

### **How do I know if I am a suitable ICL candidate?**

Candidates for the ICL are between 18 and 45 years of age, suffer from [myopia \(nearsightedness\)](#), [hyperopia \(farsightedness\)](#) and/or [astigmatism \(cylindrical power\)](#) and want to experience superior vision correction. The ideal ICL candidate has not undergone any ophthalmic surgery (though your surgeon might opt to do it as a secondary procedure in certain select cases) and does not have a history of eye disease such as iritis, glaucoma, or diabetic retinopathy.

Nearly anyone seeking clearer vision may be a ICL candidate, including those with special or extreme vision correction needs. Prospective person should consult his/her ophthalmologist (eye surgeon) for more information, including an assessment of their candidacy.

Women who are pregnant or nursing should wait to have the ICL implanted. Lastly, those without a large enough anterior chamber depth or endothelial cell density may not be a good ICL candidate.

### **Where is the ICL placed?**

A trained ophthalmologist will insert the ICL through a small micro- incision, placing it inside the eye just behind the iris in front of the eye's natural lens. The ICL is designed not to touch any internal eye structures and stay in place with no special care.

### **What is Toric ICL?**

The Toric ICL is a only variant of ICL. Toric ICL corrects your nearsightedness as well as your astigmatism (cylindrical power) in one single procedure. Each lens is custom made to meet the needs of each individual eye.

### **What is the track record of the ICL?**

Prior to being placed on the market, the ICL was subject to extensive research and development. Today, more than 160'000 patients worldwide enjoy the benefits of the device. In an USFDA clinical trial, over 99 percent of patients were satisfied with their implant. The ICL has a track record of

stable, consistently excellent clinical outcomes. The lens has been available internationally for over 12 years.

### **Does it hurt?**

No, most patients state that they are very comfortable throughout the procedure. Your ophthalmologist will use a topical anesthetic drop prior to the procedure and may choose to administer a light sedative as well.

### **What is the ICL made of?**

The ICL is made of [Collamer®](#), a highly biocompatible advanced lens material which contains a small amount of purified collagen. Collamer does not cause a reaction inside the eye and it contains an ultraviolet filter that provides protection to the eye. Collamer is a material proprietary to STAAR Surgical Company, the company that manufactures ICL.

### **What if my vision changes after I receive the ICL?**

One advantage of the ICL is that it offers treatment flexibility. If your vision changes dramatically after receiving the implant, your doctor can remove and replace it. If necessary, another procedure can be performed at any time. Patients can wear glasses or contact lenses as needed following treatment with the ICL. The implant does not treat presbyopia (difficulty with reading in people 40 and older), but you can use reading glasses as needed after receiving the ICL.

### **What type of procedure is involved in implanting the ICL?**

The implantation procedure for the ICL (Implantable Contact Lens) is refractive eye surgery that involves a procedure similar to the intraocular lens (IOL) implantation performed during cataract surgery. The main difference is that, unlike cataract surgery, the ICL eye surgery does not require the removal of the eye's natural lens.

The ICL procedure is a relatively short outpatient procedure that involves several important steps. The surgical procedure to implant the ICL is simple and nearly painless.

As a ICL candidate, your doctor will prepare your eyes one to two weeks prior to surgery by using a laser to create a small opening between the lens and the front chamber of your eye ([iridotomy](#)). This allows fluid to pass between the two areas, thereby avoiding the buildup of intraocular pressure

following the surgery. However, some surgeons choose to do this step on the same day of the surgery.

The implantation procedure itself takes about 15-30 minutes and is performed on an outpatient basis, though you will have to make arrangements for someone to drive you to and from the procedure.

You can expect to experience very little discomfort during the ICL implantation. You will undergo treatment while under a light topical or local anesthetic, perhaps with the addition of a mild sedative. Following surgery, you may use prescription eye drops or oral medication. The day after surgery, you will return to your doctor for a follow-up visit. You will also have follow-up visits one month and six months following the procedure.

Although the ICL requires no special maintenance, you are encouraged to visit your eye doctor annually for check-ups following the ICL procedure.

### **Can the ICL be removed from my eye?**

Although the ICL is intended to remain in place permanently, a certified ophthalmologist can remove the implant in a very quick & short procedure.

### **Is the ICL visible to others?**

No, the ICL is positioned behind the iris (the colored part of the eye), where it is invisible to both you and observers. Only your doctor will be able to tell that vision correction has taken place.

### **Will I be able to feel the ICL once it is in place?**

The ICL is designed to be completely unobtrusive after it is put in place. It stays in position by itself and does not interact with any of the eye's structures.

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