

## Frequently asked questions

### Q. Am I a candidate for the Collamer ICL™?

A. The best candidates for the ICL are between the ages of 21 and 50, with myopia or hyperopia, with or without astigmatism (please note that the ICL is not approved in the United States and the approved treatment range varies by country).

It is best if you have not had any previous ophthalmic surgery and do not have a history of ophthalmic disease such as glaucoma, iritis or diabetic retinopathy.

### Q. What are the advantages of the ICL?

A. The ICL and Toric ICL™ are capable of correcting a wide range of myopia, hyperopia and astigmatism without the removal or destruction of corneal tissue. The ICL is a small, foldable, injectable lens that is inserted through a tiny, 3 mm incision that does not require sutures. The ICL provides predictable refractive outcomes and excellent quality of vision due to its placement inside the eye, as well as its optical performance. The lens is made of a superior lens material called Collamer® which provides unparalleled biocompatibility.

### Q. What if a patient's vision changes?

A. If there are major changes in your vision the ICL can easily be removed and replaced or another procedure can be done at any time. With the ICL, you can still wear glasses or contact lenses if necessary. The ICL does not help presbyopia, or the need for reading glasses due to age. The ICL is available for different treatment ranges depending on what country you live in.

### Q. Can they dry out or get dirty like a contact lens?

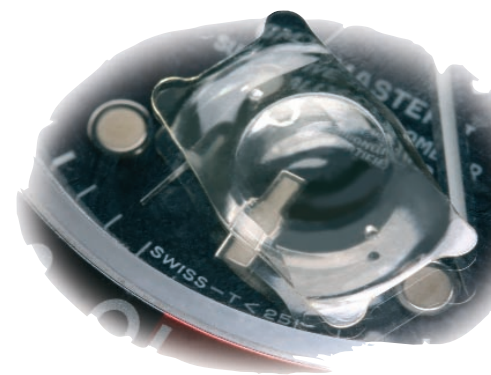
A. No. ICLs are designed to remain in place within the eye without maintenance. An annual visit to your ophthalmologist is recommended to make sure that everything is fine.



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*The ICL is precision made in Switzerland and is a treatment only approved for use by qualified ophthalmological surgeons.*

### Q. Can the Collamer ICL™ be seen by the naked eye?

A. No. Because the lens is positioned behind the iris, neither you, nor an observer will be able to identify the lens in place. The cosmetic appearance of the ICL is perfect and a non-professional will not be able to notice a visual correction is in place.

### Q. What are ICLs made of?

A. The material is called Collamer®, a collagen co-polymer which contains a small amount of purified collagen. It is very biocompatible (does not cause a reaction inside the eye) and stable. It also contains an ultraviolet light filter. This material is proprietary to STAAR Surgical.

### Q. What is involved in the ICL procedure?

A. The ICL surgery is performed on an outpatient basis, which means that the patient has surgery and leaves the same day. Please note that someone will have to drive the patient to and from surgery. A light, topical or local anesthetic is administered and there is very little discomfort and normally no pain associated with the procedure. Some drops or perhaps oral medication may be prescribed and a visit is usually scheduled the day after surgery.

### Q. How long do ICLs stay in the eye?

A. ICLs are intended to remain in place without maintenance. If it becomes necessary, for any reason, they can be easily removed by a trained ophthalmic surgeon.

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

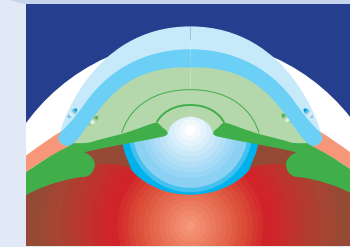
A. The ICL is not typically noticeable after it is implanted. It does not attach to any structures within the eye and does not move around after it is placed.

## The Implantable Contact Lens treatment

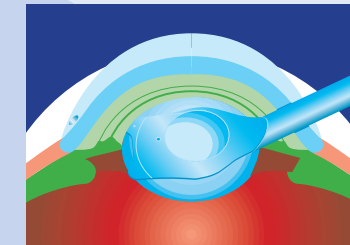
Certain eye measurements will need to be taken and evaluated prior to scheduling your treatment.

Prior to implantation of the Collamer ICL™, you will receive topical anesthetic drops so you won't feel anything. Your physician may administer a sedative.

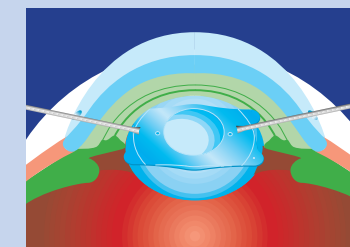
1 First, a tiny incision will be made where the white of your eye meets with the coloured part (corneal/scleral junction).



2 Second, a gel-like substance will be injected into your eye and the ICL will be injected in front of your iris.



3 Then the ICL is carefully placed behind the iris and the gel is removed from your eye.



That is it, done! The cut that was made will not need any suturing – it will seal together naturally and heal in a very short time.

