial pressure, screw the tip onto the phaco handpiece (1)in a clockwise direction as far as it will go.
- 3. Wet the Oertli silicone irrigation sleeve with irrigation liquid to easefitting.

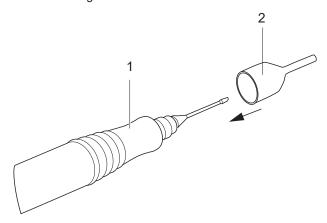


Fig. 82 Fitting the silicon irrigation sleeve

4. Screw Oertli silicone irrigation sleeve (2) onto the tip on the handpiece

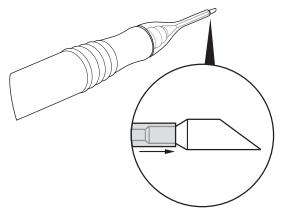


Fig. 83 Adjust tip

5. Adjust in the direction of the arrow until the tip of the Oertli silicone irrigation sleeve abuts the trumpet of the tip.

#### 11.1.2 Attaching the test chamber

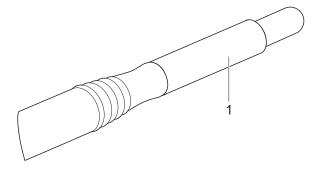


Fig. 84 Attaching the test chamber

- 1. Attach sterile test chamber (1). Ensure that the test chamber is mounted to the posterior end flush with the Oertli silicone irrigation sleeve.
- 2. Fill I/A tube system (► 9.8 Filling I/A tube system (PREOP filling process)).
- 3. Position handpiece with test chamber slanted slightly upwards.
  - The residual air rises upwards out of the tubes.
- 4. After filling, carry out phaco test (■ 11.1.4 Conducting phaco test).

#### PHACOfunction (ultrasound phaco)



## **▲** WARNING!

Ultrasound deflection of the activated phaco tip. Injury to the user.

Do not touch the tip of the activated phaco handpiece.

#### Conducting phaco test



#### **▲** WARNING!

Handpiece in patient's eyeduring the phaco test. Injury to patient's eye.

 Never carry out the phaco test while the tip of the phaco handpiece is in the eye.



## **▲** WARNING!

Defective handpiece.

Hazardto patient.

Perform phaco test before each operation. The test is automatically carried out if PREOPis started from the PHACO1, PHACO2 or PHACO3 programmes.





## ▲ WARNING!

Defective handpiece.

Hazard to patient.

- ∮ If the message HANDPIECEDEFECTIVE appears, the handpiece must not be used.

#### NOTE!

Operation in non-designated condition.

Damage to the handpiece and phaco tip.

 Only perform the phacotest with a test chamber filled with BSS.

illed with	DOO.
Task	Method
Start test	Ultrasound phaco handpiece connected (■ 11.1.1Connecting the ultrasound phaco handpiece)  1. Select PHACOfunction.  2. Press PHACO 1, PHACO2 or PHACO3 key. Selected programme is displayed with the stored limit values.  3. Fill I/A tube system (■ 9.8 Filling I/A tube system (PREOPfilling process)).  4. Ensure that the test chamber is filled with water.  5. Press the TESTkey. After completion of the phaco test one of the following messages appears:  Success message: Successful (■ 21.2.1 Routine messages)  Warning messages (■ 21.2.2 Warnings)
Discontinue test prematurely	<ul> <li>Press the RESETkey.</li> <li>or -</li> <li>Activate REFLUXposition of the pedal.</li> <li>or -</li> <li>Press the TESTkey.</li> <li>The message PHACOTEST DISCONTINUED!is displayed.</li> <li>No ultrasound output possible.</li> </ul>
Endtest	After the phacotest has been successfully completed and the message Successful has been displayed, the surgical platform is ready for use in the selected programme PHACO1, PHACO2 or PHACO3.

Tab.37 Phacotest tasks



Fig. 85 Successful phaco test



#### 11.1.5 PHACOfunction (PHACO1, PHACO2, PHACO3)



Fig. 86 PHACOfunction (example:PHACO2)

- If the messagesPerform Phacotest or Perform preop are still displayed under the Powervalue range, the corresponding preparations must be performed:
  - 9.8 Filling I/A tube system(PREOPfilling process)
  - 11.1.4 Conducting phace test

Otherwise the PHACOfunction cannot be used.



Task	Method
Select programme	Select PHACOfunction.
	<ol><li>Press PHACO 1, PHACO 2 or PHACO 3 key.</li></ol>
	Selected programme is displayed with the stored limit values.
Select irrigation	■ 7.1Irrigation settings
Select pump	■ 7.2 Select pumps and switch between pumps
Display pedal settings	Tap pedal display (■ 8.4 Display pedal settings).
	A window with the assigned pedal positions is displayed.
Change power output value	Press the relevant + or − key.  Velves 0 to 1000/
	- Values:0 to 100%
Peristaltic pump, SPEEP mode: Change flow	<ul><li> Press the relevant + or − key.</li><li>− Values:1 to 60 ml/min</li></ul>
Venturi pump:	Press the relevant+ or − key.
Change venturi effect	- Values:10 to 100%
Change vacuum	Pressthe relevant+ or – key.
limit	<ul><li>Values:5 to 650 mmHg</li></ul>
Changebottle height	■ 7.3 Adjustbottle height/ IOP
Control phaco	
	Current values are displayed.
Set mode	<ul> <li>Default: Continuouspower output (CONTINUOUS)</li> </ul>
	<ul> <li>Modulation types (► PULSE, BURST, CMP modulation types)</li> </ul>
	- PULSE
	- BURST
	- CMP
	<ul> <li>Override Vacuum (■ Override Vacuum)</li> </ul>
	<ul> <li>Override Phaco Power (➤ Override phaco power)</li> </ul>
Reset Phaco Time	The effective phaco time runs during the operation.
	The effective phaco time is measured
	relative to the power output. It thus gives an indication of how much energy has been given off.
	To reset the effective phaco time, if needed:
	■ Reset phaco time in section 11.1.6
Change programme	Select the correspondingly saved pedal position or select another programme via programme selection.

End programme  Select another programme via function display and programme	Task	Method
Selection.	End programme	

Tab.38 PHACOfunction tasks

## PULSE, BURST, CMP modulation types

Three modulation types are available in addition to continuous power output:



Fig. 87 Modulation type (example:PULSE)

Modulation type	Description
CONTINUOUS	<ul> <li>Continuous power output</li> <li>Pedal: Control level of the continuous power</li> </ul>
PULSE	<ul> <li>Phaco power output supplied as: individual pulses with equal intervals between them</li> <li>Pedal: controls the height of the individual pulse</li> </ul>
BURST	<ul> <li>Phaco power output supplied as: individual pulses with set power output</li> <li>Pedal: controls the interval between the individual pulses</li> </ul>

56 2021-03-01 / Rev.09



Modulation type	Description
CMP (only for bimanual phaco or endophaco)	The CMP mode is identical to the PULSE mode with the following exception:
	the parameter range that can be selected is restricted (cooling factor min. 85%) to minimise heating at the phaco tip.
	This means that no bimanual irrigation sleeve is needed during the operation.

Tab.39 Modulation types

#### Change modulation type

Task	Method
Change modulation type	Tap the desired function key. The function key turns green and the desired modulation type is selected.

Tab.40 Change modulation type



During active power output, the CMP mode cannot be exited.

#### PULSEmode tasks

Task	Method
Switch on mode	Tap the desired function key. The function is selected.
Change cooling factor	<ul><li>Press the relevant + or − key.</li><li>Values: 10 to 99%</li></ul>
Change pulse frequency	<ul><li>Press the relevant + or − key.</li><li>Values: 0.5 to 40 Hz</li></ul>
Switch off mode	Select another modulation type using the corresponding function key.

Tab.41 PULSE mode tasks

#### **BURSTmode tasks**

Task	Method
Switch on mode	
	The function is selected.
Change ratio of power output to pause	<ul><li>Press the relevant + or − key.</li><li>Values: 10 to 100%</li></ul>
Changelength of a pulse (burst)	<ul><li></li></ul>
Switch off mode	Select another modulation type using the corresponding function key.

Tab. 42 BURST mode tasks

#### CMP mode tasks

Task	Method	
Switch on mode		
	The full clott is selected.	
Change cooling	Press the relevant + or − key.	
factor	<ul> <li>Values:85 to 99%</li> </ul>	
Change pulse	Press the relevant + or − key.	
requency	<ul><li>Values:1.5 to 40 Hz</li></ul>	
Switch off mode	Select another modulation type using the corresponding function key.	

Tab.43 CMPmode tasks

#### Override phaco power

Briefly increase the phaco power above and beyond the defined limit value. To do this, the override limit value must be stored in the auxiliary menu and activated (

11.1.6 Adjusting settings in the auxiliary menu).

the auxiliary menu).	
Task	Method
Switch on mode	Set override value in the auxiliary menu (► 11.1.6 Adjusting settings in the auxiliary menu).
Select mode	Tap the desired function key.
	The function is selected:
	Override Phaco Power
Activate mode	♀ Activate pedal.
	Values are adjusted automatically according to the information stored in the auxiliary menu.
	The function key is shown as active:
	Override Phaco Power
Change values	Change override values in the auxiliary menu (■ 11.1.6 Adjusting settings in the auxiliary menu).
Switch off mode	
	The function is deselected.

Tab.44 Override phaco power tasks



#### Override Vacuum

To override the vacuum limit, use the OVERRIDEkeyto set a higher limit value of up to 650 mmHg (■ 11.1.6 Adjusting settings in the auxiliary menu).

Ü	,
Task	Method
Switch on mode	Set override value in the auxiliary menu (► 11.1.6 Adjusting settings in the auxiliary menu).
Select mode	
	The function is selected:
	Override Vacuum
Activate mode	Press the pedal in the override position.
	Values are adjusted automatically according to the information stored in the auxiliary menu.
	The function key is shown as active.
	Override Vacuum
Change values	Change override values in the auxiliary menu (■ 11.1.6 Adjusting settings in the auxiliary menu).
Switch off mode	Tap the desired function key once more.
	The function is deselected.

Tab. 45 Override Vacuumtasks

## 11.1.6 Adjusting settings in the auxiliary menu

#### Settings for override phaco power

The settings are adjusted in the sametab of the auxiliary menu.			
Task	Method		
Open auxiliary menu		PHACOfunction selected Press key:	
	2.	The auxiliary menu is displayed.  Select Override Phaco tab.  The settings for normal mode without override as well as the settings for the override are shown.  Top: Main values without override  Bottom: Valuesfor Override Phaco Power	
Change values	Ĉin.	Press the relevant + or - keys for the override.  As soon as the override value exceeds the main value, the Override Phaco Power key is displayed in the display and settings area.	
Savesettings and close auxiliary menu	1.	Savechanges for the selected phaco programme with the key:	

2. Close window by tapping on the "X":



Tab. 46 Auxiliary menu Override Phaco Power

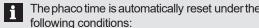


## Settings for override Vacuum

Settings for override Vacuum		Reset phaco time	
Task	Method	Task	Method
Open auxiliary menu	Desired PHACO programme selected.  1. Press key:  The auxiliary menu is displayed.  2. Select Override Vacuum tab.  The settings for normal mode without override as well as the settings for the override are shown.  Top: Main values without override  Bottom: Override Vacuumvalues	Open auxiliary menu Reset Phaco Time key	PHACO function selected  Press key:  The auxiliary menu is displayed.  Select Phaco tab. The current phaco time is displayed.  The effective phaco time runs during the operation.  The effective phaco time is measured relative to the power output. It thus gives an indication of how much energy has been given off.
Change values	<ul> <li>Press the relevant + or - key for the override.</li> <li>Values:5 to 650 mmHg</li> <li>As soon as the override value exceeds the main value, the Override Vacuum key is displayed in the display and settings area.</li> </ul>		To reset the effective phaco time, if needed:   Press the Reset key.  Phaco time is set to zero.  or −  Press the phaco time displayed in the main control panel for
Savesettings and	Savechanges for the selected		1.5 seconds.
close auxiliary menu	PHACOprogramme with the key:	Tab.48 Reset phaco	e is automatically reset under the

Tab. 47 Auxiliary menu Override Vacuum

2. Close window by tapping on the "X":



- after switching the systemon/off
- after a reset
- after a phacotest
- after a change in physicians
- after insertion of a new cassette



# 11.2 Performing irrigation and aspiration (I/A)

# 11.2.1 Fitting and connecting the irrigation/aspiration instrument (coaxial and bimanual)

#### Fitting and connecting coaxial I/A instrument

The instrument must be connected as shown in the following diagram:

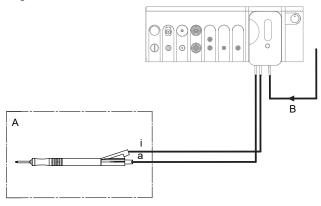


Fig. 88 Connect coaxial I/A instrument

A Sterile field a Aspiration
B Infusion i Irrigation

- Install cassette with I/A tube system(■ 9.4 Installing cassette with I/A tube system).
- 2. Tap BSS bottle and hang at the desired bottle height (■ 9.6 Connecting the infusion set (infusion)).
- 3. Connect infusion (B)with cassette.

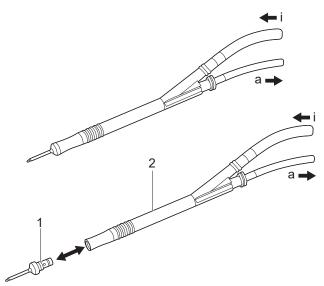


Fig. 89 Fitting and connecting coaxial I/A instrument

- Plug the irrigation tube (i) and the aspiration tube (a) into the I/A handpiece (2). The Luer connectors are designed to make incorrect connection of the instruments impossible.
- 5. Wet the selected tip (1) with irrigation liquid to ease fitting.

- Plug the tip (1)into the I/A handpiece (2). When using an I/A tip with irrigation sleeve, mount the irrigation sleeve on the tip.
- Fill I/A tube system (► 9.8 Filling I/A tube system (PREOP filling process)).

#### Fitting and connecting bimanual I/A instrument

The instrument must be connected as shown in the following diagram:

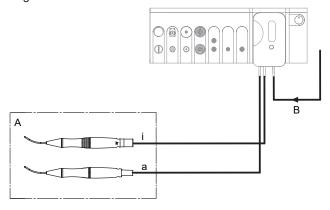


Fig. 90 Connect bimanual I/A instrument

A Sterile field a Aspiration
B Infusion i Irrigation

- Install cassette with I/A tube system(■ 9.4 Installing cassette with I/A tube system).
- 2. Tap BSS bottle and hang at the desired bottle height (■ 9.6 Connecting the infusion set (infusion)).
- 3. Connect infusion (B)with cassette.
- 4. Connect irrigation tube (i) to the irrigation handpiece and aspiration tube (a) to the aspiration handpiece. The Luer connectors are designed to make incorrect connection of the instruments impossible.
- Fill I/A tube system (► 9.8 Filling I/A tube system (PREOP filling process)).

60 2021-03-01 / Rev.09

ΕN



## 11.2.2 I/A function (I/A 1, I/A 2, I/A 3)

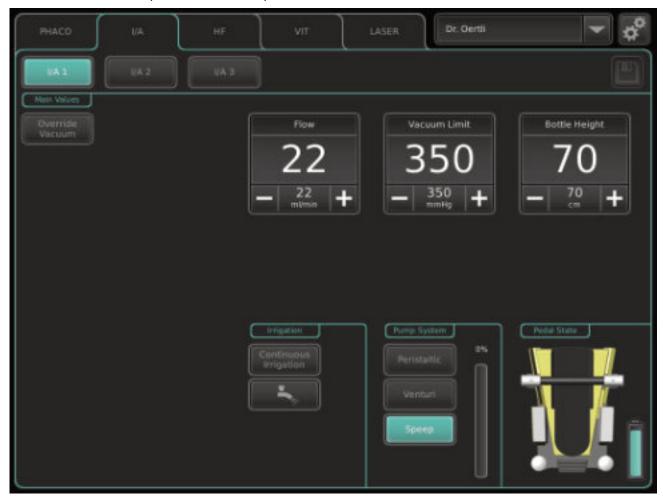


Fig. 91 I/A function (example:I/A 1)



Task	Method
Select programme	<ol> <li>Select I/A function.</li> <li>Press I/A 1, I/A 2 or I/A 3 key.</li> <li>Selected programme is displayed with the stored limit values.</li> </ol>
Select irrigation	■ 7.1Irrigation settings
Select pump	■ 7.2 Select pumps and switch between pumps
Display pedal settings	
	A window with the assigned pedal positions is displayed.
Changevacuumlimit	<ul><li>Press the relevant + or − key.</li><li>Values:5 to 650 mmHg</li></ul>
Peristaltic pump,	Press the relevant + or − key.
SPEEP mode: Change flow	- Values:0 to 60 ml/min
Venturi pump: Change venturi effect	<ul><li>Press the relevant + or − key.</li><li>Values: 10 to 100%</li></ul>
Changebottle height	■ 7.3 Adjustbottle height/ IOP
Control irrigation/ aspiration process	Activate pedal.  Current values are displayed.
Backflush	Activate pedal position for REFLUX (■ REFLUX(Backflush)).
Set mode	After pressingthe I/A 1, I/A 2 or I/A 3 key, select the desired mode: OVERRIDE(■ Proportional I/A override)
Reset Phaco Time	The effective phaco time runs during the operation in the PHACOfunction.
	The effective phaco time is measured relative to the power output. It gives an indication of how much energy has been given off.
	To reset the effective phaco time, if needed: ■ 11.1.6Adjusting settings in the auxiliary menu.
Changeprogramme	Select the correspondingly saved pedal position or select another programme via programme selection.
End programme	Select another programme via function display and programme selection.

