

HIGH PATIENT SATISFACTION WITH THE VISIAN TORIC ICL



Exceptional outcomes mean happy patients and, in many cases, changed lives.

BY JONATHAN D. SOLOMON, MD

High patient satisfaction is something I've come to closely associate with Implantable Collamer Lenses (ICLs) in my 8 years using the Visian ICL (STAAR Surgical Company). In fact, I have never seen any dissatisfaction with the spherical ICL, even when I've combined it with a second procedure for astigmatism, such as LASIK, PRK, or arcuate incisions.

About 6 months ago, I started offering patients the Visian Toric ICL to treat myopia and astigmatism with a simple, single procedure. As someone who performs all types of lens-based refractive and corneal surgeries, I was very excited to have another option and an easier means of vision correction for certain patients. The visual outcomes I've seen have mirrored the clinical trials, where 97.4% of eyes were within 1.00 D of the target MRSE, and more than 75% of patients found their postoperative uncorrected visual acuity to be better than their preoperative best spectacle-corrected visual acuity (Figure 1).^{1,2} In my practice, we see this outcome far more often with the Visian Toric ICL than we do with any other vision correction procedure.

As a result, Visian Toric ICL implantation is one of the most rewarding procedures we offer. In my experience, patient satisfaction is unparalleled. In the FDA clinical trial, 98.4% of patients said they would have the Visian Toric ICL procedure again (Figure 2).² It's not uncommon for patients to cry when they see the difference in their vision right after surgery. It feels good to have such an impact on our patients' lives, which helps build our morale and confidence as a clinical team. Patients pick up on that confidence in each interaction with our counselors, technicians, and surgeons. For surgeons considering using the Visian Toric ICL, I offer some tips on

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patient selection and performing the procedure that will help ensure you see those happy faces after surgery.

SELECTING CANDIDATES FOR THE VISIAN TORIC ICL

As with any surgery, optimal outcomes and patient satisfaction are closely tied to patient selection. Generally, the Visian Toric ICL is for patients with myopia and astigmatism who want to achieve freedom from glasses. The lens offers a surgical alternative for moderate and high myopes that doesn't affect the shape of the cornea.

- **Range of myopia and astigmatism**—With the Visian Toric ICL, we can correct myopic astigmatism in adults with spherical equivalent ranging from -3.0 D to -15.0 D with cylinder of 1.0 D to 4.0 D. We can even go as high as -20.0 D spherical equivalent to reduce myopic astigmatism.
- **Unique high myopia capabilities**—Although we treat patients across the spectrum of myopia, the ability to treat very high myopes with the Visian Toric ICL is unique. For these patients, glasses or contact lenses are a constant obligation, without which they would be visually disabled. These are the patients who come out of surgery seeing better than ever before, with sharp, clear vision. It's like

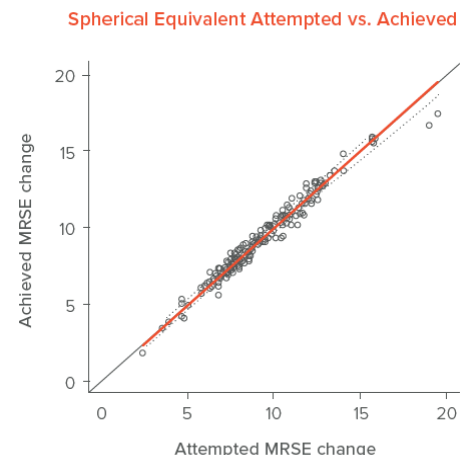


Figure 1. In the FDA clinical trial, the Visian Toric ICL provided predictable outcomes across a broad range of treatment options.

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going from seeing life on a TV screen to seeing it in a movie theater, and that's an amazing capability.

- **Anterior chamber depth**—To implant this lens, we only need an anterior chamber depth of 3.00 mm, making it an option for patients with shallow chambers.
- **Corneal thickness**—Sometimes we tend to focus on the Visian Toric ICL's capabilities for high myopes, but I use it for many patients with moderate myopia and astigmatism who don't have a lot of corneal tissue. The ICL preserves corneal tissue and the integrity of the eye.
- **Age**—The Visian Toric ICL is recommended for patients ages 21 to 45. For patients in their 40s, I view it as a bridging procedure that can give them the vision they want without having to wait for cataract surgery. These patients need to understand that there may be increased risk of induced cataract because of their age, but in my experience that risk is very low. Sometimes patients in this older range have questions about cataract surgery in the future. I explain that the ICL preserves the corneal tissue, and it is easily removed during cataract surgery. The malleable Collamer material makes the lens easy to implant and manipulate inside the eye, and it also makes the lens gentle on the eye and very easy to explain.

