

# ICL

## **Am I a candidate for the ICL?**

The best candidates are between the ages of 21 and 40, with moderate to severe nearsightedness. It is best if the patient has not had any previous eye surgery and has healthy eyes. Patients who are not candidates for LASIK, such as patients with keratoconus or extremely high nearsightedness, or have problems with contact lenses, are often ideal candidates for the ICL. However, a thorough eye exam by one of our surgeons is needed to determine if you are a candidate for any of our surgeries.

## **What are the advantages of the ICL?**

The ICL is capable of correcting a wide range of nearsightedness without the removal of or damage to corneal tissue. Since the lens does not permanently alter any structures within the eye, it can easily be removed or exchanged if necessary. Also, the ICL can be used even if you have thin corneas, dry eyes or large pupils. The ICL provides predictable outcomes and excellent quality of vision due to its placement inside the eye. The lens itself is made of a superior lens material called Collamer, which is very biocompatible.

## **What is involved in the ICL procedure?**

The ICL surgery is performed by Dr. Anita Nevyas-Wallace in our outpatient surgical center. Dr. Anita Nevyas-Wallace is the Eastern United States consultant for the manufacturer of this lens. You will have surgery in our ambulatory surgical center and then go home shortly after. You will need a ride home from our office that day as well as a ride in to your 1-day post-operative visit. We can provide courtesy transportation if required. Eye drop anesthesia is administered so there will be little or no discomfort during your procedure. A tiny incision is made where the lens will be injected into the eye. Because the lens is tiny and soft, it can be folded up so small that it can be injected into your eye through a small incision. The ICL then gently unfolds and is positioned behind the iris by your surgeon, where it stays. You will leave our office with a clear shield covering the operated eye and will rest for the remainder of the day.

## **Is it a safe and effective procedure?**

The ICL lens has been shown to be very safe and effective. It received FDA approval in December of 2005, and has been implanted in over 110,000 eyes worldwide. The FDA trial data shows that, after 3 years, 94.7% of patients achieved 20/40 or better vision without contacts or glasses and 59% achieved 20/20 vision without glasses. More important, 92% of the patients reported that they were either "very satisfied" or "extremely satisfied" with the improvement in their eyesight after having the ICL surgery.

## **Can both eyes be operated on at once?**

As with any lens surgery, only one eye is operated on at a time. This is a safety precaution. Once the first eye has stabilized (usually within 2-4 weeks) then the second eye can be done.

### **How long does the ICL stay in my eye?**

The ICL is intended to stay in the eye permanently. If it becomes necessary to remove it due to cataract formation or other eye issues, a trained ophthalmic surgeon can easily remove the ICL.

### **Are there physical limitations to me after my ICL surgery?**

There are no long-term physical limitations after the ICL surgery. A complete list of post-operative instructions will be given once the surgery has been scheduled. Most people return to normal activities shortly after surgery.

### **Can the ICL be felt once it is in place?**

The ICL is not noticeable after it is implanted. It does not attach to any structures within the eye and does not move around after it has been properly placed. There is no sensation of the lens.

### **What if my vision changes?**

If there are major changes in your vision, the ICL can be removed and replaced, or another procedure such as cataract surgery can be done at any time. Contact lenses or glasses can always be worn if necessary. The ICL does not help presbyopia, the loss of near vision due to age, unless a monovision power is selected for the "near" eye.

### **Does having the ICL mean I will never need glasses again?**

The ICL is designed to provide as close to normal vision as possible. Patients with normal distance vision will need to eventually use reading glasses for near work once they have reached their 40's, when all patients experience a loss of near vision, whether they have had the ICL surgery or not. If cataract develops later in life, then the ICL will be removed as well as the cataract and a different type of intraocular lens will be implanted, most likely a Crystalens.

### **Can the ICL be seen by the naked eye?**

No. Because the lens is positioned behind the iris, neither you, nor an observer will be able to see the lens in its place. There is no way for a non-professional to notice that there has been any surgical visual correction.

### **Can the ICL get dirty like a normal contact lens?**

No. The ICL is designed to remain in place within the eye without maintenance. It should remain clear at all times, and the ICL itself will not develop a cataract like the natural lens in your eye. An annual examination by your ophthalmologist or optometrist is recommended to make sure that everything is fine.