Tab.49 I/A function tasks

## Proportional I/A override

To override the vacuum limit, use the OVERRIDEkeyto set a higher limit value of up to 650 mmHg (■ 11.2.3 Adjusting settings in the auxiliary menu: I/A override).

•	,
Task	Method
Switch on mode	Set override value in the auxiliary menu (■ 11.2.3 Adjusting settings in the auxiliary menu: I/A override).
Select mode	Tap the desired function key.
	The function is selected:
	Override Vacuum
Activate mode	Press the pedal in the override position.
	Values are adjusted automatically according to the information stored in the auxiliary menu.
	The function key is shown as active.
	Override Vacuum
Change values	Change override values in the auxiliary menu (■ 11.2.3 Adjusting settings in the auxiliary menu: I/A override).
Switch off mode	
	The function is deselected.

Tab.50 Proportional I/A override tasks

62 2021-03-01 / Rev.09



# 11.2.3 Adjusting settings in the auxiliary menu: I/A override

## Open auxiliary menu Desired I/A programme selected. 1. Press key: The auxiliary menu is displayed. 2. Select Override I/A tab. The settings for normal mode without override as well as the settings for the override are shown. Top: Main values without override Bottom: Override I/A values Change values Pressthe relevant + or - keyfor the override. Values:5 to 650 mmHg As soon as the override value exceeds the main value, the Override Vacuum key is displayed in the display and settings area. Savesettings and Savechanges for the selected I/A close auxiliary menu programme with the key:

2. Close window by tapping on the "X":



Tab. 51 Auxiliary menu override I/A

#### 11.3 Performing anterior vitrectomy (VIT)

# 11.3.1 Connecting instruments for anterior vitrectomy

The vitrectomy cutter is normally only connected if necessary.

The instruments must be connected as shown in the following diagram:

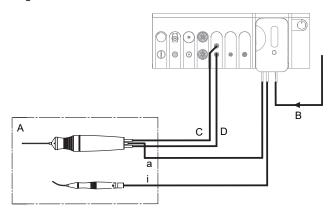


Fig. 92 Connected and active instruments for the VITfunction (anterior vitrectomy)

A Sterile field a Aspiration
B Infusion i Irrigation
CVitrectomy cutter
(black)
D Vitrectomy cutter
(green)

- Install cassette with I/A tube system(■ 9.4 Installing cassette with I/A tube system).
- Tap BSS bottle and hang at the desired bottle height (= 9.6 Connecting the infusion set (infusion)).
- 3. Connect infusion (B) with cassette.
- 4. Connect the tube marked in black to the Luer port marked in black (C,top), turning it a half-turn to the right.
- 5. Connect the tube marked in green to the Luer port marked in green (D, bottom), turning it a half-turn to the right.
- Connect aspiration tube (a) of the vitrectomy cutter to the aspiration tube of the cassette.
- 7. Connect irrigation tube (i) to the irrigation handpiece.

ΕN



## 11.3.2 VITfunction (vitrectomy VIT1, VIT2, VIT3) during anterior vitrectomy

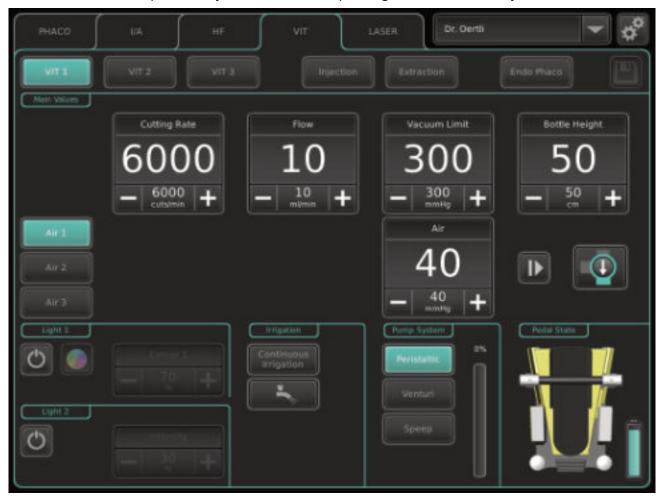


Fig. 93 VITfunction (example:VIT1)

64 2021-03-01 / Rev.09



Task	Method
Select programme	<ol> <li>Select VITfunction.</li> <li>Press VIT1, VIT2 or VIT3 key.</li> <li>Selected programme is displayed with the stored limit values.</li> </ol>
Select irrigation	► 7.1Irrigation settings
Select pump	■ 7.2 Select pumps and switch between pumps
Display pedal settings	<ul> <li>         □ Tap pedal display (■ 8.4 Display pedal settings).     </li> <li>A window with the assigned pedal positions is displayed.     </li> </ul>
Change cuts per minute	<ul><li>Press the relevant+ or − key.</li><li>Values:60 to 10000 cuts/min</li></ul>
Peristaltic pump, SPEEP mode: Change flow	<ul><li>Press the relevant + or − key.</li><li>Values:0 to 60 ml/min</li></ul>
Venturi pump: Change venturi effect	<ul><li>Press the relevant + or − key.</li><li>Values: 10 to 100%</li></ul>
Change vacuum limit	<ul><li> Press the relevant + or − key.</li><li> Values:5 to 650 mmHg</li></ul>
Changebottle height	■ 7.3 Adjust bottle height/ IOP
Test vitrectomy cutter	Pedal not activated  Press the TESTkey.
Control vitrectomy	
Use Instant DIA	■ 12.4 Use Instant DIA
Switch between Irrigation/ Aspiration/Cut and Irrigation/Cut/ Aspiration	■ Switch between Irrigation/Cut/ Aspiration and Irrigation/Aspiration/Cut
Changeprogramme	Select the correspondingly saved pedal position or select another programme via programme selection.
End programme	Select another programme via function display and programme selection.

Tab. 52 VIT1, VIT2, VIT3 (anterior vitrectomy) function tasks

# Switch between Irrigation/Cut/Aspiration and Irrigation/Aspiration/Cut

OS4 provides an additional function for anterior vitrectomy, which can be used to change the order of aspiration and cutting in the vertical pedal deflection by pressing the right TOPbutton on the pedal. To do this, the appropriate pedal assignments for the surgeon memory must be selected in ParaProg ( 1.3 Other relevant documents).



Fig. 94 Switch between Irrigation/Cut/Aspiration and Irrigation/Aspiration/Cut

· ·	•
Task	Method
Switch on mode	<ul> <li>Select the following pedal assignments in ParaProg</li> <li>(■ 1.3 Other relevant documents) for the VIT function and save:</li> </ul>
	<ul> <li>Section assignment:</li> <li>Assignment 1 or 2</li> </ul>
	<ul> <li>Button Assignment:</li> <li>Assignment 6</li> </ul>
	In the VITfunction the function keys for Aspiration/Cut and Cut/ Aspiration are then displayed.
	Cut/Aspiration Aspiration/Cut
Switch from Aspiration/Cut to Cut/Aspiration	Press the right TOPbutton on the pedal.
	or
	1. Place the pedal in the zero position.
	2. Press the Cut/Aspiration function key in the operating interface.
	The following vertical pedal assignment is used:
	<ul><li>Pos. 1: Irrigation</li></ul>
	- Pos. 2: Cut
	<ul><li>Pos. 3: Aspiration</li></ul>



lask	Method
Switch from Cut/ Aspiration to Aspiration/Cut	Press the right TOPbutton on the pedal.
	1. Place the pedal in the zero position.
	Press the Aspiration/Cut function key in the operating interface.
	The following vertical pedal assignment is used:
	<ul><li>Pos. 1: Irrigation</li></ul>
	<ul><li>Pos. 2: Aspiration</li></ul>
	- Pos. 3: Cut
End mode	Deselect the pedal assignment Button Assignment 6 in ParaProg (■ 1.3 Other relevant documents).

Tab.53 Switch between Irrigation/Cut/Aspiration and Irrigation/Aspiration/Cut

66 2021-03-01 / Rev.09



#### 12 Performing diathermy (DIA)

#### 12.1 Fitting and connecting diathermy instrument

#### WARNING!

High temperature of the lead after use/unintentional power output.

Burns to patient.

Damageto other leads.

- Mount the patient leads in such a way that contact with the patient and other leads is avoided.
- unused in a place isolated from the patient.

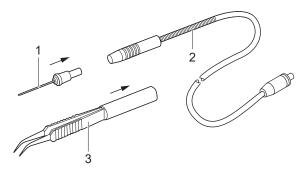


Fig. 95 Fit diathermy instrument

1. Insert tip (1)(diathermy/capsulotomy/ HFDSGLAU)or bipolar forceps (3) into the handpiece (2), making sure that they are locked in position.

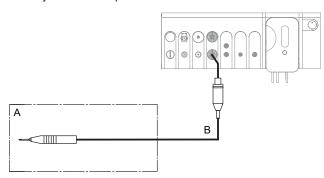


Fig. 96 Connect diathermy instrument

A Sterile field

B Cable

2. Insert the plug (B)marked in red of the diathermy handpiece into the port marked in red on the surgical platform.

#### 12.2 Performing the HF test

## ♠ WARNING!

Defective HF tip (short circuit).

Risk of corneal burns in the patient's eye.

- Perform HF test before each operation.
- If the message HFTIP DEFECTIVE appears, the HF tip must not be used.

Task	Method
Start test	Diathermy instrument mounted and connected (■ 12.1 Fitting and connecting diathermy instrument)
	1. Select HFfunction.
	2. Press DIA 1 key, DIA 2 key, CAPS key or HFDS Glau key.
	Selected function is displayedwith the stored limit values.
	3. Ensure that the HF tip is in a dry environment.
	4. Press the Test key.
	After completion of the HF test one of the following messages appears:
	<ul> <li>Success message:</li> <li>HF test successful</li> <li>(► 21.2.1 Routine messages)</li> </ul>
	<ul> <li>Warning: HF tip defective</li> <li>(► 21.2.2 Warnings)</li> </ul>
End test	After successful completion of the HF test with the message HF test successful, the surgical platform is ready for use in the HF function selected.

Tab.54 HF test tasks



#### DIA(DIA1, DIA2) function 12.3

EN

## ▲ WARNING!

Improper use of the surgical platform.

Danger to patient and user.

Read the warnings in the safety chapter before using this function ( 2.5.3 Operation).

- We recommend working with low settings at the beginning.
- The I/A system cannot be operated by the pedal in this function.



Fig. 97 DIA function (example:DIA 1)



Task	Method
Select programme	1. Select HF function.
	2. Press DIA1 or DIA2 key.
	Selected programme is displayed with the stored limit values.
Select irrigation	■ 7.1Irrigation settings
Display pedal settings	Tappedaldisplay(►8.4 Display pedal settings).
	A window with the assigned pedal positions is displayed.
Change power	Press the relevant + or − key.
output value	<ul> <li>Values:0 to 100%</li> </ul>
Changebottle height	■ 7.3 Adjust bottle height/ IOP
Give diathermy	Activate pedal.
power output	Current values are displayed.
Changeprogramme	Select the correspondingly saved pedal position or select another programme via programme selection.
End programme	Select another programme via function display and programme selection.

Tab.55 DIAfunction tasks

#### 12.4 Use Instant DIA

OS4 offers the option of being able to quickly perform diathermy (Instant DIA) without a function change within a programme in the VIT function:

First the function must be defined in ParaProgfor a pedal position in the vitrectomy (user manual for ParaProg

■ 1.3 Other relevant documents).

## 12.4.1 Defining values for Instant DIA

If Instant DIA is defined for a pedal position in the vitrectomy, injection(+) or extraction, an additional field (Power)for adjusting the diathermy power output is displayed in the corresponding programmes VIT1, VIT2 and VIT3, INJECTION(+) or EXTRACTION:



- 1. Press the + or key for the Powervalue until the desired maximum value is displayed (**a** 6.3.7 Working with values).
- 2. Savechanges with symbol:



#### 12.4.2 Use Instant DIA

- 1. Select relevant pedal position.
- 2. Givediathermy power output linearly.



#### Performing capsulotomy (CAPS) 13

#### 13.1 Connect diathermy instrument and perform HF test

- 12.1 Fitting and connecting diathermy instrument
- 12.2 Performing the HF test

#### 13.2 **CAPSfunction**



EN

## ▲ WARNING!

Improper use of the surgical platform.

Danger to patient and user.

- Read the warnings in the safety chapter before using this function ( 2.5.3 Operation).
- The power output of both power output levels is l i l controlled by the surgical platform and can't be influenced by the surgeon.
  - The I/A system cannot be operated by the pedal in this function.



Fig. 98 CAPS function

70



Task	Method
Select programme	<ol> <li>Select HF function.</li> <li>Press CAPSkey.         CAPSwith the relevant power output level is displayed.     </li> </ol>
Select irrigation	■ 7.1Irrigation settings
Display pedal settings	<ul> <li>Tap pedal display (■ 8.4 Display pedal settings).</li> <li>A window with the assigned pedal positions is displayed.</li> </ul>
Switch between REGULAR and HIGH power output levels	<ul><li> Press desired key:</li><li> CAPS regular</li><li> CAPS high</li></ul>
Changebottle height	■ 7.3 Adjust bottle height/ IOP
Give capsulotomy power output	Activate pedal.     Current values are displayed.
Changeprogramme	Select the correspondingly saved pedal position or select another programme via programme selection.
End programme	Select another programme via function display and programme selection.

Tab.56 CAPSfunction tasks



## 14 Performing glaucoma surgery (HFDSGLAU)

## 14.1 Connect diathermy instrument and perform HF test

- 12.1 Fitting and connecting diathermy instrument
- 12.2 Performing the HF test

#### 14.2 HFDSGLAU(High Frequency Deep Sclerotomy) function (optional)



- The HFDSGLAU function must be released by Oertli. Contact your local Oertli distribution partner.
  - The power output is controlled by the surgical platform and can't be influenced by the surgeon.
  - The I/A system cannot be operated by the pedal in this function.



Fig. 99 HFDSGLAU function

72



Task	Method
Select programme	<ol> <li>Select HF function.</li> <li>Press the HFDS GLAU key. HFDS GLAU is displayed.</li> </ol>
Select irrigation	■ 7.1Irrigation settings
Display pedal settings	Tap pedal display (■ 8.4 Display pedal settings).
	A window with the assigned pedal positions is displayed.
Changebottle height	■ 7.3 Adjust bottle height/ IOP
Give HF power output	Activate pedal.
Changeprogramme	Select the correspondingly saved pedal position or select another programme via programme selection.
End programme	Select another programme via function display and programme selection.

Tab.57 HFDSGLAU function tasks

# 15 Performing pars plana vitrectomy

# 15.1 Connecting instruments

The instruments must be connected as shown in the following diagram:

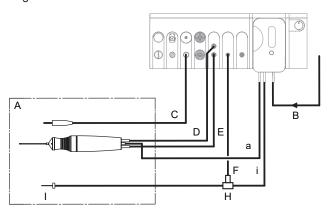


Fig. 100 Connected and active instruments for the VITfunction (pars plana vitrectomy)

A Sterile field a Aspiration
B Infusion i Irrigation
CLight 2 (alternative: Light 1)
D Vitrectomy cutter
(black)
E Vitrectomy cutter
(green)

FAir

H 3-way stopcock

I Trocar

- Install cassette and I/A tube system
   (■ 9.4 Installing cassette with I/A tube system).
- Tap BSS bottle and hang at the desired bottle height (■ 9.6 Connecting the infusion set (infusion)).
- 3. Connect infusion (B) with cassette.
- 4. Connect light instrument (C)to port for light source 1 (alternatively light source 2).
- Connect the tube of the vitrectomy cutter marked in black to the Luer port marked in black (D,top), turning it a quarterturn to the right.
- 6. Connect the tube of the vitrectomy cutter marked in green to the Luer port marked in green (E,bottom), turning it a quarter-turn to the right.
- 7. If necessary,fill I/A tube system(► 9.8 Filling I/A tube system (PREOPfilling process)).
- 8. Connect aspiration tube (a)of the vitrectomy cutter to the aspiration tube of the cassette.
- Connect irrigation tube (i) and air supply tube (F) to the 3-way stopcock.
- 10. Connect3-way stopcock with the irrigation line to the trocar.
- 11. Test vitrectomy cutter.
- 12. Connect the air supply tube to the appropriate port (AIR)on the surgical platform.

