

# AN EVOLUTION OF INDICATIONS FOR THE EVO VISIAN ICL FAMILY OF LENSES



This technology fits seamlessly into my busy private refractive practice, and I'm using it now more than ever before.

BY SHELDON HERZIG, MD, FRCS, DABO

I am the first to admit that my busy private refractive practice is built around laser vision correction. I was quick to adopt this group of procedures in the early 1990s, as PRK and LASIK were just coming into the forefront.

Laser vision correction remains an integral part of my business model to this day, but over the past 5 to 6 years I have also come to appreciate the benefits afforded from including lens-based solutions for refractive correction into my practice. In particular, the EVO Visian ICL family of lenses (STAAR Surgical) has been a game-changer because it can be used in a wide variety of patients and those looking for the benefits of corneal preservation and removability. It is not relegated to just those patients who are not suitable for laser vision correction.

When I first incorporated the Visian ICL into my practice, it quickly became apparent that it had the potential to change people's lives overnight. The more experience I amassed with the technology, the more it continued to become a major part of my practice. In the early days, the model of the lens that I had access to did not have the central port, the hole in the center of the ICL optic that is designed to optimize the flow of fluid within the eye. This technology, which is incorporated into the newest EVO ICL models, is intended to eliminate the need for the surgeon to perform an Nd:YAG peripheral iridotomy procedure days before the ICL is implanted. Being able to use the latest technology, which I have done since 2016, has led to a more comfortable and

convenient experience for my patients and for me.

The introduction of the EVO ICL resulted in an increase in the volume of ICL surgeries I performed, largely because I felt more comfortable recommending it to a wider range of patients, such as those with moderately high and also lower levels of myopia. This minor change in the lens' design represented a huge change in the way I thought about using the ICL. Talking to colleagues, they have expressed similar sentiments as well.

## THE RIGHT MINDSET

In my opinion, I think it is beneficial for all refractive surgeons to have the EVO ICL on their minds when they see patients. Some will only think of the EVO ICL if patients are not eligible for laser vision correction due to their refraction, dry eye disease, or another comorbidity that makes them a poor candidate for corneal refractive surgery. Whereas it is true that I prefer the EVO ICL for patients with questionable corneas rather than worrying about what laser vision correction technique would be safest for the patient, it is also true that I now consider the lens for a wider range of patients. This is simply because the EVO ICL is a technology that produces excellent postoperative results in any patient as demonstrated in over a decade of publications.<sup>1</sup>

In the early years of using the Visian ICL, I mainly implanted it in patients who had -10.00 D of myopia or more. Over the years, however, my recommendations have evolved due to four major reasons.

► **No. 1: The introduction of the EVO ICL.** The procedure became not only easier but also more comfortable for the patient after a peripheral iridotomy was no longer required.

► **No. 2: The availability of complementary technologies.** Over the years, we've incorporated several complementary technologies in our practice to give us a better idea preoperatively of patients' candidacy for laser vision correction. There were many situations in the past for which I would typically have done PRK and perhaps even LASIK or SMILE without thinking twice. But now that we have access to advanced diagnostic equipment, we can be smarter about patient selection.

We introduced the Corvis system (Oculus Optikgeräte) a few years ago. Any time the patient's cornea is questionable, we use the device to measure the corneal biomechanics. Now we can use the EVO ICL even for patients with very low myopia—in the -3.00 D range—because it does not modify the corneal integrity, unlike laser refractive technology.

► **No. 3: The benefit of greater experience.** With greater experience with the EVO ICL has also come greater confidence to suggest the technology for patients with other vision goals or ocular conditions. For instance, I have experience implanting the lens in patients with autoimmune collagen vascular diseases such as those with lupus. Additionally, I consider patients with stable keratoconus to be excellent candidates for the EVO ICL. It is common

**“It is common for my patients to achieve 1 to 2 line gains of their BCVA after surgery with the EVO ICL. The quality of vision that my patients have reported, in my opinion, could certainly be better than what they could ever achieve with a laser vision correction procedure.”**

for my patients to achieve 1 to 2 line gains of their BCVA after surgery with the EVO ICL. The quality of vision that my patients have reported, in my opinion, could certainly be better than what they could ever achieve with a laser vision correction procedure.