MEETING THE HIGHEST EXPECTATIONS

Candidates for refractive surgery have extremely high expectations. One way that the Visian Toric ICL sets us up to meet those expectations is by reducing risk. Any time we do multiple procedures, there are also multiple potential opportunities for complications. The Visian Toric ICL treats both myopia and astigmatism with a single procedure, so there are fewer associated risks. Complications were rare in FDA clinical trials, and I have seen very few problems with my patients. In addition to this built-in advantage to the Visian Toric ICL, there are some steps we can take to optimize the procedure.

- **Learning and experience**—I have a certain degree of reservation with any new technology, so I did my due diligence, had both didactic and hands-on training, and made sure I understood the lens and the procedure very well. Being experienced with the spherical Visian ICL certainly helped me prepare to use the new toric lens. The learning curve was not steep for this procedure.
- **Precise preoperative measurements**—This surgery relies on precise preoperative measurements so we can select the right lens power and length and position it correctly using

Patient Willingness to have the Visian Toric ICL Surgery Again

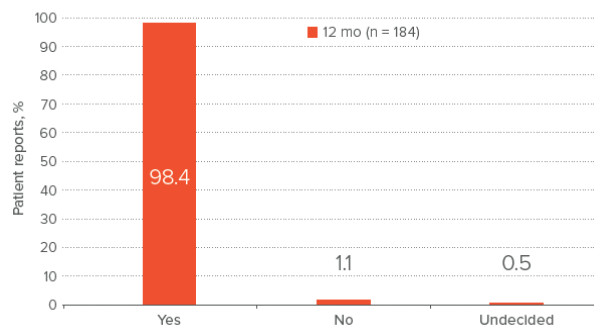


Figure 2. In the FDA clinical trial, 98.4% of patients said they would have the Visian Toric ICL procedure again.

the Implantation Orientation Diagram from STAAR's Online Calculation and Ordering System (OCOS). We measure all of our Visian Toric ICL patients using the OPD-III, anterior segment OCT, Placido-based topography/Scheimpflug tomography, and high-frequency ultrasound biomicroscopy.

- **Accurate orientation**—The Visian Toric ICL must be oriented accurately to treat cylinder. A fair amount of the research in my practice is in IOL alignment for astigmatism reduction, and we're comfortable and confident using a number of devices with software that helps us align the ICL at the time of surgery. Unlike a toric IOL, the Visian Toric ICL has the astigmatism built into the lens for ideal lens orientation at the 180 axis similar to the placement of the spherical Visian ICL. The Visian Toric ICL can be rotated up to 22.5, but most lenses need to be rotated less than 10. This is a wonderful lens. In my practice, we're excited to see the impact it has on our patients' lives. We've seen a lot of interest in the Visian Toric ICL since it came out. It's a procedure that requires commitment up front, but the rewards make that effort more than worthwhile. ■

1. STAAR Visian Toric Implantable Collamer Lens (ICL) for Myopia (TICL): Direction for Use. STAAR Surgical.

2. STAAR Surgical Visian Toric Implantable Collamer Lens PMA Supplement P030016 Ophthalmic Devices Advisory Panel, March 14, 2014.

JONATHAN D. SOLOMON, MD

- Refractive/Cataract Director, Solomon Eye Physicians & Surgeons, Bowie, Maryland
- Director of Research, Bowie Vision Institute, Bowie Health Campus, Bowie, Maryland
- Adjunct-Assistant Professor, Cornea, Cataract, and Refractive Surgery, University of Maryland School of Medicine, Department of Ophthalmology & Visual Sciences
- jonathansolomonmd@gmail.com
- Financial Disclosure: Consultant (Allergan, Alcon Surgical, Bausch + Lomb, i-Optics, Johnson & Johnson Vision, LensAR, Ocular Science, True Vision Surgical), Lecturer (Carl Zeiss Meditec, Glaukos Corporation, Oasis Medical, Inc., STAAR Surgical), Employee (TLC Vision)

Attention: Reference the Visian ICL/Visian Toric ICL Product Information for a complete listing of indications, contraindications, warnings and precautions.