# 15.2 Perform Vit test

During the Vit test, the proper connection of a vitrectomy cutter is verified and the vitrectomy system is adjusted.

is verified and the viti	ectomy system is adjusted.
Task	Method
Start test	<ul><li>✓e Vitrectomy cutter connected</li><li>(= 15.1 Connecting instruments)</li></ul>
	Select VITfunction.
	<ol><li>Press VIT1, VIT2 or VIT3 key.</li></ol>
	Selected programme is displayed with the stored limit values.
	3. Press the TESTkey.
	After completion of the Vit test one of the following messages appears:
	<ul> <li>Success message: Successful</li> </ul>
	<ul><li>Warning: Failed</li></ul>
Discontinue test	Press the RESETkey.
prematurely	- or-
	Activate REFLUXposition of the pedal.
	- or-
	Press the TESTkey.
End test	After the Vit test has been successfully completed and the message Successful has been displayed, the surgical platform is ready for use in the selected programme VIT1, VIT2 or VIT3.

Tab.58 Vit test tasks

74 2021-03-01 / Rev.09

ΕN



# 15.3 VITfunction (vitrectomy VIT1, VIT2, VIT3) during pars plana vitrectomy

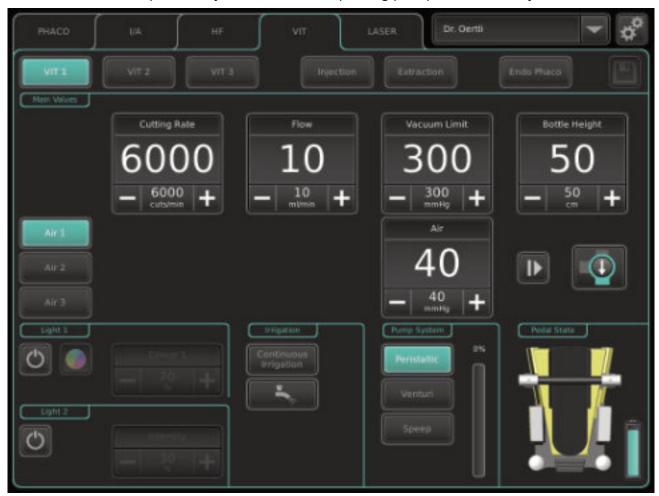


Fig. 101 VITfunction (example:VIT1)



Task	Method
Select programme	
	Press VIT1, VIT2 or VIT3 key.     Sologted programme is displayed.
	Selected programme is displayed with the stored limit values.
Adjust AIRfunction	■ 7.4 Adjust AIR function
Select light source	■ 7.6 Adjusting the light source (Light 1 or Light 2)
Select irrigation	■ 7.1Irrigation settings
Select pump	► 7.2 Select pumps and switch between pumps
Display pedal settings	Tap pedal display (■ 8.4 Display pedal settings).
	A window with the assigned pedal positions is displayed.
Change cuts per	Press the relevant + or − key.
minute	<ul> <li>Values:60 to 10000 cuts/min</li> </ul>
Peristaltic pump,	♀ Pressthe relevant+ or – key.
SPEEP mode: Change flow	<ul><li>Values:0 to 60 ml/min</li></ul>
Venturi pump:	Press the relevant + or − key.
Change venturi effect	<ul> <li>Values:10 to 100%</li> </ul>
Change vacuum	Press the relevant + or − key.
limit	<ul> <li>Values:5 to 650 mmHg</li> </ul>
Changebottle height	■ 7.3 Adjust bottle height/ IOP
Switch between AIRand irrigation function	■ 7.5 Fluid/air exchange(switching between AIR and irrigation function)
Test vitrectomy	ഢ Pedal not activated
cutter and calibrate	Press the TESTkey.
sensor	■ 15.2 Perform Vit test
Activate/deactivate	Deactivate:
vitrectomy cutter	Activate pedal position for Cut on/ off.
	Cutting rate is deactivated and greyed out.
	Activate:
	Activate pedal position for Cut on/ off again.
	Cutting rate is activated and no longer greyed out.
Control vitrectomy	☆ Activate pedal.
	Current values are displayed.
Trigger single cut	Activate pedal position for Cut single.
Use Instant DIA	■ 12.4 Use Instant DIA

Task	Method
Changeprogramme	Select the correspondingly saved pedal position or select another programme via programme selection.
End programme	Select another programme via function display and programme selection.

Tab. 59 VIT1, VIT2, VIT3 (pars plana vitrectomy) function tasks

76 2021-03-01 / Rev.09



# 16 Visco: Performing injection/ extraction of silicone oil

# 16.1 Connecting instruments

## INJECTION/ EXTRACTION function

The instrument must be connected as shown in the following diagram:

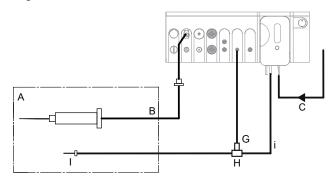


Fig. 102 Connect silicone application set

A Sterile field i Irrigation

B Silicone application

C Infusion

GAir

H 3-way stopcock

I Trocar

- 1. For an injection: Use a syringe filled with silicone oil.
- 2. Connect silicone application set to the port for the silicone application set on the surgical platform.
- 3. Connect the irrigation tube (i) and the air tube (G) to the 3-way stopcock (H).
- 4. Connect the 3-way stopcock (H)with the irrigation line to the trocar (I).



Take note of additional instructions for use in document TN999090 (► 1.3 Other relevant documents).

# INJECTION(+)function

When using the INJECTION+function, also connect the following instruments and accessories as shown in the diagram below:

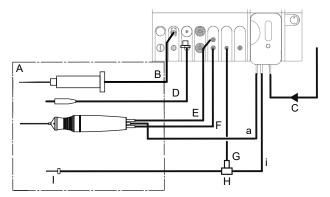


Fig. 103 Additional instruments and accessories for INJECTION+function

A Sterile field a Aspiration
B Silicone application i Irrigation

**C** Infusion

D Light 2 (alternative: Light 1)

E Vitrectomy cutter (black)

F Vitrectomy cutter (green)

GAir

H 3-way stopcock

I Trocar

- Cassette and I/A tube system, vitrectomy cutter, light
   instrument and air delivery line connected with 3-way
   stopcock and prepared (■ 15.1 Connecting instruments).
- 1. For an injection: Use a syringe filled with silicone oil.
- 2. Connect silicone application set to the port for the silicone application set on the surgical platform.



Take note of additional instructions for use in document TN999090 (► 1.3 Other relevant documents).



#### 16.2 **INJECTION function**

EN

# **⚠** WARNING!

Incorrect use of the instrument.

Hazard to patient.

- Only use the surgical platform with the instruments and accessories recommended and supplied by Oertli (■ 24.1 Accessories, spare parts, instruments, consumables).
- ♠ Always connect the INJECTION/EXTRACTION port to an infusion syringe and never connect directly to the eye.
- there is no air in the syringe reservoir.



# **▲** WARNING!

IOPtoo high.

Risk of corneal oedema.

If necessary, adjust the injection pressure to the injection flow.



Fig. 104 INJECTION function



Task	Method
Select programme	Select VITfunction.
	2. Press the INJECTIONkey.
	Selected programme is displayed
	with the stored limit values.
Adjust AIRfunction	■ 7.4 Adjust AIR function
Select light source	► 7.6 Adjusting the light source (Light 1 or Light 2)
Select irrigation	■ 7.1Irrigation settings
Display pedal settings	Tap pedal display(■8.4 Display pedal settings).
	A window with the assigned pedal positions is displayed.
Changeinjection	♀ Pressthe relevant+ or – key.
pressure limit	<ul><li>Values:0.05 to 5 bar</li></ul>
Changebottle height	■ 7.3 Adjust bottle height/ IOP
Switch between AIR and irrigation function	■ 7.5 Fluid/air exchange(switching between AIR and irrigation function)
Control injection	Activate pedal.
	Current values are displayed.
Use Instant DIA	■ 12.4 Use Instant DIA
Changeprogramme	Select the correspondingly saved pedal position or select another programme via programme selection.
End programme	Select another programme via function display and programme selection.

Tab.60 INJECTIONfunction tasks



#### 16.3 **INJECTION+function**

The INJECTION+function can be enabled with ParaProg ( 1.3 Other relevant documents) instead of the INJECTION function. The INJECTION+function allows a vitrectomy cutter to be used in addition to the injection of silicone oil.



EN

# **▲** WARNING!

Incorrect use of the instrument.

Hazard to patient.

- Only use the surgical platform with the instruments and accessories recommended and supplied by Oertli (■ 24.1 Accessories, spare parts, instruments, consumables).
- ♠ Always connect the INJECTION/EXTRACTION port to an infusion syringe and never connect directly to the eye.
- there is no air in the syringe reservoir.



# **⚠** WARNING!

IOPtoo high.

Risk of corneal oedema.

lt is vital that the injection/aspiration ratio and IOP be monitored during the operation.



Fig. 105 INJECTION+function

80



Task	Method
Select programme	Select VITfunction.
	2. Press the INJECTION+key.
	Selected programme is displayed with the stored limit values.
Adjust AIRfunction	■ 7.4 Adjust AIR function
Select light source	■ 7.6 Adjusting the light source (Light 1 or Light 2)
Select irrigation	■ 7.1Irrigation settings
Select pump	■ 7.2 Select pumps and switch between pumps
Display pedal settings	Tappedaldisplay(►8.4 Display pedal settings).
	A window with the assigned pedal positions is displayed.
Changeinjection	Press the relevant + or − key.
pressure limit	<ul><li>Values:0.05 to 5 bar</li></ul>
Change cuts per minute	Press the relevant + or − key.
	- Values:60 to 10000 cuts/min
Peristaltic pump, SPEEP mode: Change flow	<ul><li> Press the relevant+ or − key.</li><li>− Values:0 to 60 ml/min</li></ul>
Venturi pump:	Press the relevant + or − key.
Change venturi effect	- Values:10 to 100%
Change vacuum	Press the relevant + or − key.
limit	<ul><li>Values:5 to 650 mmHg</li></ul>
Changebottle height	■ 7.3 Adjustbottle height/ IOP
Switch between AIR and irrigation function	■ 7.5 Fluid/air exchange(switching between AIR and irrigation function)
Control injection	Activate pedal.
	Current values are displayed.
Test vitrectomy	্ৰে Pedal not activated
cutter and calibrate sensor	
	■ 15.2 Perform Vit test
Activate/deactivate	Activate:
vitrectomy cutter	Activate pedal position for cut on/     off.
	Cutting rate is activated and no longer greyed out.
	Deactivate:
	Activate pedal position for cut on/ off again.
	Cutting rate is deactivated and greyed out.
Control vitrectomy	Activate pedal.
	Current values are displayed.
Use Instant DIA	■ 12.4 Use Instant DIA

Task	Method
Changeprogramme	Select the correspondingly saved pedal position or select another programme via programme selection.
End programme	Select another programme via function display and programme selection.

Tab.61 INJECTION+function tasks



#### 16.4 **EXTRACTION function**



EN

# ▲ WARNING!

Incorrect use of the instrument.

## Hazard to patient.

- Only use the surgical platform with the instruments and accessories recommended and supplied by Oertli (■ 24.1 Accessories, spare parts, instruments, consumables).
- ♠ Always connect the INJECTION/EXTRACTION port to an infusion syringe and never connect directly to the eye.
- there is no air in the syringe reservoir.
- € Ensure that no liquid is aspirated into the surgical platform, especially when applying substances with low viscosity.



# ▲ WARNING!

IOPtoo high.

Risk of corneal oedema.

Adjust the parameters in time, especially toward the end of the exchange. Reduce the suction power accordingly.



Fig. 106 EXTRACTION function

82



Task	Method
Select programme	<ol> <li>Select VITfunction.</li> <li>Press the EXTRACTIONkey.</li> <li>Selected programme is displayed with the stored limit values.</li> </ol>
Adjust AIRfunction	■ 7.4 Adjust AIR function
Select light source	► 7.6 Adjusting the light source (Light 1 or Light 2)
Select irrigation	■ 7.1Irrigation settings
Display pedal settings	Tappedaldisplay(►8.4 Display pedal settings).
	A window with the assigned pedal positions is displayed.
Change extraction pressure limit	<ul><li> Press the relevant + or − key.</li><li> Values:0.01 to 1 bar</li></ul>
Changebottle height	■ 7.3 Adjustbottle height/ IOP
Control extraction	Activate pedal.
	Current values are displayed.
Use Instant DIA	■ 12.4 Use Instant DIA
Change programme	Select the correspondingly saved pedal position or select another programme via programme selection.
End programme	Select another programme via function display and programme selection.

Tab.62 EXTRACTION function tasks



# 17 Performing endophaco operation

# $\Lambda$

## WARNING!

Improper use of the surgical platform.

Danger to patient and user.

Read the warnings in the safety chapter before using this function (■ 2.5.3 Operation).



## WARNING!

Ultrasound deflection of the endophacotip. Injury to the user.

Do not touch the tip of the activated phaco handpiece.

# 17.1 Connecting instruments



## WARNING!

Incorrect use of the instrument.

Hazard to patient.

The instruments must be connected as shown in the following diagram:

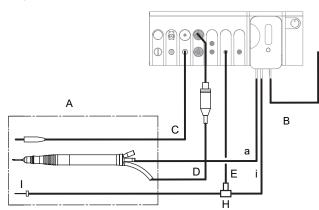


Fig. 107 Connected and active instruments for the ENDO PHACOfunction

A Sterile field

a Aspiration

**B** Infusion

i Irrigation

CLight 2 (alternative: Light 1)

DOLLAR CAROTTALIVE LIGHT

D Cable phaco handpiece

EAir

H 3-way stopcock

I Trocar

- Install cassette with I/A tube system
   (= 9.4 Installing cassette with I/A tube system).
- Tap BSS bottle and hang at the desired bottle height (► 9.6 Connecting the infusion set (infusion)).
- 3. Connect infusion (B) with cassette.
- Connect light instrument (C)to port for light source 1 (alternatively light source 2).
- Connect the air supply tube to the appropriate port (AIR)on the surgical platform.
- Fill I/A tube system (■ 9.8 Filling I/A tube system (PREOP filling process)).
- Insert the aspiration tube (a)into the ultrasound phaco handpiece. The Luer connectors are designed to make incorrect connection of the instruments impossible.
- 8. Insert the plug marked in blue of the phaco handpiece into the port (D)marked in blue on the surgical platform.
- Connect irrigation tube (i) and air supply tube (E) to the 3-way stopcock.
- 10. Connect 3-way stopcock with the irrigation line to the trocar.



The connection for irrigation at the phaco handpiece remains empty.

# Fitting a reusable endophacotip

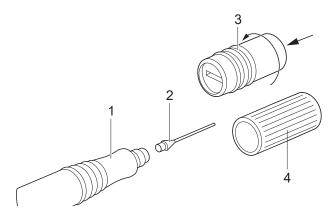


Fig. 108 Reusable endophaco tip

- Pull the phaco key (4) provided or the titanium key (3) available as an accessory over the reusable Oertli endophaco tip (2).
- 2. Applying slight axial pressure, screw the tip onto the endophaco handpiece (1)in a clockwise direction as far as it will go.
- After filling, conduct phaco test with the endophacotip, dipped in a bowl of BSS (for cooling) (■ 11.1.4 Conducting phaco test).

ΕN



# 17.2 ENDOPHACOfunction

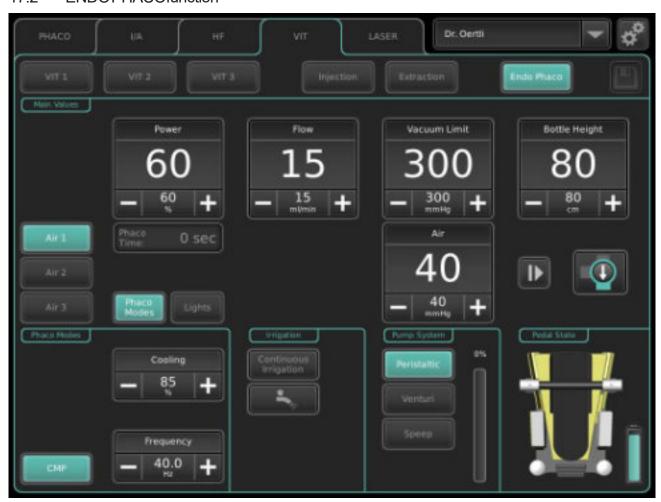


Fig. 109 ENDOPHACOfunction



Task	Method
Select programme	Select VITfunction.     Press ENDO PHACOkey.     Selected programme is displayed with the stored limit values.
Adjust AIRfunction	■ 7.4 Adjust AIR function
Adjust modulation type	<ol> <li>Press Phaco Modes key.         Modulation type CMP is displayed         (► PULSE, BURST, CMP modulation types in section 11.1.5).     </li> <li>Adjust settings for CMP.</li> </ol>
Select light source	<ol> <li>Press the Lights key.         The light sources are displayed.     </li> <li>Adjust light source (■ 7.6 Adjusting the light source (Light 1 or Light 2)).</li> </ol>
Select irrigation	■ 7.1Irrigation settings
Select pump	■ 7.2 Select pumps and switch between pumps
Display pedal settings	Tappedaldisplay(►8.4 Display pedal settings).
	A window with the assigned pedal positions is displayed.
Change power output value	<ul><li> Press the relevant + or − key.</li><li> Values:0 to 100%</li></ul>
Peristaltic pump, SPEEP mode: Change flow	<ul><li>Press the relevant + or − key.</li><li>Values:1 to 60 ml/min</li></ul>
Venturi pump: Change venturi effect	<ul><li>Press the relevant + or − key.</li><li>Values: 10 to 100%</li></ul>
Change vacuum limit	<ul><li>Press the relevant + or − key.</li><li>Values:5 to 650 mmHg</li></ul>
Changebottle height	■ 7.3 Adjust bottle height/ IOP
Control phaco	<ul><li>Activate pedal.</li><li>Current values are displayed.</li></ul>
Reset Phaco Time	The effective phaco time runs during the operation.  The effective phaco time is measured relative to the power output. It thus gives an indication of how much energy has been given off.  To reset the effective phaco time, if needed:  Reset phaco time in section 17.3.1
Changeprogramme	Select the correspondingly saved pedal position or select another programme via programme selection.
End programme	Select another programme via function display and programme selection.

