Problem Statement

Problem Statement Title	Development of portable device (non-contact device) for measurement of eye pressure in glaucoma patients for usage at home.
Description	Background: Glaucoma is a leading cause of blindness worldwide, and managing intraocular pressure (IOP) is crucial for preventing disease progression. Description: Traditional methods of measuring IOP, such as Goldmann applanation tonometry, require direct contact with the eye, topical anaesthesia, and skilled personnel, making them less accessible for regular monitoring. Non-contact methods, such as air-puff tonometry, offer a more convenient alternative but are often limited to clinical settings due to their size and cost. Expected Solution: Problem statement is to develop a cost-effective, portable, and non-contact device that can measure IOP accurately and reliably with safety. This device should be easy to use, and allowing patients to use at home.

Existing soln:

Possible solutions that are non contact:

Ultrasound can be used to measure pressure in several ways, including blood pressure, liquid pressure, and central venous pressure

Doppler measurement

Yes, Doppler ultrasound can be used to measure intraocular pressure (IOP).

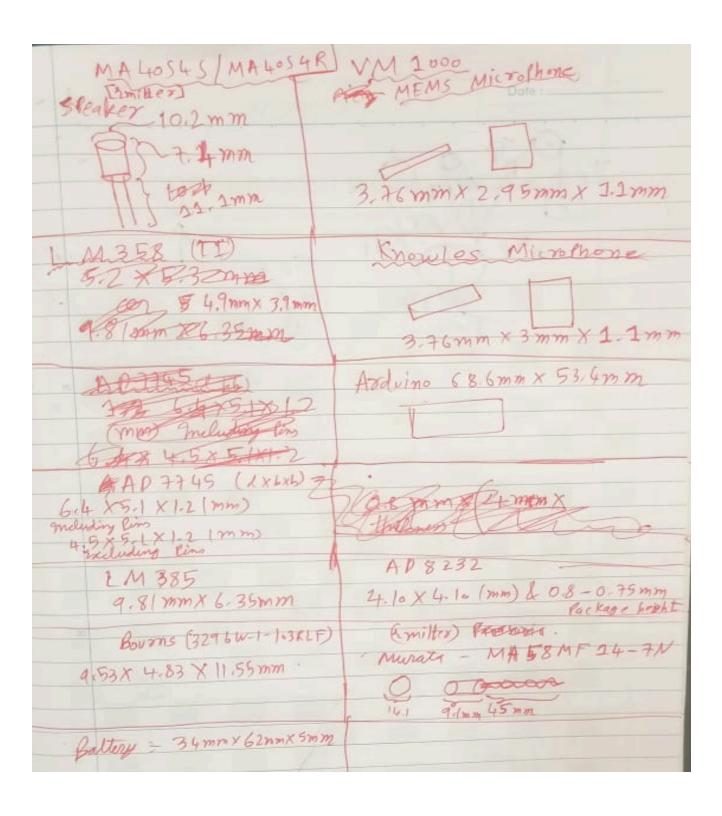
Doppler ultrasound can detect the shift in frequency of ultrasound pulses that scatter off red blood cells in the ophthalmic artery. This shift can be used to measure the velocity of blood flow in the artery, which is responsive to changes in IOP

Purpose: To compare the diameter of Schlemm's canal in children with and without congenital glaucoma as measured in vivo by means of ultrasound biomicroscopy.

Methods: In this prospective single-center study of pediatric subjects (<18 years of age) the diameter of Schlemm's canal in nonglaucomatous and glaucomatous eyes was compared. An 80 MHz iUltrasound probe (iScience Interventional Inc, Menlo Park, CA) placed near the limbus was used to identify and measure the canal's diameter with special attention to the anterior

segment anatomy (especially in subjects with congenital glaucoma).

-Ultrasound 80MHz probe



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FORMULA:

Reference Doc: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5494779/#EEq1

100 (100 m)

dts Sound+

- 1.5303 to 1.5608 M rayl. -> Mean around the -1.5309-1.59 lamRay 1 > Moon val Landrior Com

Cornea Impodance - A ZI

(medano of salino - Zo.

Max amplitude of reflected signal - A.

Amplitude of invident signal - Ao

Posterror replaction. - Y & Cyoung's modulus) - interes & posterior of.

Ay - reflected signal.

Av = To, R23 Ton 10

 $T_{01} = \frac{27}{21+20}$ $R_{23} = \frac{Z_3 - Z_2}{Z_3 + Z_2}$ $T_{10} = \frac{220}{21+20}$

20 - salino (Surrounding).

21 - Anterior Cornog -

Zz - Postevioriornog

23 - Aquo ous Humour -

1 = 22 - 21)

3 layer redium.

Salino, in corner, andrior

Aquo ous humor v, Z &

Z= Produce relains

$$\frac{z_1-z_0}{z_1+z_0}$$

$$\frac{A_{Y}}{A_{0}} := \frac{2}{2} \frac{z_{1}}{1} \times \frac{2}{20} \times \frac{2}{3} - \frac{2}{2} \times \frac{2}{3} + \frac{2}{3} + \frac{2}{3} \times \frac{2}{3} + \frac{2}{3} \times \frac{2}{3} + \frac{2}{3} \times \frac{$$

$$= \frac{4 \times 21 \times 20 \times (23 - 22)}{(21 + 20)^2 \times (23 + 22)}$$