► **No. 4: The right setup.** I’ve always had access to an in-office OR for lens-based procedures because I do a lot of refractive lens exchange procedures. For surgeons who don’t have an OR, however, it is important to emphasize the ease with which one can set up an in-office surgical suite today.

#### **A GROWING FOLLOWING**

Our EVO ICL volumes continue to increase. Now, we get a lot of patients who simply come in asking for the EVO ICL. Patients appreciate that putting a lens in the eye doesn’t remove tissue, and they like that it can be removed by a surgeon if needed.

We never force patients to choose the EVO ICL or to choose laser vision correction, but we do describe and offer the EVO ICL for patients with a lower level of myopia now. From my perspective, refractive surgeons should make available and use all the tools that are available to them. For each and every patient, it is important that we use the technology that is going to be safe and most appropriate for them and is going to give them outstanding visual results. In many instances in my practice, it’s a no brainer that, in my opinion and based on my patients’ outcomes, the EVO ICL is not only able to provide outstanding vision with relatively low risk, but also outstanding vision with quick recovery.

#### **POSTOPERATIVE OUTCOMES**

In my experience, the postoperative outcomes with the EVO ICL are excellent. I have had zero incidences of pupillary block glaucoma in the first day or two. The same is true for the EVO ICL toric

lens, which is a great opportunity for patients to achieve correction for mixed astigmatism as well. The key to achieving the best postoperative outcomes is to select the right lens power. Additionally, for the EVO ICL toric lens, the lens must be oriented in the correct axis and be of the right length so that it does not rotate. When these two criteria are achieved, the refractive outcomes with the EVO ICL have demonstrated excellent results in my patients, especially when you consider the high levels of myopia and the astigmatism that I have treated, which I could have never achieved with laser vision correction. Lastly, my experience has shown that the refractive result is stable after EVO ICL implantation because we are not dealing with an evolving cornea that can affect the outcomes even years after surgery, as my experience has shown with laser refractive procedures.

#### **CONCLUSION**

Patient expectations are at an all-time high. We believe all surgeons in our practice should be trained on and offer the EVO ICL. This technology has been a tremendous boon to our practice and our patients, and it’s probably my favorite procedure to perform both due to the simplicity of the procedure and the superb postoperative outcomes I have seen in my patients. ■

1. Packer M. The Implantable Collamer Lens with a central port: review of the literature. *Clinical Ophthalmology*. 2018;12:2427-2438.

#### **SHELDON HERZIG, MD, FRCS(C), DABO**

- Chief Medical Officer, Herzig Eye Institute, Toronto and Ottawa, Canada
- [sherzig@herzig-eye.com](mailto:sherzig@herzig-eye.com)
- Financial interest: None

#### **Important Safety Information for the EVO/EVO+ ICL and Visian ICL**

The EVO/EVO+ ICL is indicated for phakic patients 21-60 years of age to correct/reduce myopia up to -20.0 D with up to 6.0 D of astigmatism. Visian ICL for hyperopia\* is indicated for phakic patients 21-45 years of age to correct/reduce hyperopia up to +16 D with up to 6.0 D of astigmatism. Careful preoperative evaluation and sound clinical judgment should be used by the surgeon to decide the risk/benefit ratio before implanting a lens in a patient with any of the conditions described in the DFU. Prior to surgery, physicians should inform prospective patients of possible risks and benefits associated with the EVO/EVO+ ICL or the Visian ICL. Reference the EVO/EVO+ ICL or Visian ICL DFU available at <https://edfu.staar.com/edfu/> for a complete listing of indications, contraindications, warnings and precautions.

\* The Visian ICL for Hyperopia with astigmatism (VTICH) is not approved in Canada