Tab.63 ENDOPHACOfunction tasks

# 17.3 Adjusting settings in the auxiliary menu

# 17.3.1 Resetphacotime

Task	Method
Open auxiliary menu	1. Press key:
	<b>**</b>
	The auxiliary menu is displayed.
	2. Select Phacotab.
	The current phaco time is displayed.
Reset Phaco Time key	The effective phaco time runs during the operation.
	The effective phaco time is measured relative to the power output. It thus gives an indication of how much energy has been given off.
	To reset the effective phaco time, if needed:
	Press the relevant Reset key.
	Phaco time is set to zero.

Tab.64 Reset phaco time

86 2021-03-01 / Rev.09



## 18 Performing an endolaser operation

# ♠ WARNING!

Improper use of the surgical platform.

Danger to patient and user.

Read the warnings in the safety chapter before using this function ( 2.5.3 Operation).

## 18.1 Connecting the laser user protection filter (optional)

Oertli offers various laser user protection filters for the various microscope types:

Passivelaser user protection filter:

- 1 The filter glass is installed fixed in the optical path of the microscope and permanently filters out harmful laser
- ♠ No further action is necessary.

Fully automated laser user protection filter:

- The housing of the laser user protection filter is installed fixed in the optical path of the microscope.
- The filter glass automatically swings in when the laser is operated.

Task	Method
Establish cable connection	Plug the connecting cable into the surgical platform.
	Plug in the connecting cable to the fully automated UPF. To do this, align the red point of the plug with the red point of the housing and insert the plug (► 5.4.1 Laser user protection filter (UPF)).

Tab.65 Connect the fully automated laser user protection filter

#### 18.2 Releaseprotective laser cap

## NOTE!

Penetration of contaminants into the laser opening. Damageto the endolaser.

- Do not remove the protective laser cap from the surgical platform. It must be placed back onto the port after each operation.
- If no laser probe is inserted in the inlet of the endolaser, attach the protective laser cap.

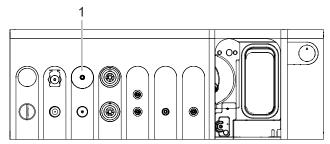


Fig. 110 Release protective laser cap

Detach protective laser cap from the port for the laser probe (1).



#### 18.3 Connecting instruments

# **▲** WARNING!

Damage to the laser probe.

Danger to patient and user.

- information in the instrument package inserts provided.
- Alwaysinsert laser probe carefully into the port as far as it will go.
- Do not kink, bend or break the laser probe.

The instruments must be connected as shown in the following diagram:

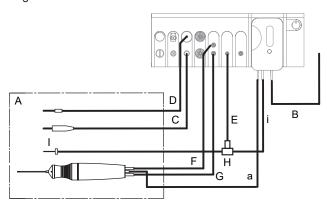


Fig. 111 Connected and active instruments for the LASER function

A Sterile field

a Aspiration

**B** Infusion

i Irrigation

CLight 2 (alternative: Light 1)

D Laser probe

E Air

F Vitrectomy cutter

(black)

**GVitrectomy** cutter

(green)

H 3-way stopcock

I Trocar

- 1. Install cassette with I/A tube system
  - ( 9.4 Installing cassette with I/A tube system).
- 2. Tap BSS bottle and hang at the desired bottle height ( 9.6 Connecting the infusion set (infusion)).
- 3. Connect infusion (B) with cassette.
- 4. Connect light instrument (C)to port for light source 1 (alternatively light source 2).
- 5. Insert plug for the laser probe (D)as far as it will go into the port on the surgical platform.
- Connect irrigation tube (i) and air supply tube (E) to the 3-way stopcock.
- 7. Connect 3-way stopcock with the irrigation line to the
- 8. Connect the air supply tube to the appropriate port (AIR)on the surgical platform.

### 18.4 Using the LASERSTOPkey in hazardous situations

To be able to immediately switch off the endolaser in hazardous situations, the OS4 has a LASERSTOPkey on the front of the device:

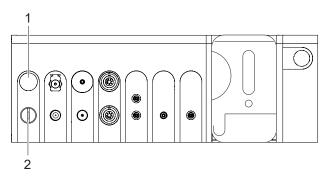


Fig. 112 LASERSTOPbutton on the surgical platform

LASER STOP key

2 Endolaser key switch

Task	Method
Activate LASER STOP	<ol> <li>Firmly press the LASER STOPkey.         The endolaser is deactivated.     </li> <li>Confirm message.</li> </ol>
Unlock LASER STOP key	Before the endolaser can be used once again, the LASER STOPkey must be unlocked:
	1. Turn LASERSTOPkey to the right.
	The endolaser is unlocked.

Tab. 66 LASERSTOPkey tasks

ΕN



# 18.5 LASERfunction

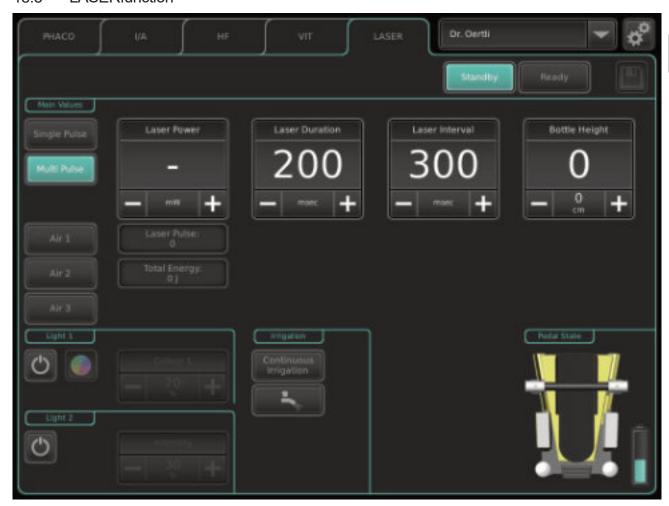


Fig. 113 LASERfunction



## 18.6 Putting the endolaser into service

- hatuments corrected (►18.1Connectingthelaseruser protection filter (optional) and ► 18.2 Release protective laser cap)
- Laser user protection filter (UPF) connected (■ 5.4.1 L a s e user protection filter (UPF))
- Door remote switch (DRS) connected (■ 5.4.2 Checkport for door remote switch (DRS))
- LASER STOP (1) key unboked (► 18.4 Using the LASER STOPkey in hazardous situations)
- √e Key switch (2) in position I
- vonectpedal) (■5.3 Connectpedal)
- 1. Select LASERfunction.

When all preconditions have been met, the Standby key is lit.

- 2. Check and adjust desired (power output) values.
- 3. Press Readykey.

If a passive laser user protection filter is used, a message appears asking the user to confirm that a passive laser user protection filter is connected, and that all persons in the room are protected from laser radiation.

If a fully automated laser user protection filter is connected, OS4 recognises this and a message appears asking the user to confirm that all persons in the room are protected from laser radiation.

After confirmation of the message, the remaining time for preheating the laser is displayed with a second counter, provided that the process has not yet been completed.

When the warm-up phase is complete and the laser user protection filter is connected or the message 'Reminder: Protection for laser users' is confirmed, the Readykey lights up green and the LASERREADY display blue.

The laser warning icon is displayed in the window:



The endolaser is ready for use.

# 18.7 Working with the endolaser



## WARNING!

Non-visible or diffuse laser aiming beam.

Endolaser defective.

Hazard to patient.

- Stop using surgical platform.



The setting in the Laser Power value range cannot be saved for safety reasons.

Triggering the laser pulses is always assigned to position 3 on the pedal and cannot be changed.

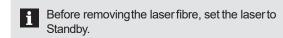
	Task	Method
er	Switching between Standby and Ready mode	
er t	Select between single laser pulses and multiple laser pulses	<ul><li>Select desired mode:</li><li>Single Pulse (single)</li><li>Multi Pulse (multiple)</li></ul>
	Adjust AIRfunction	■ 7.4 Adjust AIR function
	Select light source	■ 7.6 Adjusting the light source (Light 1 or Light 2)
	Select irrigation	■ 7.1Irrigation settings
	Select pump	■ 7.2 Select pumps and switch between pumps
	Display pedal settings	Tappedaldisplay(■8.4 Display pedal settings).
		A window with the assigned pedal positions is displayed.
	Change power output value	<ul><li>Press the relevant + or − key.</li><li>Values:50 to 1500 mW</li></ul>
	Reset Laser Pulse key	The laser pulse counter runs during the operation.
		To reset the counter, if needed:  Hold downthe relevantkey for 3 seconds.
		Counter is set to zero.
		- or-
		■ 18.8.2 Resetting the laser pulse (laser pulse counter) and laser power (laser power counter)
	Reset Laser Power key	The laser power counter runs during the operation.
		To reset the counter, if needed:
		Hold down the relevant key for 3 seconds.
		Counter is set to zero.  – or –
		■ 18.8.2 Resetting the laser pulse (laser pulse counter) and laser power (laser power counter)
	Change duration of	Pressthe relevant+ or − key.
	laser	<ul> <li>Values:10 bis 5000 msec</li> </ul>
	Change laser interval	<ul><li> Press the relevant + or − key.</li><li> Values:0 bis 5000 msec</li></ul>
	Changebottle height	■ 7.3 Adjustbottle height/ IOP
	Control laser	ഢ The Ready key is lit and green
		Operate pedal position 3.
		The LASERACTIVE display is lit and orange.
		The warning sound for the laser power output can be heard.
		Current values are displayed.

90 2021-03-01 / Rev.09



Task	Method	
End programme	Select another programme via function display and programme selection.	

Tab.67 LASERfunction tasks



# 18.8 Adjusting settings in the auxiliary menu

## 18.8.1 Set laser aiming beam

10.0.1 Octiood all ling boarn		
Task	Method	
Open auxiliary menu	LASER programme selected  1. Press key:	
	The auxiliary menu is displayed.	
	Select Lasertab.	
Set brightness of the laser aiming beam	<ul><li>Press the relevant + or − key.</li><li>Levels:1 to 9</li></ul>	
Savesettings and close auxiliary menu	Savechanges for the Laser programme with the key:	
	2. Close window by tapping on the "X":	

Tab. 68 Set laser aiming beam

# 18.8.2 Resetting the laser pulse (laser pulse counter) and laser power (laser power counter)

Task	Method	
Open auxiliary	№ LASER programme selected	
menu	1. Press key:	
	The auxiliary menu is displayed.	
	2. Select Lasertab.	
Reset Laser Pulse key	The laser pulse counter runs during the operation.	
	To reset the counter, if needed:	
	Press the relevant Reset key.	
	Counter is set to zero.	
Reset Laser Power key	The laser power counter runs during thoperation.	
	To reset the counter, if needed:	
	Press the relevant Reset key.	
	Counter is set to zero.	

Tab. 69 Resetting the laser pulse (laser pulse counter) and laser power (laser power counter)



- When the laser is in Readystatus, the counters for the laser pulse and the laser power cannot be reset
- Under the following conditions, the counters for the laser pulse and laser power are automatically reset:
  - after switchingthe systemon/off
  - after a reset
  - after removing the laser probe
  - after a change in physicians
  - after insertion of a new cassette



#### 19 Ending the operation

#### 19.1 Removing surgical instruments



# ♠ WARNING!

Incorrect use of the instrument.

Hazard to patient.

Diathermy, capsulotomy and HFDS tips must be cleaned immediately upon removal from the eye and kept wet in BSS or distilled water until they are re-sterilised.



With the exception of the light instrument, you cannot remove the instruments from the socket by pulling the

## ■ Fig. 10 Ports on front of device

- For phaco and diathermy instruments: hold the plug by the sleeve and pull out.
- For handpieces for vitrectomy/AIR/GFI: Hold the connections by the sleeve, turn a half turn and pull out.
- Laser probe: Hold the probe by the sleeve and completely unscrewit from the surgical platform.
- Light instruments: Pull out of the surgical platform.
- Silicone application set: Unlock tube connection and pull out of the surgical platform.



## WARNING!

Insufficient sterility and damage to the instruments. Hazard to patient.

Do not reuse single-use instruments.

## 19.2 Removing cassette with I/A tube system



## WARNING!

Insufficient sterility and damage to the instruments. Hazard to patient.

2 Cassette and tubes may not be reused.



# **▲** WARNING!

Improper use of the cassette.

Hazard to patient.

 Observe information on the cassette pack and the relevant package inserts.

The cassette can only be removed if the pedal is in the zero position.

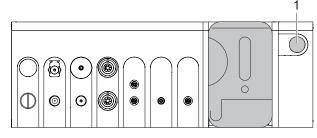


Fig. 114 Cassette eject button

- 1. Press cassette eject button (1). The cassette is released and can be removed.
- Dispose of cassette and I/A tube systemin accordance with regulations ( 4.4 Disposal).

#### 19.3 Switch off the surgical platform

## NOTE!

Improper shutdown of the surgical platform.

Damageto the surgical platform.

- Alwaysswitch off the surgical platform using the on/off button. Onlythen is it ensured that the system is properly shut down.
- Press the on/off button on the surgical platform. The surgical platform and control panel shut down.

### 19.4 Mounting the protective laser cap (surgical platform dependent)

## NOTE!

Penetration of contaminants into the laser opening. Damage to the endolaser.

- Do not remove the protective laser cap from the surgical platform. It must be placed back onto the port after each operation.
- ♀ If no laser probe is inserted in the inlet of the endolaser, attach the protective laser cap.

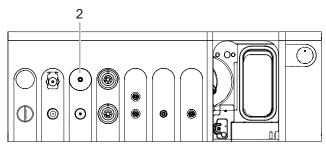


Fig. 115 Mount protective laser cap

 Mount the protective laser cap on the port for the laser probe (2).



# 19.5 Removing the pedal

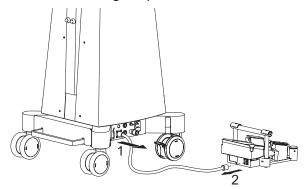


Fig. 116 Removing the pedal

- 1. Disconnect the pedal cable from the pedal socket (1)on the surgical platform.
- 2. Disconnect the pedal cable from the pedal socket (2) on the pedal

If the pedal is being operated wirelessly, the connection is automatically broken when the surgical platform is shut down and the pedal shuts off.

# 19.6 Folding up the instrument tray and placing it in the parked position

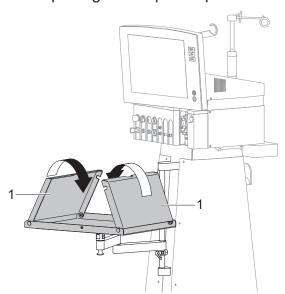


Fig. 117 Fold up side parts

1. Fold up side parts (1).

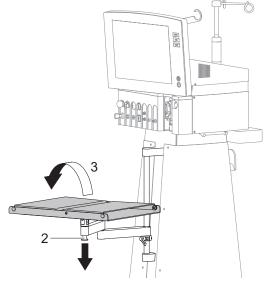


Fig. 118 Rotate instrument tray

- 2. Release the unlocking mechanism by pulling in the direction of the arrow (2) and hold.
- 3. Rotate instrument tray (3).
- 4. Let go of the unlocking mechanism.

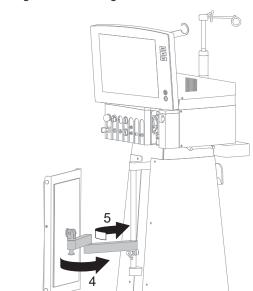


Fig. 119 Move instrument tray into the parked position

5. Move instrument tray into parked position (4 and 5).



#### 20 Cleaning and sterilisation



## WARNING!

Live components come into contact with moisture. Live components are exposed.

Risk of electric shock.

Switch off the surgical platform and disconnect it from the power source before cleaning.

### NOTE!

Improper cleaning or disinfection of the surgical platform.

Damageto the surgical platform.

 ★ Keep the control panels and the housing of the surgical platform dry and never spray or rinse

#### 20.1 Cleaningthe control panel

## NOTE!

Improper cleaning of the surgical platform.

Damageto the surgical platform.

- Do not roughly rub the surgical platform. Roughly rubbing the device with a dry cloth can damage the control panel.
- Wipe the surgical platform dry. Any remaining water drops or soil on the screen can lead to spots and limitation of the touch functionality.
- Cleanthe control panel only using a very soft, lint-free cloth moistened with petroleum ether, aldehydes or alcohol.

