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SURGEON SAFETY PRECAUTIONS & INSTRUCTIONS FOR USE OF LIDLIFTGOGGLES.

1. Do not use Lid Lift Goggles if a spring, eyelid weight, or some other inflexible foreign material is embedded in either eyelid, if there are exposed sutures or other rough surfaces of the palpebral or tarsal conjunctiva, or in cases of end stage glaucoma. The goggles should not be applied if either eyelid will not passively close, if the patient is moderately or severely proptotic, or if either eyelid is at risk of opening beneath the goggles. In some situations, it is necessary to wait until the anesthetic is reversed to the point that the patient can voluntarily close the lids before applying the goggles. Lid Lift Goggles cannot be used in combination with some sleep apnea masks. Patients with moderate to severe claustrophobia may not tolerate using the goggles and they should be asked about this prior to recommending the goggles.
2. Before applying the goggles it is very important that the surgeon adjust the inter-buckle distance to set the proper strap tension. If the patient's hair is pulled back so that the hair bunches over the occipital protuberance (ponytail, hair clip, barrette) it should be let down before head circumference measurements are taken. Use the enclosed tape measure to determine the head circumference by placing the tape measure anteriorly at the level of the brows over the superior orbital ridge and posteriorly over the apex of the occipital protuberance (Figure 1). Be careful to make the proper measurement as shown in (Figure 2).

Next refer to Figure 3 to determine the proper inter-buckle distance for the patient's head circumference. Hold the goggles so that the writing on the strap is right side up and look at them from behind. First adjust the strap by pushing the strap through the right buckle so that the left edge of the right buckle is set at the proper inter-buckle distance (Figure 4). Next push the strap through the left buckle so that the overlapping section of the strap is the same length. Pull the two buckles gently apart to take the slack out of the overlapping section and test if the two overlapping strap are exactly the same length. Adjust the left buckle as needed until they are the same length (Figure 5).

3. Lid Lift Goggles are not sterile and must be used in combination with sterile eye pads. The sterile eye pads should cover the incision site so that the goggles do not come into direct contact with the incision site. After adjusting the inter-buckle distance, two sterile eye pads should be placed on each side. One pad is applied centered over the pupil of the closed eyelids (Figure 6a). The second pad is folded in half along its long axis and placed on top of the first pad so that the pad rests over the medial eyelid with the folded edge abutting the nose (Figure 6b). Slowly push the goggles into position firmly enough so that they hold the cotton pads in place (Figure 6c). Put the strap over the head so that the center of the strap sits on the apex of the occipital protuberance.
4. Sterile eye pads are difficult for patients to source at many pharmacies so in addition to those placed at the time of surgery the patient should be discharged to home with a dozen sterile eye pads.
5. Patients should be instructed that they cannot see when Lid Lift Goggles are worn. If the goggles are blocking the vision the patient should remove the goggles prior to walking about. They should be advised that walking about with the goggles on can result in a fall or other severe injury or death. The goggles should also be removed prior to bathing and eating.
6. Lid Lift Goggles are typically applied by the surgeon before leaving the operating room and kept in place continuously for the first 4 hours. After that, they should be worn at least 80% of the time on the day of surgery and the 2 days after surgery including the night of surgery and the night after surgery. If use of the goggles would prevent use of a sleep apnea mask, then the goggles should not be used at night.
7. The patient will need to know how to remove and reapply the goggles at home. It is difficult for them to do so using the same technique the surgeon uses to initially apply the goggles. We recommend the surgeon or nursing staff educate the patient on how to put the goggles on and take them off as described in the patient instructions.



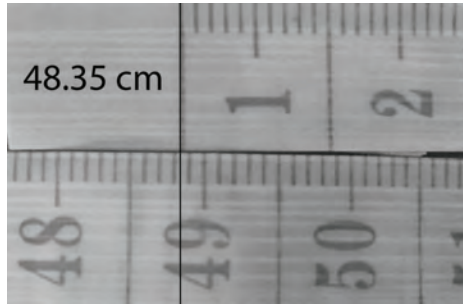
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8. It is easier for the patient to keep the goggles on when sleeping if they sleep in a reclining chair with the head up the night of surgery and the night following surgery. There is no benefit of using ice compresses in combination with Lid Lift Goggles.

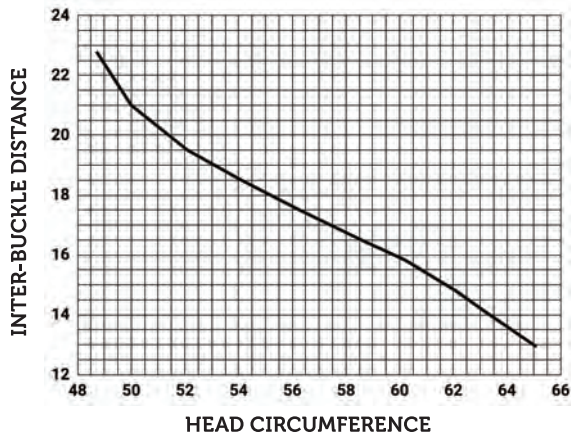


F1. Measure the head circumference with the enclosed tape measure using the superior orbital rim and the apex of the occipital protuberance as landmarks for positioning the tape measure.

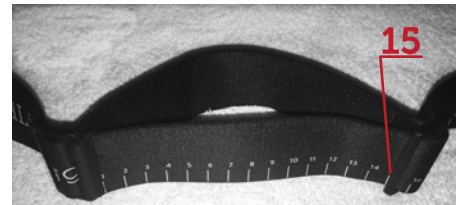


F2. Use the point where the first line on the tape measure intersects a second line when the tape measure is positioned as described in Figure 1 and the tape measure is reasonable tight. **Note that this measurement is 48.35cm not 49.35cm.**

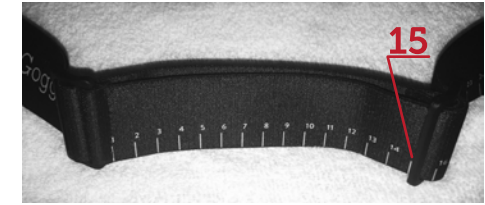
HEAD CIRCUMFERENCE V. INTER-BUCKLE DISTANCE



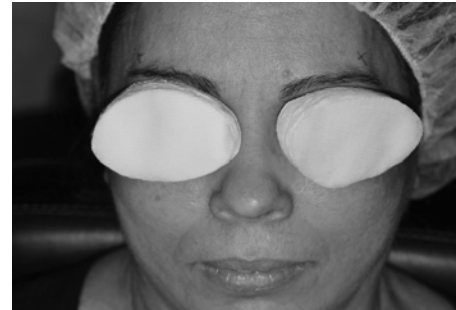
F3. Chart of head circumference versus the inter-buckle distance. Pick out the measured head circumference on the X-axis and follow the vertical line up to where it intersects with the graph and then follow the associated horizontal line to read the proper inter-buckle distance from the Y-axis.



F4. The left edge of the right buckle is set to an inter-buckle distance of 15 but the two overlapping sections of strap are not equal in length.



F5. The strap is pushed through the buckle on the left until the two overlapping straps are of equal length as shown in the photo. Only the left buckle was manipulated so the inter-buckle distance is still set to 15.



F6A. With the patient in the supine position place one sterile pad over each eye centered on the pupil.



F6B. Fold a second pad in half and place it over the medial eyelid with the folded edge abutting the nose.



F6C. Push the goggles into position firmly enough so that they hold the cotton pads in place. Put the strap (with inter-buckle distance already adjusted) over the head so that the center of the strap sits on the apex of the occipital protuberance.

