



PIONEERING OPHTHALMIC TECHNOLOGY

Imagine Your Life with Visual Freedom

Your eyes observe the natural beauty of the world around you. Contact lenses and eyeglasses can be inhibiting for people seeking visual freedom. If you are ready to break free from the visual limitations due to contacts or eyeglasses take a look at EVO Visian ICL – an Evolution in Visual Freedom.

- The STAAR Surgical ICL, also known as the Implantable Collamer[®] Lens, corrects common vision problems, like nearsightedness, astigmatism, and farsightedness.
- EVO Visian ICL is a soft, flexible lens that is positioned in your eye between the iris (colored part of the eye) and your natural lens.
- EVO Visian ICL can be described as additive vision correction. Unlike other procedures, the EVO Visian ICL procedure does not remove corneal tissue. The EVO Visian ICL works in harmony with your natural eyes to provide exceptional quality of vision.

EVO Visian ICLTM Evolution in Visual Freedom

99.4%

Of patients would have the EVO Visian ICL procedure again¹ ICLs Worldwide

2.000.000+*

0

0

0

0

0

Of premium ICL per formance¹

20+ Yrs

Why Choose EVO Visian ICL?

EVO Visian ICL is made of biocompatible Collamer – proprietary material used exclusively by STAAR Surgical. This material contains collagen which naturally occurs in your body. EVO Visian ICL Collamer technology has some unique characteristics that make it an ideal material for a vision correction lens, including UV protection.



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Biocompatibility

Collamer is a unique material that contains collagen which means the lens is made to naturally be in harmony with your eye.



No Dry Eye Syndrome

By not removing and reshaping the corneal tissue, the Visian ICL procedure does not induce dry eye syndrome.²



Removability

In the event of a major prescription change or the availability of new vision correction options, EVO Visian ICL is completely removable.



Night Vision

In a clinical study, the Visian ICL provided excellent night vision.³





UV Protection

The unique Collamer material provides UV protection.*



Flexibility for the Future

While EVO Visian ICL can permanently correct your vision, the lens can be removed to keep pace with advancing technology and your future needs.



A Quick Procedure and Recovery

20–30 minute procedure or less and most people are able to resume daily activities in just a few days with clearer vision.[^]



Soft and Pliable

EVO Visian ICL is easy to implant in the eye because of the soft and flexible structure.

* Additional protection using sunglasses is recommended.

^ Please see important safety information on the last page of this brochure.

How the EVO Visian ICL Corrects Nearsightedness and Astigmatism

EVO Visian ICL functions to focus light properly back onto the retina in a similar way glasses and contacts lenses do. The EVO Visian ICL is placed into a space of the eye directly behind the iris (the colored part of the eye) and in front of the natural lens. In this position, the EVO Visian ICL functions to focus light properly onto the retina helping create clear distance vision.

Nearsighted Eye



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Astigmatic Eye



Farsighted Eye*



Eye After Treatment



EVO Visian ICL

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*ICL lenses intended to treat farsightedness are not EVO and require two additional tiny openings in the colored portion of your eyes to ensure there is proper fluid flow after the ICL is implanted.

The EVO Procedure*



1. **Pre-Op Eye Exam:** Before you schedule your EVO Visian ICL procedure date, your doctor will perform a series of standard tests to measure your eye's unique characteristics for the procedure.



2. **Eye Drops Administered:** When you arrive for your procedure your doctor will administer eye drops to dilate your pupils as well as numb your eyes.



3. Lens Insertion:

To prepare for the implant your doctor will create one small opening at the base of your cornea to insert the EVO Visian ICL. The procedure is painless because of the numbing medication.



4. Lens Positioning:

Once the lens is inserted your doctor will make any necessary adjustments to ensure proper positioning in the eye.



5. Final Step:

At this point the procedure is over and many will have improved vision nearly immediately. Your doctor will prescribe more eye drops intended to prevent infection following the procedure.



6. Post Op & Check-up:

You should return to the clinic as directed by your doctor for required follow up visits after your procedure. Follow all of your doctor's instructions after the implantation of the EVO Visian ICL.