### 20.2 Cleaningthe surgical platform housing and pedal

- After each day of operation, clean the surgical platform housing and pedal with a soft, lint-free cloth moistened with medical gasoline, aldehydes or a cleaning agent recommended by Oertli Instrumente AG (■ 20.2.1 Recommended cleaning agents for Oertli surgical
- lt is particularly important that BSS residues are removed.

## 20.2.1 Recommended cleaning agents for Oertli surgical platforms

The following cleaning agents have been tested by Oertli and are recommended for cleaning:

Cleaning agents	Manufacturer
Mikrozid AF	Schülke
Indicin Pro	Ecolab
Mikrozid Universal Wipe	Schülke

Tab. 70 Recommended cleaning agents

### 20.3 Cleaning and sterilising reusable instruments



# ♠ WARNING!

Insufficient sterility and damage to the instruments. Hazard to patient.

Do not reuse single-use instruments.



# **▲** WARNING!

Insufficient sterility and damage to the instruments. Hazard to patient.

requirements for reusable instruments (■ 1.3 Other relevant documents, document no. TN999042).



# 21 Surgical platform messages and troubleshooting

# 21.1 Control, confirmation and warning tones

The surgical platform gives audible signals on the state of the I/A system and power output. Different noise signals demonstrate the different states.

## 21.1.1 Control tones

State	Tone
Irrigation open	Sound of a slow, low-pitched drip (pip-pip)
Aspiration active	Continuous: Continuous sound of a slow drip (pip-pip), rising in pitch as the vacuum level increases
	Pip-pip: Sound of a slow, high-pitched drip (pip-pip), rising in pitch as the vacuumlevel increases
Vacuumlimit reached	Continuous: Additional short whistling sounds
	Pip-pip: Additional short whistling sounds
Phaco power output active	Additional very low-pitched, brief sounds
Diathermy active	Very high-pitched, quickly repeating signal rising in pitch as the output increases
Capsulotomyactive	Regular: Low-pitched, rapid sequence of sounds
	High: High-pitched rapid sequenceof sounds
HFDS active	Low-pitched, rapid sequence of sounds
Injection active	High-pitched, short sounds in very slow sequence, rising in pitch as the pressure increases
Extraction active	Very high-pitched, long sounds in very slow sequence, rising in pitch as the pressure increases
Override Vacuum/ Override Phaco Power active	Additional very low-pitched, short sounds in a slow sequence
REFLUX active	Very high-pitched, quickly repeating signal
Laser active	Medium-pitched sequence of sounds which are played in rhythm with the laser pulse emitted

Tab.71 Control tones

# 21.1.2 Confirmation tones

State	Tone
Switching a function	Very high-pitched, quickly repeating sound depending on the function:  PHACO:1x  I/A:2x  DIA, CAPS,HFDS:3x  VIT PN, INJE(+), EXTR, ENDO PHACO:4x  LASER:5x
Switching a programme	High-pitched, quickly repeating sound depending on the programme:  Programme 1: 1x  Programme 2: 2x  Programme 3: 3x
Switching a PHACO mode/type of modulation	Very low-pitched, quickly repeating sound depending on the PHACOmode:  - CONTINUOUS:1x  - PULSE:2x  - BURST:3x  - CMP:4x
Switching the pump system	High-pitched, quickly repeating sound depending on the pump system:  Peristaltic: 1x  Venturi: 2x  SPEEP: 3x  Low-pitched, quickly repeating sound depending on the selection:  Aspiration/Cut: 2x  Cut/Aspiration: 1x
Storing values	Very high-pitched, short sound
Reset values	Two very high, brief tones
Volumeadjustment	Low-pitched short sound whose volume changes with the volume adjustment

Tab.72 Confirmation tones

# 21.1.3 Warningtones

State	Tone
Alarm AIR/ GFI/ Alarm Laser	Very high-pitched, long sound with a very slow sequence
"PRESSURE DEVIATION" alarm	Very high-pitched or very low-pitched continuous sound (depending on the setting)
Infusion set incorrectly connected to cassette	Medium-pitched sequence of sounds

Tab.73 Warning tones

EN

## 21.1.4 Voice confirmation

The voice confirmation is based on the selected programmes and modes, selected values as well as warnings and information. You can set the scope of the voice information in ParaProg for each physician (user manual for ParaProg

1.3 Other relevant documents).

# 21.2 Display and settings area messages

Selected, programmed and current values and important information on further states of the surgical platform are shown in the control panel. Warnings and information are given in the language selected in ParaProg (user manual for ParaProg

1.3 Other relevant documents).

i

Faults not mentioned in this chapter or that cannot be traced back to the causes listed must be reported to Oertli.

# 21.2.1 Routine messages



Fig. 120 Example of routine message

Message	Meaning
HF test successful	HF test was successfully performed.

Tab. 74 Routine messages

# 21.2.2 Warnings



Fig. 121 Example of warning

Message	Ac	tion
Surgeonname must be unique.	住	Change surgeon name.
Surgeon name is too long	슡	Choosefewer letters.
No pedal	슡	Please connect a pedal.
Check phaco handpiece.	슣	Please check handpiece.
Phaco handpiece defective	슡	Please insert another handpiece.
Repeat phaco test.	슡	Please repeat phaco test.
Check phaco tip	슡	Pleasetighten phacotip.
HFtip defective	슡	Pleaseinsert another HF tip.
Check air pressure	슡	Please check air pressure.
Visco pressure deviation	햩	Please check visco setup.
Temperature too high	슡	Please wait a short time.
Faulty connection of giving set. Immediately remove cassette.		Immediately remove cassette from the surgical platform.
	2.	Empty cassette.
	3.	Connect infusion set correctly to the cassette's infusion port.
	4.	Replace the cassette in the surgical platform.
No cassette	슡	Pleaseinsert a cassette.
Cassette full	슡	Please change cassette.
Laser key switch off	슡	Please turn laser key switch on.
Laser emergency switch off	슡	Please release emergency switch.
Laser: no fibre detection.	핲	Insert fibre.
Fully connect fibre.	햩	Fully connect fibre.
Laser door interlock not closed	슡	Please close door interlock.

96 2021-03-01 / Rev.09



Message	Action	
Fully automated UPF detected	To use the fully automated laser user protection filter:  Contact the laser module update service.  To use of a passive laser user protection filter:  Removethe fully automated laser user protection filter.  Disconnect OS4 from the power supply.  Restart OS4.	
Fully automated UPF detected even though it is not configured.	Fully automated UPF is used.  Contact the service unit to customise the configuration.	
Fully automated UPF detected, but not installed correctly.	Install the fully automated UPF in the microscope according to the manufacturer's instructions.	
No fully automated UPF detected - Connect fully automated UPF	Connect fully automated UPF.	
No fully automated UPF detected	Laser is deactivated, all other functions remain active.  To be able to use the laser again:	
	<ol> <li>Connect fully automated UPF.</li> <li>Disconnect OS4 from the power supply.</li> <li>Restart OS4.</li> </ol>	
Laser module disabled due to error38	Laser is deactivated, all other functions remain active.  To be able to use the laser again:  1. Disconnect OS4 from the	
	power supply.  2. Restart OS4.	
Laser: output power too low	Set Laser Power value.	
Pedal not Laser conform	♀ Please connect an OS4 pedal.	
Reminder: Laser user protection	<ul> <li>Insert or connect laser user protection filter.</li> <li>Put on protective equipment.</li> </ul>	
Laser in saturation	Decrease laser power.	
Laser: Power output too low	<ul><li>Please check fibre.</li><li>Call service.</li></ul>	
Laser: Laser beeper malfunction		
Laser: Laser microphone malfunction		
Laser overtemperature	Please wait until system has cooled down.	
Laser: no autokey detected	Please enter autokey and confirm.	

Message	Action
Laser:foot switch malfunction	
Laser: no foot switch detected	Please plug in foot switch and confirm.
Laser: GLM01-IF no communication	

Tab.75 Warnings

# 21.2.3 Error messages



Fig. 122 Example of error message

Message	Possible cause	Action
ERROR 1	Supply error	
ERROR 2	Adjust dia	
ERROR 3	Adjust pedal	Call service.
ERROR5 (the RESET key flashes)	Display error	
ERROR 7	COREsoftware	Call service.
ERROR8 (the RESET key flashes)	COMerror	♀ Call service.
ERROR 10	Peristaltic pump failure	♀ Call service.
ERROR 11	HF output stage	Perform HF test.
		Call service.     □
ERROR 12	Irrigation pole motor	Call service.     □
ERROR 15	Force sensor	
ERROR 16	Adjust venturi sensor	
ERROR 17	Adjust force sensor	
ERROR 18	Check venturi pump system	♀ Call service.
ERROR20	Extraction deviation	♀ Call service.
ERROR 21	Adjust visco sensor	♀ Call service.
ERROR22	Adjust air sensor	♀ Call service.



Message	Possible cause	Action
ERROR23	VITPN differential sensor	
ERROR 24	LUM1 module	Call service.
ERROR25	LUM2 module	
ERROR26	Venturi System	Call service.
ERROR 31	Liquid level sensor	
ERROR32	IRR valve	Call service.
ERROR33	AIR/GFI port	♀ Call service.
ERROR38	Laser module	
ERROR39	Wireless module	
ERROR 41	COREprint	♀ Call service.
ERROR44	COMmodule	
ERROR45	Watchdog	♀ Call service.
ERROR46	COM has no connection to CORE	
ERROR 47	Interface Index between COMand COREis not identical	
ERROR48	Database Error	
ERROR49	No active UPF detected	Call service.
ERROR50	Incompatibility of laser version and active UPF	
ERROR201	PLD: Current regulation malfunction	
ERROR202	PLD: Light control malfunction	
ERROR203	PLD: Current regulation malfunction	
ERROR204	PLD: Current regulation malfunction	Call service.
ERROR205	PLD: Voltage regulation malfunction	♀ Call service.
ERROR206	Malfunction of a measuring diode or power laser diode	♀ Call service.
ERROR207	PLD: Malfunction	
ERROR208	PLD: Supply error	
ERROR209	PLD: Supply error	
ERROR210	Laser: cooling system malfunction	☆ Call service.
ERROR211	Laser: cooling system malfunction	

Message	Possible cause	Act	tion
ERROR212	Laser: cooling system malfunction	햩	Call service.
ERROR213	Laser: cooling system malfunction	햠	Call service.
ERROR214	Laser: cooling system malfunction	슣	Call service.
ERROR215	Laser: cooling system malfunction	햠	Call service.
ERROR216	Laser: cooling system malfunction	슣	Call service.
ERROR217	Laser: cooling system malfunction	住	Call service.
ERROR218	Laser: cooling system malfunction	슡	Call service.
ERROR219	Laser: cooling system malfunction	햠	Call service.
ERROR230	Laser: processor malfunction	슡	Call service.
ERROR232	Laser: processor malfunction	슡	Call service.
ERROR234	Laser: power supply malfunction	햩	Call service.
ERROR235	Laser: power supply malfunction	住	Call service.
ERROR239	Laser: internal clock malfunction	핲	Call service.
ERROR240	Laser: memory malfunction	슡	Call service.
ERROR264	Laser: fibre detection malfunction	슡	Call service.
ERROR266	Laser: foot switch malfunction	슡	Call service.
ERROR268	Laser: Laser user protection filter malfunction	햠	Call service.
ERROR269	Laser: beam switch malfunction	핲	Call service.
ERROR273	Laser: I2C IO expander malfunction	фn	Call service.
ERROR274	Laser: processor malfunction	슣	Call service.

Tab. 76 Error messages

98 2021-03-01 / Rev.09



#### 22 Maintenance, inspection, repair

# **MARNING!**

The surgical platform and all accessories must be inspected regularly. In particular, instrument cables must be checked for insulation damage.

Damaged accessories must not be used and must be replaced immediately.

Service and repairs to the surgical platform mayonly be performed by service technicians authorised by Oertli and based on the last valid version of the service manual.

#### 22.1 Maintenancetable

This surgical platform only needs the following calibration and

maintenai	nce:			
Task	Interval	Person respon- sible	Pro	ocedure
Cali- bration	Annual	By Oertli authorised service	습	Adjust pressure sensors according to instructions in the service manual.
Mainte- nance	Annual	Operator	1.	Check electric cables (instruments and power supply) for wear or damage, and have damaged cables replaced by the authorised service unit.
			2.	Clean salt residues from pressure sensor port.
		By Oertli authorised service	Ŷn	In the event of frequent use: Check mechanical parts (pump wheel, valve, tube switch).
			함	Maintain laser (► 22.3 Information on maintenance of the endolaser).
Mainte- nance	Every 2 months	Operator	슣	Put the laser into service.

Tab. 77 Maintenance table

#### 22.2 Select mains voltage and insert fuses



# **▲** WARNING!

Live components are exposed. Improper work on the surgical platform.

Risk of electric shock.

- Unplug power cable from mains socket before replacing fuses.
- Do not use make shift fuses.
- Do not use makeshift fuses.



The surgical platform is supplied with two spare fuses. Always replace defective fuses with newfuses of the sametype (■ 23.4 Electrical data).

You will find the values printed at the power supply on the surgical platform ( 3.2 Labelling and marking).

The fuse holder (1) and the fuse drawer (2) are located on the left side of the column (below):

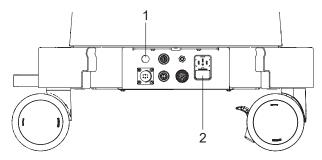


Fig. 123 Position of fuse holder (1) and fuse drawer (2)

## Fuse holder

Pull fuse out of fuse holder (1) and replace with new fuse.



## Fuse drawer

- Hold down the tab of the fuse drawer.
- 2. Removethe fuse drawer.

The position of the voltage selector in the fuse drawer (to the left or to the right) determines the mainsvoltage (115 V or 230 V):

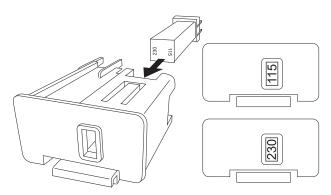


Fig. 124 Removevoltage selector/select mains voltage

- 3. If needed: Replace defective fuse.
- 4. Insert voltage selector such that the correct mains voltage is displayed in the viewing window:
  - 115 V: In the viewing window of the voltage selector, 115 V must be displayed.
  - 230 V: In the viewing window of the voltage selector, 230 V must be displayed.
- 5. Reinsert fuse drawer.

### 223 Information on maintenance of the endolaser



# **▲** WARNING!

Improper repairs/work on the surgical platform. Danger to patient and user.

- 4 Have maintenance performed on the endolaser only by authorised service personnel.
- Do not attempt to readjust or repair the surgical platform yourself under anycircumstances.

The following points must be checked at a minimum during annual maintenance:

- Laser beampower level
- Functional testing of the endolaser and the transmission system
- Safety check

The safety check must only be performed by authorised and trained personnel according to the specifications for medical devices using calibrated measuring equipment. The check and the results must be done using forms approved by Oertli. The one-year interval may differ from country to country based on the respective guidelines.

It is the operator's responsibility to ensure that the endolaseris used and maintained in accordance with national guidelines.

The user has the option of checking the aiming and working beams as well as the function of the laser and the transmission system.

If the operator detects an error of a unit during an inspection, the unit must be immediately taken out of service and personnel qualified by Oertli must be contacted.

#### 22.4 Repair



## ▲ WARNING!

Improper repairs/work on the surgical platform.

Danger to patient and user.

Repairs to the surgical platform may only be performed by service technicians authorised by Oertli and based on the last valid version of the service manual

# 22.4.1 Authorised service points

Oertli Instrumente AG

Customer Service and Support

Hafnerwisenstr. 4

CH- 9442 Berneck, Switzerland

Tel.:+41 (0)717474200

E-mail: css@oertli-instruments.com

Website: www.oertli-instruments.com

Contact your local distribution partner or Oertli for information on authorised service points in your country.

# 22.4.2 Sending defective surgical platform, instrument or part to Oertli

- 1. Clean and sterilise instruments before returning them to the service point ( 20 Cleaning and sterilisation).
- 2. Send surgical platform, instrument or part in appropriate packaging to the service point.

## 22.4.3 Ordering spare parts

- 1. Have the following information to hand when ordering spare parts ( 3.2.1 Type plate on the surgical platform and
  - 3.2.2 Pedal type plate):
  - Oertli article number
- Serial number 2. Contact the authorised service unit.



# 23 Technical data

# 23.1 Classifications

Property	Value
Protection class	1
CEclassification	Шb
Application parts	non-earthed, Type BF (IEC60601-1)
Noise level	< 70 dB (A)

Tab.78 Classifications

# 23.2 Dimensions and weights

	5
Property	Value
Surgical platform dimensions (without tray, pole retracted, WxHxD)	49 x 154 x 52 cm
Dimensions of the instrument tray (L x W)	80 x35 cm
Weight with tray, "anterior/ posterior with endolaser" variant	75 kg
Weight with tray, "anterior/ posterior" variant	67 kg
Weight with tray, "anterior" variant	67 kg
Pedal weight	6 kg
Weight of tray	7 kg

Tab. 79 Dimensions and weights

## 23.3 Environmental conditions

The surgical platform must be brought to the operating temperature indicated before use. Therefore do not switch it on immediately.

	Temperature [°C]	Relative humidity [%] (non- condensing)	Air pressure [hPa]
Oper- ation	+14 to +28	30 to 75	700 to 1060
Storage and transport	-20 to +55	10 to 90	500 to 1060

Tab.80 Environmental conditions

## 23.4 Electrical data

Property	Value
Mains voltages	115 / 230 VAC
Mains frequency	50 Hz/60 Hz
Power consumption	600 VA
Fuses	3x T6.3 AH, 250 V, high breaking capacity
Operating mode	Continuous

Tab.81 Surgical platform electrical data

# 23.5 Supply pressure

Property	Value	
Supply pressure	Pressurised air: 5 to 9 bar, 55 NI/min	
Port	NISTEN ISO 5359 connection	
Pressurised air according to ENISO7396-1	Oil-free, dry, filtered  Maximumcontent:  - Oil: 0.1 mg/m <sup>3</sup> - Water vapour: 67 ml/m <sup>3</sup> - Solids: 1 mg/m <sup>3</sup>	

Tab. 82 Supply pressure

If there is no supply pressure or insufficient supply pressure, the VITand INJECTION+functions and the venturi pump cannot be operated.

If there is no pressure connection, the cassette cannot be inserted and ejected.



# 23.6 Powerdata in the individual functions

Function	Value
PHACO	26 kHz - 28.8 kHz, 28 kHz nominal 40 W± 8 W (100% / 1100 Ohm)
	V <sub>RMS</sub> = 210 V(40 W/ 1100 Ohm)
Vacuum	5 mmHg- 650 mmHg
	Accuracy:± 20 % or 30 mmHg (greater value)
	Adjustable increment: 5 mmHg
Peristaltic flow	0 ml/min- 60 ml/min
	Adjustable increment:
	<ul><li>0 - 10 ml/min: 0.1 ml/min</li></ul>
	- 10 - 60 ml/min:1 ml/min
	Accuracy:± 20%
Reflux peristaltic	15 ml/min, accuracy:± 20%
	150 mmHg,accuracy:± 20%
Reflux venturi	100 mmHg
	Accuracy:± 20%
VIT	Cuts per minute:
	<ul><li>60 - 10,000 cuts/minwith CF cutter, Accuracy:± 20%</li></ul>
	<ul> <li>30 - 5,000 cuts/min with SPS vitrectomy cutter, Accuracy:</li> <li>± 20%</li> </ul>
	Max. output pressure: 3.5 bar
DIA	500 kHz± 100 kHz
	0 W - 8 W nominal (50 Ohm),
	DIA (100%): 95 V max. output voltage (idling voltage)
CAPS	500 kHz± 100 kHz,specificoutput values
	Regular: 7.8 W± 1.5 W (50 Ohm), 340 V max. output voltage (idling voltage)
	High: 9.2 W± 1.8 W(50 Ohm), 365 V max.output voltage (idling voltage)
HFDS	500 kHz± 100 kHz,specific baseline values
	HFDS:7.3 W± 1.4 W (50 Ohm), 320 V max.output voltage (idling voltage)
AIR/GFI	0 mmHg- 120 mmHg± 10%, min. 5 mmHg
	Increment: 1 mmHg
Visco injection	0.05 bar- 5.0 bar
	Accuracy: 0.5 bar- 5.0 bar± 0.2 bar
Visco extraction	0.01 bar- 1.0 bar
	Accuracy:
	<ul> <li>0.2 bar - 0.8 bar: ± 0.1 bar</li> </ul>
	- 0.8 bar- 1.0 bar:± 20%

Function	Value
Light	<ul><li>LED: 17 Lum (23G)</li></ul>
	<ul> <li>LEDplus: 19 Lum (23G)</li> </ul>
Laser	Working beam:
	<ul> <li>Laser class 4, max. 1.5 W cw</li> </ul>
	- 532 nm, max. pulse length: 5 sec
	<ul> <li>Safety distance (NOHD):10 m</li> </ul>
	Increments:
	<ul><li>Laser power: 10 mW</li></ul>
	<ul> <li>Pulse duration: 10 ms</li> </ul>
	<ul> <li>Pulse interval: 10 ms</li> </ul>
	Aiming beam:
	<ul> <li>Laser class 3R, max. 5 mW cw</li> </ul>
	– 635 nm

Tab.83 Power data for individual functions

102 2021-03-01 / Rev.09



#### 24 **Appendix**

## 24.1 Accessories, spare parts, instruments, consumables



# **MARNING!**

Improper use of the surgical platform.

Danger to patient and user.

 Only use instruments, tube systems and accessories supplied by Oertli.

Contact your local Oertli representative who will provide information about the most up-to-date range of accessories such as surgical platform accessories, spare parts, instruments, tips and consumables available in your country.

This section contains only selected accessories.

# 24.1.1 Surgical platform accessories

Article number	Description
VE860010	Dual linear, wireless pedal for OS4
VE860001	Instrument table for OS4
VX100911	Compressed air hose, 5m, NIST-AIR connection on one end, spare part for OS3
340833	UPF laser user protection filter, passive, for Zeiss/HS Moeller microscope
340846	UPF laser user protection filter, passive, for Leica microscope
340990	UPF laser user protection filter, passive, for Topcon microscope
F18. P1E01.1001MED	Laser safety goggles, filter impact OD6+, blocked wavelength532 nm
	DIN/EN identification:
	- 315-532 nmDLB5
	- 315-532 nmIRLB6Y
341091	UPF laser user protection filter, fully automated, for Zeiss/HS Moeller mircroscope
341090	UPF laser user protection filter, fully automated, for Leica mircroscope
VE860030	Cover for OS4

Tab.84 Surgical platform accessories

# 24.1.2 Spareparts

Article number	Description
VX520013	Replacement fuses 6.3AT, high breaking capacity, box of 10