Exactly where is the EVO Visian ICL placed in the eye?

What is the history of the ICL?

Are patients happy with the EVO Visian ICL?

Why is Collamer such a great material for the eye?

EVO Visian ICL is placed behind the iris and in front of the eye's natural lens so it's undetectable to any observers. Only a trained doctor using special instrumentation will be able to tell that vision correction has taken place.

Over the past 20 years, ICLs have been implanted in over 2.000.000 eyes worldwide.[^]

Of patients having the EVO Visian ICL procedure, 99.4% would choose to have the EVO Visian ICL procedure again.¹

The Collamer lens is soft, pliable, biocompatible and offers UV protection.*



Can the EVO Visian ICL be removed in the future if my prescription changes?

How long can EVO Visian ICL stay in the eye?

Does the procedure remove tissue from my eye?

Can the EVO Visian ICL dry out or get dirty like a contact lens?

Yes! The EVO Visian ICL offers treat ment flexibility. If your vision changes dramatically, the lens can be removed.

The EVO Visian ICL is designed to stay in your eye permanently, but can be removed to keep pace with advancing technology and your future needs.

No, the EVO Visian ICL is inserted gently in the eye with no removal of corneal tissue.

The EVO Visian ICL avoids such problems experienced with traditional contact lenses. It is designed to remain in place inside the eye, without maintenance. A routine, annual visit with an eye doctor is recommended to check your eye health.







- 1. Packer M. The Implantable Collamer Lens with a central port: review of the literature. Clinical Ophthalmology 2018: 12: 2427–2438.
- 2. Naves, J. Carracedo, G. Cacho-Babillo, I. Diadenosine Nucleotid Measurements as Dry-Eye Score in Patients After LASIK and ICL Surgery. Presented at American Society of Cataract and Refractive Surgery (ASCRS) 2012.
- 3. Parkhurst G. A Prospective Comparison of Phakic Collamer Lenses and Wavefront-Optimized Laser-Assisted In Situ Keratomileusis for Correction of Myopia. Clinical Ophthalmology 2013: 10: 1209–1215.

Important Safety Information for the ICL

The ICL is designed for the correction/reduction of myopia in adults, 21 to 45 years of age, ranging from -0.5 D to -20.0 D with or without astigmatism up to 6.0 D and the correction/reduction of hyperopia in adults, from 21 to 45 years of age, with hyperopia ranging from +0.5 D to +16.0 D with or without astigmatism up to 6.0 D. In order to be sure that your surgeon will use a ICL with the most adequate power for your eye, your nearsightedness, farsightedness and astigmatism should be stable for at least a year before undergoing eye surgery. ICL surgery may improve your vision without eyeglasses or contact lenses. ICL surgery does not eliminate the need for reading glasses, even if you have never worn them before. ICL represents an alternative to other refractive surgeries including, laser assisted in situ keratomileusis (LASIK), photorefractive keratectomy (PRK), incisional surgeries, or other means to correct your vision such as contact lenses and eye glasses. Implantation of an ICL is a surgical procedure, and as such, carries potentially serious risks. The following represent potential complications/adverse reactions reported in conjunction with refractive surgery in general: additional surgeries, cataract formation, loss of best correct vision, raised pressure inside the eye, loss of cells on the innermost surface of the cornea, conjunctival irritation, acute corneal swelling, persistent corneal swelling, endophthalmitis (total eye infection), significant glare and/or halos around lights, hyphaema (blood in the eye), hypopyon (pus in the eye), eye infection, ICL dislocation, macular oedema, non-reactive pupil, pupillary block glaucoma, severe inflammation of the eye, iritis, uveits, vitreous loss and corneal transplant. Before considering ICL surgery you should have a complete eye examination and talk with your eye care professional about ICL surgery, especially the potential benefits, risks, and complications. You should discuss the time needed for healing after surgery.

ALWAYS READ THE INSTRUCTIONS FOR USE. FOLLOW THE INSTRUCTIONS FOR USE. IF SYMPTOMS PERSIST, TALK TO YOUR HEALTHCARE PROFESSIONAL. STAAR SURGICAL

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For more information, please contact your Device Technologies representative.



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