Tab.85 Spare parts

# 24.1.3 Instruments (application parts)

Article number         Description           VG800011         Phaco handpiece, reusable           VE655000         I/A handpiece, coaxial, reusable           VE654100         I/A bimanual instrument set, diameter 0.8 mm, aspiration port 0.3 mm, irrigation port 0.5 mm, reusable           VE654101         I/A bimanual instrument set, roughened tips, diameter 0.8 mm, aspiration port 0.3 mm, irrigation port 0.5 mm, reusable           VE201710         Diathermy handpiece, long, reusable           VE201712         Diathermy handpiece, short, reusable           VV104110         Continuous Flow Cutter 20G, sterile/ single use, box of 10           VV106010         SPScutter 23G, sterile/single use, box of 10           VV106110         Continuous Flow Cutter 23G, sterile/ single use, box of 10           VV107101         Continuous Flow Cutter 27G, sterile/single use, box of 10           VV107110         Continuous Flow Cutter 27G, sterile/single use, box of 10           VV300101         Endo illuminator 90°, 20G, with ViPer scleral indentor, comfort-connector, sterile/single use, box of 10           VV300103         Endo illuminator 90°, 23G, with ViPer scleral indentor, comfort-connector, sterile/single use, box of 10           VV300105         Endo illuminator panorama, 23G, shielded, with ViPer scleral indentor, comfort-connector, sterile/single use, box of 10           VV300194         Endo illuminator panorama, 25G, shielded, with ViPer scleral indentor, comfort-connect		· · · · · · · · · · · · · · · · · · ·		
VE655000	Article number	Description		
VE654100	VG800011	Phaco handpiece, reusable		
VE654101	VE655000	I/A handpiece, coaxial, reusable		
tips, diameter 0.8 mm, aspiration port 0.3 mm, irrigation port 0.5 mm, reusable  VE201710 Diathermy handpiece, long, reusable  VE201712 Diathermy handpiece, short, reusable  VV104110 Continuous Flow Cutter 20G, sterile/ single use, box of 10  VV106010 SPScutter 23G, sterile/single use, box of 10  VV106110 Continuous Flow Cutter 23G, sterile/ single use, box of 10  VV105110 Continuous Flow Cutter 25G, sterile/ single use, box of 10  VV107110 Continuous Flow Cutter 27G, sterile/ single use, box of 10  VV300101 Endo illuminator 90°, 20G, with ViPer scleral indentor, comfort-connector, sterile/single use, box of 10  VV300103 Endo illuminator 90°, 23G, with ViPer scleral indentor, comfort-connector, sterile/single use, box of 10  VV300105 Endo illuminator 90°, 25G, with ViPer scleral indentor, comfort-connector, sterile/single use, box of 10  VV300194 Endo illuminator panorama, 23G, shielded, with ViPer scleral indentor, comfort- connector, sterile/single use, box of 10  VV300195 Endo illuminator panorama, 25G, shielded, with ViPer scleral indentor, comfort- connector, sterile/single use, box of 10  VV300195 Endo illuminator panorama, 25G, shielded, with ViPer scleral indentor, comfort- connector, sterile/single use, box of 10  VV300197 Endo illuminator bendable, 25G, shielded, with ViPer scleral indentor, comfort- connector, sterile/single use, box of 10  VV300152 Chandelier illuminator bendable, 25G, with Caliburntrocar, snaplock for 23/25G, sterile/single use, box of 10  VV300155 Chandelier illuminator flexible, 25G, with Caliburntrocar, snaplock for 23/25G, sterile/single use, box of 10  VV300157 Chandelier illuminator flexible, 27G, with Caliburntrocar, snaplock for 23/25G, sterile/single use, box of 10  VV300157 Chandelier illuminator flexible, 27G, with Caliburntrocar, snaplock for 23/25G, sterile/single use, box of 10  VV300157 Chandelier illuminator flexible, 27G, with Caliburntrocar, snaplock for 23/25/27G, sterile/single use, box of 10	VE654100	0.8 mm, aspiration port 0.3 mm, irrigation		
VE201712 Diathermy handpiece, short, reusable  VV104110 Continuous Flow Cutter 20G, sterile/ single use, box of 10  VV106010 SPScutter 23G, sterile/single use, box of 10  VV106110 Continuous Flow Cutter 23G, sterile/ single use, box of 10  VV105110 Continuous Flow Cutter 25G, sterile/ single use, box of 10  VV107110 Continuous Flow Cutter 27G, sterile/single use, box of 10  VV300101 Endo illuminator 90°, 20G, with ViPer scleral indentor, comfort-connector, sterile/single use, box of 10  VV300103 Endo illuminator 90°, 23G, with ViPer scleral indentor, comfort-connector, sterile/single use, box of 10  VV300105 Endo illuminator 90°, 25G, with ViPer scleral indentor, comfort-connector, sterile/single use, box of 10  VV300194 Endo illuminator panorama, 23G, shielded, with ViPer scleral indentor, comfort- connector, sterile/single use, box of 10  VV300195 Endo illuminator panorama, 25G, shielded, with ViPer scleral indentor, comfort- connector, sterile/single use, box of 10  VV300197 Endo illuminator widefield, 27G, shielded, with ViPer scleral indentor, comfort- connector, sterile/single use, box of 10  VV300152 Chandelier illuminator bendable, 25G, with Caliburntrocar, snaplock for 23/25G, sterile/single use, box of 10  VV300155 Chandelier illuminator flexible, 25G, with Caliburntrocar, snaplock for 23/25G, sterile/single use, box of 10  VV300157 Chandelier illuminator flexible, 27G, with Caliburntrocar, snaplock for 23/25G, sterile/single use, box of 10  VV400103 Laser probe OS4, straight, 23G, sterile/ single use, box of 10  VK400105 Laser probe OS4, straight, 25G, sterile/	VE654101	tips, diameter 0.8 mm, aspiration port		
VV104110 Continuous Flow Cutter 20G, sterile/ single use, box of 10  VV106010 SPScutter 23G, sterile/single use, box of 10  VV106110 Continuous Flow Cutter 23G, sterile/ single use, box of 10  VV105110 Continuous Flow Cutter 25G, sterile/ single use, box of 10  VV107110 Continuous Flow Cutter 27G, sterile/single use, box of 10  VV300101 Endo illuminator 90°, 20G, with ViPer scleral indentor, comfort-connector, sterile/single use, box of 10  VV300103 Endo illuminator 90°, 23G, with ViPer scleral indentor, comfort-connector, sterile/single use, box of 10  VV300105 Endo illuminator 90°, 25G, with ViPer scleral indentor, comfort-connector, sterile/single use, box of 10  VV300194 Endo illuminator panorama, 23G, shielded, with ViPer scleral indentor, comfort- connector, sterile/single use, box of 10  VV300195 Endo illuminator panorama, 25G, shielded, with ViPer scleral indentor, comfort- connector, sterile/single use, box of 10  VV300197 Endo illuminator widefield, 27G, shielded, with ViPer scleral indentor, comfort- connector, sterile/single use, box of 10  VV300152 Chandelier illuminator bendable, 25G, with Caliburntrocar, snaplock for 23/25G, sterile/single use, box of 10  VV300155 Chandelier illuminator flexible, 25G, with Caliburntrocar, snaplock for 23/25G, sterile/single use, box of 10  VV300157 Chandelier illuminator flexible, 27G, with Caliburntrocar, snaplock for 23/25G, sterile/single use, box of 10  VV400103 Laser probe OS4, straight, 23G, sterile/ single use, box of 10  VK400105 Laser probe OS4, straight, 25G, sterile/	VE201710	Diathermy handpiece, long, reusable		
single use, box of 10  VV106010  SPScutter 23G, sterile/single use, box of 10  VV106110  Continuous Flow Cutter 23G, sterile/ single use, box of 10  VV105110  Continuous Flow Cutter 25G, sterile/ single use, box of 10  VV107110  Continuous Flow Cutter 27G, sterile/single use, box of 10  VV300101  Endo illuminator 90°, 20G, with ViPer scleral indentor, comfort-connector, sterile/single use, box of 10  VV300103  Endo illuminator 90°, 23G, with ViPer scleral indentor, comfort-connector, sterile/single use, box of 10  VV300105  Endo illuminator 90°, 25G, with ViPer scleral indentor, comfort-connector, sterile/single use, box of 10  VV300194  Endo illuminator panorama, 23G, shielded, with ViPer scleral indentor, comfort-connector, sterile/single use, box of 10  VV300195  Endo illuminator panorama, 25G, shielded, with ViPer scleral indentor, comfort-connector, sterile/single use, box of 10  VV300197  Endo illuminator panorama, 25G, shielded, with ViPer scleral indentor, comfort-connector, sterile/single use, box of 10  VV300197  Endo illuminator widefield, 27G, shielded, with ViPer scleral indentor, comfort-connector, sterile/single use, box of 10  VV300150  Chandelier illuminator bendable, 25G, with Caliburntrocar, snaplock for 23/25G, sterile/single use, box of 10  VV300155  Chandelier illuminator flexible, 25G, with Caliburntrocar, snaplock for 23/25G, sterile/single use, box of 10  VV300157  Chandelier illuminator flexible, 27G, with Caliburntrocar, snaplock for 23/25/27G, sterile/single use, box of 10  VV300157  Chandelier illuminator flexible, 27G, with Caliburntrocar, snaplock for 23/25/27G, sterile/single use, box of 10  VV300157  Chandelier illuminator flexible, 27G, with Caliburntrocar, snaplock for 23/25/27G, sterile/single use, box of 10  VX400103  Laser probe OS4, straight, 23G, sterile/single use, box of 10	VE201712	Diathermy handpiece, short, reusable		
box of 10  VV106110  Continuous Flow Cutter 23G, sterile/ single use, box of 10  VV105110  Continuous Flow Cutter 25G, sterile/ single use, box of 10  VV107110  Continuous Flow Cutter 27G, sterile/single use, box of 10  VV300101  Endo illuminator 90°, 20G, with ViPer scleral indentor, comfort-connector, sterile/single use, box of 10  VV300103  Endo illuminator 90°, 23G, with ViPer scleral indentor, comfort-connector, sterile/single use, box of 10  VV300105  Endo illuminator 90°, 25G, with ViPer scleral indentor, comfort-connector, sterile/single use, box of 10  VV300194  Endo illuminator panorama, 23G, shielded, with ViPer scleral indentor, comfort- connector, sterile/single use, box of 10  VV300195  Endo illuminator panorama, 25G, shielded, with ViPer scleral indentor, comfort- connector, sterile/single use, box of 10  VV300197  Endo illuminator widefield, 27G, shielded, with ViPer scleral indentor, comfort- connector, sterile/single use, box of 10  VV300152  Chandelier illuminator bendable, 25G, with Caliburntrocar, snaplock for 23/25G, sterile/single use, box of 10  VV300155  Chandelier illuminator flexible, 25G, with Caliburntrocar, snaplock for 23/25G, sterile/single use, box of 10  VV300157  Chandelier illuminator flexible, 27G, with Caliburntrocar, snaplock for 23/25G, sterile/single use, box of 10  VV300157  Chandelier illuminator flexible, 27G, with Caliburntrocar, snaplock for 23/25/27G, sterile/single use, box of 10  VV300155  Chandelier illuminator flexible, 27G, with Caliburntrocar, snaplock for 23/25/27G, sterile/single use, box of 10  VV300155  Chandelier illuminator flexible, 27G, with Caliburntrocar, snaplock for 23/25/27G, sterile/single use, box of 10  VX400103  Laser probe OS4, straight, 23G, sterile/ single use, box of 10	VV104110			
single use, box of 10  WV105110 Continuous Flow Cutter 25G, sterile/ single use, box of 10  WV107110 Continuous Flow Cutter 27G, sterile/single use, box of 10  WV300101 Endo illuminator 90°, 20G, with ViPer scleral indentor, comfort-connector, sterile/single use, box of 10  WV300103 Endo illuminator 90°, 23G, with ViPer scleral indentor, comfort-connector, sterile/single use, box of 10  WV300105 Endo illuminator 90°, 25G, with ViPer scleral indentor, comfort-connector, sterile/single use, box of 10  WV300194 Endo illuminator panorama, 23G, shielded, with ViPer scleral indentor, comfort- connector, sterile/single use, box of 10  WV300195 Endo illuminator panorama, 25G, shielded, with ViPer scleral indentor, comfort- connector, sterile/single use, box of 10  WV300197 Endo illuminator widefield, 27G, shielded, with ViPer scleral indentor, comfort- connector, sterile/single use, box of 10  VV300152 Chandelier illuminator bendable, 25G, with Caliburntrocar, snaplock for 23/25G, sterile/single use, box of 10  VV300155 Chandelier illuminator flexible, 25G, with Caliburntrocar, snaplock for 23/25G, sterile/single use, box of 10  VV300157 Chandelier illuminator flexible, 27G, with Caliburntrocar, snaplock for 23/25/27G, sterile/single use, box of 10  VK400103 Laser probe OS4, straight, 23G, sterile/ single use, box of 10  VK400105 Laser probe OS4, straight, 25G, sterile/	VV106010			
single use, box of 10  VV107110 Continuous Flow Cutter 27G, sterile/single use, box of 10  VV300101 Endo illuminator 90°, 20G, with ViPer scleral indentor, comfort-connector, sterile/single use, box of 10  VV300103 Endo illuminator 90°, 23G, with ViPer scleral indentor, comfort-connector, sterile/single use, box of 10  VV300105 Endo illuminator 90°, 25G, with ViPer scleral indentor, comfort-connector, sterile/single use, box of 10  VV300194 Endo illuminator panorama, 23G, shielded, with ViPer scleral indentor, comfort-connector, sterile/single use, box of 10  VV300195 Endo illuminator panorama, 25G, shielded, with ViPer scleral indentor, comfort-connector, sterile/single use, box of 10  VV300197 Endo illuminator widefield, 27G, shielded, with ViPer scleral indentor, comfort-connector, sterile/single use, box of 10  VV300152 Chandelier illuminator bendable, 25G, with Caliburntrocar, snaplock for 23/25G, sterile/single use, box of 10  VV300155 Chandelier illuminator flexible, 25G, with Caliburntrocar, snaplock for 23/25G, sterile/single use, box of 10  VV300157 Chandelier illuminator flexible, 27G, with Caliburntrocar, snaplock for 23/25/27G, sterile/single use, box of 10  VV300105 Laser probe OS4, straight, 23G, sterile/single use, box of 10  VK400105 Laser probe OS4, straight, 25G, sterile/single use, box of 50  VK400105 Laser probe OS4, straight, 25G, sterile/single use, box of 10	VV106110			
Use, box of 10  VV300101 Endo illuminator 90°, 20G, with ViPer scleral indentor, comfort-connector, sterile/single use, box of 10  VV300103 Endo illuminator 90°, 23G, with ViPer scleral indentor, comfort-connector, sterile/single use, box of 10  VV300105 Endo illuminator 90°, 25G, with ViPer scleral indentor, comfort-connector, sterile/single use, box of 10  VV300194 Endo illuminator panorama, 23G, shielded, with ViPer scleral indentor, comfort-connector, sterile/single use, box of 10  VV300195 Endo illuminator panorama, 25G, shielded, with ViPer scleral indentor, comfort-connector, sterile/single use, box of 10  VV300197 Endo illuminator widefield, 27G, shielded, with ViPer scleral indentor, comfort-connector, sterile/single use, box of 10  VV300152 Chandelier illuminator bendable, 25G, with Caliburntrocar, snaplock for 23/25G, sterile/single use, box of 10  VV300155 Chandelier illuminator flexible, 25G, with Caliburntrocar, snaplock for 23/25G, sterile/single use, box of 10  VV300157 Chandelier illuminator flexible, 27G, with Caliburntrocar, snaplock for 23/25G, sterile/single use, box of 10  VV300105 Laser probe OS4, straight, 23G, sterile/single use, box of 10  VK400105 Laser probe OS4, straight, 25G, sterile/single use, box of 10	VV105110			
scleral indentor, comfort-connector, sterile/single use, box of 10  VV300103 Endo illuminator 90°, 23G, with ViPer scleral indentor, comfort-connector, sterile/single use, box of 10  VV300105 Endo illuminator 90°, 25G, with ViPer scleral indentor, comfort-connector, sterile/single use, box of 10  VV300194 Endo illuminator panorama, 23G, shielded, with ViPer scleral indentor, comfort-connector, sterile/single use, box of 10  VV300195 Endo illuminator panorama, 25G, shielded, with ViPer scleral indentor, comfort-connector, sterile/single use, box of 10  VV300197 Endo illuminator widefield, 27G, shielded, with ViPer scleral indentor, comfort-connector, sterile/single use, box of 10  VV300152 Chandelier illuminator bendable, 25G, with Caliburntrocar, snaplock for 23/25G, sterile/single use, box of 10  VV300155 Chandelier illuminator flexible, 25G, with Caliburntrocar, snaplock for 23/25G, sterile/single use, box of 10  VV300157 Chandelier illuminator flexible, 27G, with Caliburntrocar, snaplock for 23/25/27G, sterile/single use, box of 10  VV300103 Laser probe OS4, straight, 23G, sterile/single use, box of 10  VK400103 Laser probe OS4, straight, 25G, sterile/single use, box of 10	VV107110			
scleral indentor, comfort-connector, sterile/single use, box of 10  VV300105 Endo illuminator 90°, 25G, with ViPer scleral indentor, comfort-connector, sterile/single use, box of 10  VV300194 Endo illuminator panorama, 23G, shielded, with ViPer scleral indentor, comfort-connector, sterile/single use, box of 10  VV300195 Endo illuminator panorama, 25G, shielded, with ViPer scleral indentor, comfort-connector, sterile/single use, box of 10  VV300197 Endo illuminator widefield, 27G, shielded, with ViPer scleral indentor, comfort-connector, sterile/single use, box of 10  VV300152 Chandelier illuminator bendable, 25G, with Caliburntrocar, snaplock for 23/25G, sterile/single use, box of 10  VV300155 Chandelier illuminator flexible, 25G, with Caliburntrocar, snaplock for 23/25G, sterile/single use, box of 10  VV300157 Chandelier illuminator flexible, 27G, with Caliburntrocar, snaplock for 23/25/27G, sterile/single use, box of 10  VV300103 Laser probe OS4, straight, 23G, sterile/single use, box of 10  VK400103 Laser probe OS4, straight, 25G, sterile/single use, box of 10	VV300101	scleral indentor, comfort-connector,		
scleral indentor, comfort-connector, sterile/single use, box of 10  VV300194 Endo illuminator panorama, 23G, shielded, with ViPer scleral indentor, comfort-connector, sterile/single use, box of 10  VV300195 Endo illuminator panorama, 25G, shielded, with ViPer scleral indentor, comfort-connector, sterile/single use, box of 10  VV300197 Endo illuminator widefield, 27G, shielded, with ViPer scleral indentor, comfort-connector, sterile/single use, box of 10  VV300152 Chandelier illuminator bendable, 25G, with Caliburntrocar, snaplock for 23/25G, sterile/single use, box of 10  VV300155 Chandelier illuminator flexible, 25G, with Caliburntrocar, snaplock for 23/25G, sterile/single use, box of 10  VV300157 Chandelier illuminator flexible, 27G, with Caliburntrocar, snaplock for 23/25/27G, sterile/single use, box of 10  VK400103 Laser probe OS4, straight, 23G, sterile/single use, box of 10  VK400105 Laser probe OS4, straight, 25G, sterile/single use, box of 10	VV300103	scleral indentor, comfort-connector,		
with ViPer scleral indentor, comfort- connector, sterile/single use, box of 10  VV300195  Endo illuminator panorama, 25G, shielded, with ViPer scleral indentor, comfort- connector, sterile/single use, box of 10  VV300197  Endo illuminator widefield, 27G, shielded, with ViPer scleral indentor, comfort- connector, sterile/single use, box of 10  VV300152  Chandelier illuminator bendable, 25G, with Caliburntrocar, snaplock for 23/25G, sterile/single use, box of 10  VV300155  Chandelier illuminator flexible, 25G, with Caliburntrocar, snaplock for 23/25G, sterile/single use, box of 10  VV300157  Chandelier illuminator flexible, 27G, with Caliburntrocar, snaplock for 23/25/27G, sterile/single use, box of 10  VK400103  Laser probe OS4, straight, 23G, sterile/ single use, box of 10  VK400105  Laser probe OS4, straight, 25G, sterile/	VV300105	scleral indentor, comfort-connector,		
with ViPer scleral indentor, comfort- connector, sterile/single use, box of 10  VV300197 Endo illuminator widefield, 27G, shielded, with ViPer scleral indentor, comfort- connector, sterile/single use, box of 10  VV300152 Chandelier illuminator bendable, 25G, with Caliburntrocar, snaplock for 23/25G, sterile/single use, box of 10  VV300155 Chandelier illuminator flexible, 25G, with Caliburntrocar, snaplock for 23/25G, sterile/single use, box of 10  VV300157 Chandelier illuminator flexible, 27G, with Caliburntrocar, snaplock for 23/25/27G, sterile/single use, box of 10  VK400103 Laser probe OS4, straight, 23G, sterile/ single use, box of 10  VK400105 Laser probe OS4, straight, 25G, sterile/	VV300194	with ViPerscleral indentor, comfort-		
with ViPer scleral indentor, comfort- connector, sterile/single use, box of 10  VV300152  Chandelier illuminator bendable, 25G, with Caliburntrocar, snaplock for 23/25G, sterile/single use, box of 10  VV300155  Chandelier illuminator flexible, 25G, with Caliburntrocar, snaplock for 23/25G, sterile/single use, box of 10  VV300157  Chandelier illuminator flexible, 27G, with Caliburntrocar, snaplock for 23/25/27G, sterile/single use, box of 10  VK400103  Laser probe OS4, straight, 23G, sterile/ single use, box of 10  VK400105  Laser probe OS4, straight, 25G, sterile/	VV300195	with ViPerscleral indentor, comfort-		
Caliburntrocar, snaplock for 23/25G, sterile/single use, box of 10  VV300155  Chandelier illuminator flexible, 25G, with Caliburntrocar, snaplock for 23/25G, sterile/single use, box of 10  VV300157  Chandelier illuminator flexible, 27G, with Caliburntrocar, snaplock for 23/25/27G, sterile/single use, box of 10  VK400103  Laser probe OS4, straight, 23G, sterile/single use, box of 10  VK400105  Laser probe OS4, straight, 25G, sterile/	VV300197	with ViPerscleral indentor, comfort-		
Caliburntrocar, snaplock for 23/25G, sterile/single use, box of 10  VV300157  Chandelier illuminator flexible, 27G, with Caliburntrocar, snaplock for 23/25/27G, sterile/single use, box of 10  VK400103  Laser probe OS4, straight, 23G, sterile/single use, box of 10  VK400105  Laser probe OS4, straight, 25G, sterile/	VV300152	Caliburntrocar, snaplock for 23/25G,		
Caliburntrocar, snaplock for 23/25/27G, sterile/single use, box of 10  VK400103  Laser probe OS4, straight, 23G, sterile/single use, box of 10  VK400105  Laser probe OS4, straight, 25G, sterile/	VV300155	Caliburntrocar, snaplock for 23/25G,		
single use, box of 10  VK400105  Laser probe OS4, straight, 25G, sterile/	VV300157	Caliburntrocar, snaplock for 23/25/27G,		
· · · · · · · · · · · · · · · · · · ·	VK400103			
	VK400105			



Article number	Description
VK400107	Laser probe OS4, straight, 27G, sterile/ single use, box of 10
VK400111	Laser probe OS4, curved, 20G, sterile/ single use, box of 10
VK400113	Laser probe OS4, flexible curved, 23G, sterile/single use, box of 10
VK400115	Laser probe OS4, flexible curved, 25G, sterile/single use, box of 10
VK400117	Laser probe OS4, flexible curved, 27G, sterile/single use, box of 10
VK400123	Laser probe OS4, steerable, 23G, sterile/ single use, box of 10
VK400125	Laser probe OS4, steerable, 25G, sterile/ single use, box of 10
VK400203	Illuminated laser probe OS4, straight, 23G, sterile/single use, box of 10
VK400205	Illuminated laser probe OS4, straight, 25G, sterile/single use, box of 10
VK400207	Illuminated laser probe OS4, straight, 27G, sterile/single use, box of 10
VK400211	Illuminated laser probe OS4, curved, 20G, sterile/single use, box of 10
VK400213	Illuminated laser probe OS4, flexible curved, 23G, sterile/single_use, box of 10
VK400215	Illuminated laser probe OS4, flexible curved, 25G, sterile/single use, box of 10
VK400303	Laser probe OS4, directional retractable, 23G, sterile/single use, box of 10
VK400305	Laser probe OS4, directional retractable, 25G, sterile/single use, box of 10
VK400313	Laser probe OS4, directional retractable inverted, 23G, sterile/single use, box of 10
VK400315	Laser probe OS4, directional retractable inverted, 25G, sterile/single use, box of 10
VK400323	Laser probe OS4, directional extendable, 23G, sterile/single use, box of 10
VK400325	Laser probe OS4, directional extendable, 25G, sterile/single use, box of 10
VK400333	Laser probe OS4, directional extendable inverted, 23G, sterile/single use, box of 10
VK400335	Laser probe OS4, directional extendable inverted, 25G, sterile/single use, box of 10

Tab.86 Instruments

# 24.1.4 Consumables

Article number	Description
VV636010	Drainage bags for cassettes and tube systems,non-sterile/disposable, box of 20
VV660010	Cassette for OS4, with infusion set and display cover, sterile/single use, box of 10
VV662006	Active infusion set for OS4, sterile/single use, box of 6
VV690101	Air delivery line with filter and 3-way stopcock, sterile/single use, box of 10
VV690310	Siliconeinjection/extraction set, 10 cc, with 20Gvisco cannula, sterile/single use, box of 10
VV690350	Siliconeinjection/extraction set, 10 cc, with universal visco cannula for Caliburn trocar system23/25/27G, sterile/single use, box of 10
VV690353	Siliconeinjection/extraction set, 10 cc, with snap lock visco cannula for Caliburn trocar system 23G, sterile/single use, box of 10

Tab.87 Consumables



# 24.2 Characteristic lines in diathermy



Fig. 125 Diathermy

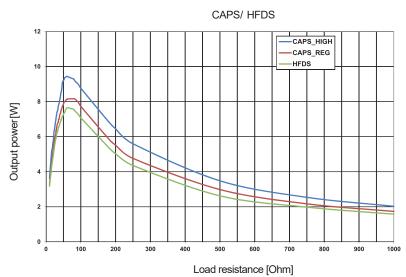


Fig. 126 CAPS/HFDS GLAU



Fig. 127 DIA50 Ohm/100 Ohm



#### 24.3 Radio module

The surgical platform has a certified radio module for communicating with the wireless pedal. Other devices may interfere with this module, even if these other devices comply with the emission requirements valid for them in accordance with CISPR.

Incorrect function selection on the surgical platform is thus prevented in that only correctly transmitted signals are also converted.

Property	Value
Frequency band	2.400-2483.5 GHzISMband
Frequency behaviour	Frequency hopping
Max. transmission power	+ 6 dBm

Tab. 88 Radio module characteristics

The position of the radio module is labelled on the housing of the surgical platform with the following symbol:



#### 24.4 Simplified EU declaration of conformity

Hereby, Oertli declares that the OS4 surgical platform with integrated RF-module is in compliance with Directive 2014/53/ EU. The full text of the EU declaration of conformity can be obtained at the following internet address: www.oertli-instruments.com

#### 24.5 Electromagnetic compatibility (EMC)

OS4 was tested in accordance with the requirements from IEC60601-1-2:2007 (edition 3) and IEC60601-1-2:2014 (edition 4). Medical electronic devices are subject to specific EMC safety precautions. OS4 must be set up and used in accordance with the EMCinstructions given in this operating manual.

Portable and mobile RF communications devices can affect the operational safety of the surgical platform.

The use of accessories differing from those specified by Oertli can lead to increased interference and / or a reduction of the interference tolerance level.

## Guidelines and manufacturer's declaration

OS4 is designated for operation in an electromagnetic environment as specified below.

The operator of OS4 must ensure that it is operated in such an environment.

## Table 1

Guidelines and manufacturer's declaration – electromagnetic interference				
Interference measurements	Conformity	Electromagnetic environment – Guidelines		
RF emissions in accordance with CISPR 11	Group 1	The OS4 surgical platform uses RF energy solely for its internal function. Thus, its RF emission is very low, and it is unlikely that neighbouring electronic devices will be affected.		
RF emissions in accordance with CISPR 11	Class B	The OS4 surgical platform is suitable for use in all environments including		
Harmonic emissions in accordance with IEC61000-3-2	Class A	living quarters and those that are directly connected to the public power supply which also supplies buildings used for		
Voltage fluctuation/flicker emissionsin accordancewith IEC61000-3-3	Complies	living quarters.		
Explanatory note:				

Tab.89 Electromagnetic interference



Table 2

Interference resistance tests	IEC60601 – test level	Compatibility level	Electromagnetic environment – guidelines
Electrostatic discharge (ESD) in accordance with IEC61000-4-2	± 8 kV Contact discharge ± 15 kV Air discharge	± 8 kV Contact discharge ± 15 kV Air discharge	Floors should be composed of wood or concrete, or covered with ceramictiles. If the floor is covered with synthetic material, the relative humidity must be at least 30 %.
Electrical fast transients / bursts in accordance with IEC61000-4-4	± 2 kV for mainscables ± 1 kV for input and output cables	± 2 kV for mainscables ± 1 kV for input and output cables	The quality of the supply voltage should be suitable for a typical business or hospital environment.
Surges in accordance with IEC61000-4-5	1 kV voltage outside conductor to outside conductor     2 kV voltage outside conductor to earth	1 kV voltage outside conductor to outside conductor     2 kV voltage outside conductor to earth	The quality of the supply voltage should be suitable for a typical business or hospital environment.
Voltage dips, short interruptions and fluctuations in the supply voltage in accordance with IEC61000-4-11	$0 \% U_{t}(\text{for } \frac{1}{2} \text{ period at } 0^{\circ}, 45^{\circ}, 90^{\circ}, 135^{\circ}, 180^{\circ}, 225^{\circ}, 270^{\circ}, 315^{\circ})$ $0 \% U_{t}(\text{for 1 period})$ $70 \% U_{t}(\text{for 0.5 s})$ $0 \% U_{t}(\text{for 5 s})$	$0 \% U_t (\text{for } \frac{1}{2} \text{ period at } 0^\circ, 45^\circ, 90^\circ, 135^\circ, 180^\circ, 225^\circ, 270^\circ, 315^\circ)$ $0 \% U_t (\text{for 1 period})$ $70 \% U_t (\text{for 0.5 s})$ $0 \% U_t (\text{for 5 s})$	The quality of the supply voltage should be suitable for a typical business or hospital environment. If the user of the "OS4" surgical platform requires continuous functioning even in the event of power supply interruption, we recommend that the "OS4" surgical platform be powered from an uninterruptible power supply or a battery.
Magnetic field at the power frequency (50/60 Hz)in accordance with IEC61000-4-8	30 A/m	30 A/m	Magnetic fields at the supply frequency should reflect the typical values found in a business or hospital environment.

 $U_{t}$  is the mainsalternating voltage before application of the test level.

Tab.90 Electromagnetic interference resistance



Guidelines and manufacturer's declaration – electromagnetic interference resistance					
Interference resistance tests	IEC60601 – test level	Compatibility level	Electromagnetic environment – guidelines		
Conducted RF interference volumesin accordance with IEC61000-4-6	3 V <sub>Effective</sub> 150 kHz to 80 MHz 6 V <sub>Effective</sub> in ISMfrequency bands	3 V <sub>Effective</sub> 150 kHz to 80 MHz 6 V <sub>Effective</sub> in ISMfrequency bands	Portable and mobile RF devices should not be used at a distance from the "OS4" surgical platform, including its cables, that is less than the recommended protective distance calculated by using a formula suitable for the transmitting frequency.		
Radiated RF interference volumes in accordance with IEC61000-4-3	3 V/m 80 MHzto 2.7 GHz	10 V/m 80 MHzto 2.7 GHz	Recommended protective distance: $d = 1.2\sqrt{P}$		
Radiated RF interference volumes in the immediate vicinity of wireless communication devices in accordance with IEC61000-4-3	acc. to 8.10 IEC60601-1-2:2014	acc. to 8.10 IEC60601-1-2:2014	$d=0.35\sqrt{P}$ for 80 MHzto 800 MHz $d=0.7\sqrt{P}$ for 800 MHzto 2.7 GHz where $P$ is the powerrating of the transmitter in Watts (W)according to the information supplied by the transmitter manufacturer and $d$ is the recommended protective distance in metres (m). The field strength of stationary RF transmitters should, for all frequencies, be lower than the compatibility level <sup>b</sup> according to inspection at the site. <sup>a</sup> In the vicinity of devices carrying the following designation, interference is possible.		

EXPLANATORYNOTE1: At 80 MHz and 800 MHz, the higher frequency range applies.

EXPLANATORYNOTE2: These guidelines may not be applicable in all cases. The diffusion of electromagnetic waves is influenced by absorption and reflection from buildings, objects and persons.

а

The field strength of stationary transmitters, such as base stations of mobile phones and land mobile services, amateur radio stations, AM and FM radio and television transmitters cannot theoretically be predicted accurately.

In order to determine the electromagnetic environmentsurrounding stationary RF transmitters, an investigation of the electromagnetic features of the location is recommended.

If the determined field strength at the location where the "OS4" is to be used exceeds the aforementioned compatibility level, the "OS4" must be monitored to demonstrate that it is functioning according to its intended use. If unusual power features are observed, additional measures may be required, for example realignment or changing the location of the "OS4".

b

Field strength should not exceed 3 V/m above the 150 kHz to 80 MHz frequency range.

Tab.91 Electromagnetic interference resistance (continued)

108 2021-03-01 / Rev.09



## Table 3

Recommended protective distances between portable and mobile RF telecommunications devices and the OS4 surgical platform

The "OS4" surgical platform is intended for operation in electromagnetic environments in which the RF interference volumes can be controlled. The client or the user the surgical platform "OS4" surgical platform can help avoid electromagnetic interference by complying with the minimum distance between portable and mobile RF telecommunications devices (transmitters) and the "OS4" surgical platform, dependent on the emission power of the communication device as indicated below.

<u> </u>	<u>'</u>			
	Protective distance depending on the transmission frequency			
	m			
Nominal capacity	150 kHz to 80 MHz	80 MHzto 800 MHz	800 MHzto 2.7 GHz	
of the transmitter				
W	$d = 1.2\sqrt{P}$	$d = 0.35\sqrt{P}$	$d = 0.7\sqrt{P}$	
0.01	0.12	0.035	0.07	
0.1	0.38	0.11	0.22	
1	1.2	0.35	0.7	
10	3.8	1.1	2.2	
100	12	3.5	7	

For transmitters whose maximum nominal capacity is not indicated in the chart above, the recommended protective distance d in metres (m)can be determined using the formula or the relevant column, where P is the maximum nominal capacity of the transmitter in Watts (W)according to the information supplied by the manufacturer of the transmitter.

EXPLANATORYNOTE1: At 80 MHz and 800 MHz, the higher frequency range applies.

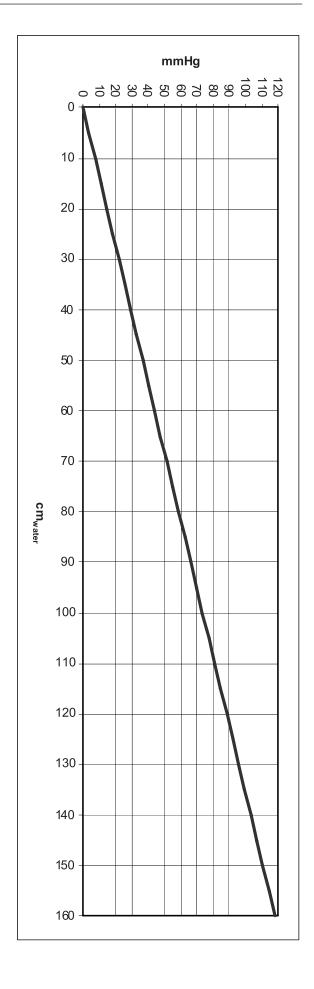
EXPLANATORYNOTE2: These guidelines may not be applicable in all cases. The diffusion of electromagnetic volumes is influenced by absorption and reflection from buildings, objects and persons.

Tab.92 Recommended protective distances



# 24.6 Pressure conversion table

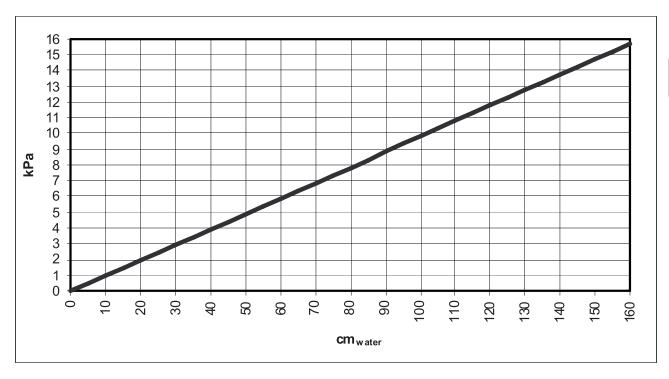
cm <sub>water</sub>	Pa	kPa	mbar	mmHg
0	0	0.00	0	0.0
5	490	0.49	5	3.7
10	981	0.98	10	7.4
15	1471	1.47	15	11.1
20	1961	1.96	20	14.7
25	2452	2.45	25	18.4
30	2942	2.94	29	22.1
35	3432	3.43	34	25.8
40	3923	3.92	39	29.5
45	4413	4.41	44	33.2
50	4903	4.90	49	36.9
55	5394	5.39	54	40.6
60	5584	5.88	59	44.2
65	6374	6.37	64	47.9
70	6865	6.86	69	51.6
75	7355	7.35	74	55.3
80	7845	7.85	78	59.0
85	8336	8.34	83	62.7
90	8826	8.83	88	66.4
95	9316	9.32	93	70.0
100	9807	9.81	98	73.7
105	10297	10.30	103	77.4
110	10787	10.79	108	81.1
115	11278	11.28	113	84.8
120	11768	11.77	118	88.5
125	12258	12.26	123	92.2
130	12749	12.75	127	95.9
135	13239	13.24	132	99.5
140	13729	13.73	137	103.2
145	14220	14.22	142	106.9
150	14710	14.71	147	110.6
155	15200	15.20	152	114.3
160	15691	15.69	157	118.0

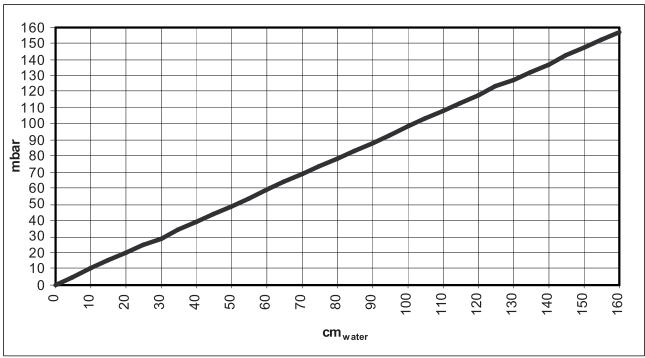


ΕN

ΕN







EN



# 24.7 Third-party materials and licenses

The OS4 incorporates materials from several Open Source software projects. Therefore the use of these materials is governed by different Open Source licenses.

This section reproduces these licenses and provides a list of the materials used and their respective licensing conditions.

## 24.7.1 Materials

- Speex
   (C)2002-2003, Jean-Marc Valin/Xiph.OrgFoundation
   3-clause BSD license.
- PCREPERL5 regular expression pattern matching Copyright (c)1997-2008 University of Cambridge All rights reserved.
  - 3-clause BSD license.
- Kiss FFT

Copyright(c)2003-2010 Mark Borgerding All rights reserved.

3-clause BSD license.

- CELTultra-low delay audio codec
   Copyright2001-2009 Jean-Marc Valin, Timothy B.
   Terriberry, CSIRO, and other contributors
   CELT license.
- BIGDIGITSmultiple-precision arithmetic library
   Contains BIGDIGITSmultiple-precision arithmetic code originally written by DavidIreland, copyright (c)2001-6 by
   D.I.Management Services Pty Limited, and is used with permission.

BIGDIGITSlicense.

## 24.7.2 Licenses

## 3-clause BSD license

Copyright (c)<year>, <copyright holder>

All rights reserved.

Redistribution and use in source and binary forms, with or without modification, are permitted provided that the following conditions are met:

- Redistributions of source code must retain the above copyright notice, this list of conditions and the following disclaimer.
- Redistributions in binary form must reproduce the above copyright notice, this list of conditions and the following disclaimer in the documentation and/or other materials provided with the distribution.
- Neither the name of the < organization > nor the names
  of its contributors may be used to endorse or promote
  products derived from this software without specific prior
  written permission.

THIS SOFTWARE IS PROVIDED BY THE COPYRIGHT HOLDERS AND CONTRIBUTORS "AS IS" AND ANY EXPRESS OR IMPLIED WARRANTIES, INCLUDING, BUT NOT LIMITED TO, THE IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE ARE DISCLAIMED. IN NO EVENTSHALL < COPYRIGHTHOLDER > BE LIABLE FOR ANY DIRECT, INDIRECT, INCIDENTAL, SPECIAL, EXEMPLARY, OR CONSEQUENTIAL DAMAGES (INCLUDING, BUT NOT LIMITED TO, PROCUREMENT OF SUBSTITUTE GOODS OR SERVICES; LOSS OF USE, DATA, OR PROFITS; OR BUSINESS INTERRUPTION) HOWEVER CAUSED AND ON ANY THEORY OF LIABILITY, WHETHER IN CONTRACT, STRICTLIABILITY, ORTORT (INCLUDING NEGLIGENCE OR OTHERWISE) ARISING IN ANY WAY OUT OF THE USE OF THIS SOFTWARE, EVEN IF ADVISED OF THE POSSIBILITY OF SUCH DAMAGE.

## **CELTlicense**

The Celt library is included under the terms of the license below: Copyright 2001-2009 Jean-Marc Valin, Timothy B. Terriberry, CSIRO, and other contributors

Redistribution and use in source and binary forms, with or without modification, are permitted provided that the following conditions are met:

- Redistributions of source code must retain the above copyright notice, this list of conditions and the following disclaimer.
- Redistributions in binary form must reproduce the above copyright notice, this list of conditions and the following disclaimer in the documentation and/or other materials provided with the distribution.

THIS SOFTWARE IS PROVIDED BY THE COPYRIGHT HOLDERS AND CONTRIBUTORS" AS IS" AND ANY EXPRESS OR IMPLIED WARRANTIES, INCLUDING, BUT NOT LIMITED TO, THE IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE ARE DISCLAIMED. IN NO EVENT SHALL THE FOUNDATION OR CONTRIBUTORS BE LIABLE FOR ANY DIRECT, INDIRECT, INCIDENTAL, SPECIAL, EXEMPLARY, OR CONSEQUENTIAL DAMAGES (INCLUDING, BUT NOT LIMITED TO, PROCUREMENT OF SUBSTITUTE GOODS OR SERVICES; LOSS OF USE, DATA, OR PROFITS; OR BUSINESS INTERRUPTION) HOWEVER CAUSED AND ON ANY THEORY OF LIABILITY, WHETHER IN CONTRACT, STRICTLIABILITY, OR TORT (INCLUDING NEGLIGENCE OR OTHERWISE) ARISING IN ANY WAY OUT OF THE USE OF THIS SOFTWARE, EVEN IF ADVISED OF THE POSSIBILITY OF SUCH DAMAGE.

112



## **BIGDIGITS**license

This source code is part of the BIGDIGITS multiple-precision arithmetic library Version 2.1 originally written by DavidIreland, copyright (c)2001-6 D.I. Management Services Pty Limited, all rights reserved. You are permitted to use compiled versions of this code at no charge as part of your own executable files and to distribute unlimited copies of such executable files for any purposes including commercial ones provided you agree to these terms and conditions and keep the copyright notices intact in the source code and you ensure that the following characters remain in any object or executable files you distribute AND clearly in any accompanying documentation:

"Contains BIGDIGITS multiple-precision arithmetic code originally written by David Ireland, copyright (c)2001-6 by D.I. ManagementServices Pty Limited <www.di-mgt.com.au>, and is used with permission."

David Ireland and DI Management Services Pty Limited make no representations concerning either the merchantability of this software or the suitability of this software for anyparticular purpose. It is provided "as is" without express or implied warranty of anykind. Our liability will be limited exclusively to the refund of the moneyyou paid us for the software, namely nothing. By using the software you expressly agree to such a waiver. If you do not agree to the terms, do not use the software.

Please forward any comments and bug reports to <www.dimgt.com.au>.

The latest version of the source code can be downloaded from <www.di-mgt.com.au/bigdigits.html>.

Last updated: 19 August 2006.



Oertli Instrumente AG Hafnerwisenstrasse 4 9442 Berneck Switzerland

T+41 71 747 42 00 F+41 71 747 42 90

www.oertli-instruments.com