Implanting the ICL is considered an outpatient procedure and takes about 15 to 30 minutes in total. A few hours after surgery you will be able to leave the clinic accompanied by a friend or relative. Your doctor will advise you how soon afterwards you may safely operate a motor vehicle.



THE IMPLANTABLE CONTACT LENS

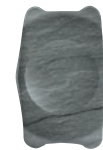
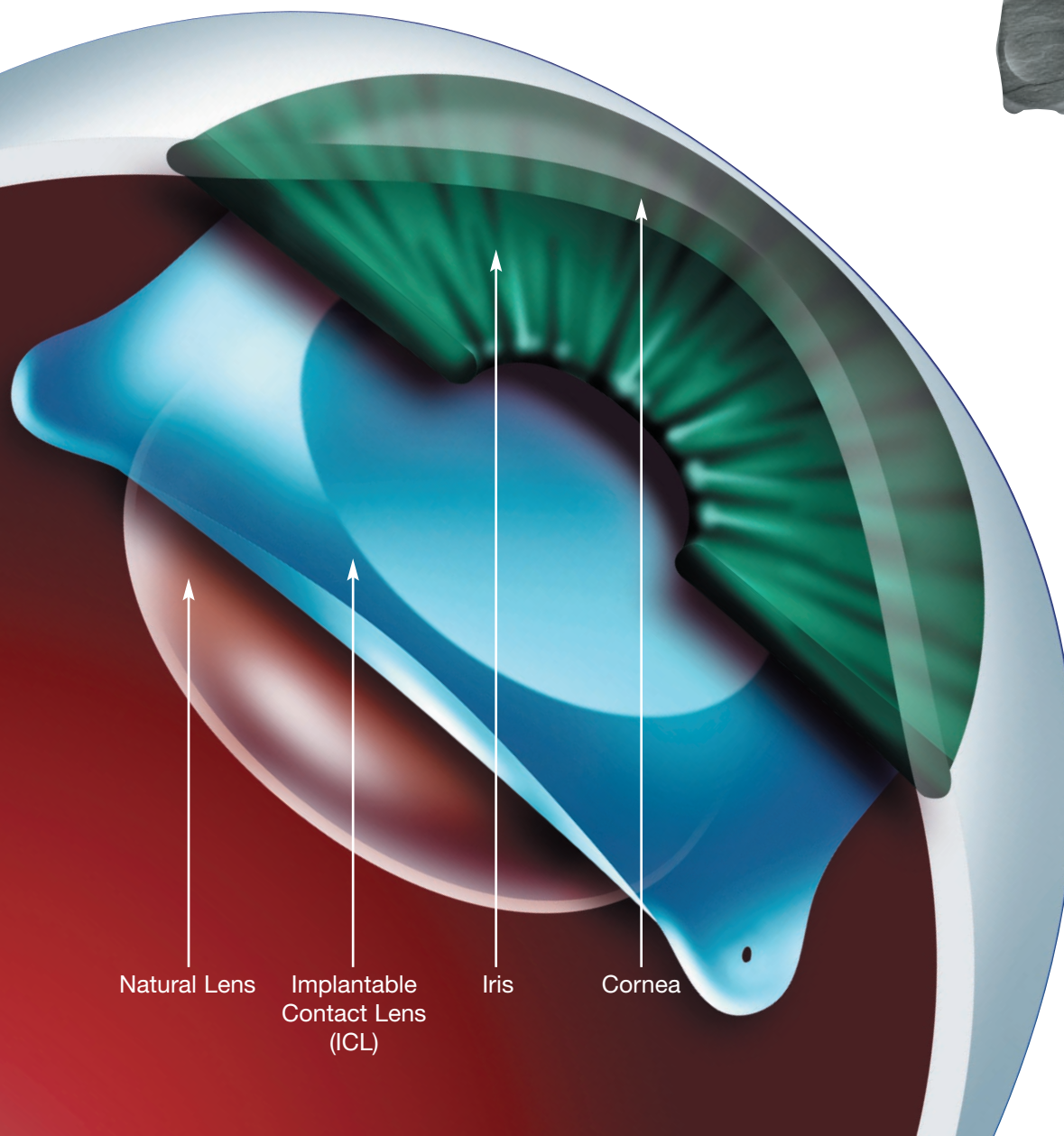
Clearly the  
ultimate  
choice  
in vision  
correction



THE IMPLANTABLE CONTACT LENS

# What is an Implantable Contact Lens (ICL)?

The Collamer ICL™ is an extra lens, similar to a contact lens. The difference is that the ICL is placed inside your eye, rather than on the surface of your eye. The lens is soft and tiny, much like your natural lens, but does not replace it. The ICL is specially shaped to correct nearsightedness and farsightedness. The Toric ICL™ also corrects nearsightedness with astigmatism. The lens works by changing the way light is focused on the retina.



## How is it put into my eye?

Because the ICL is tiny and soft, it can be folded up so small that it can be injected into your eye in seconds through a tiny hole underneath your eyelid. Once injected, the ICL unfolds into position in the liquid between your iris and your natural lens – and there it stays, correcting your eyesight without any further treatment being necessary (the ICL can also be removed or replaced, if required, in another simple procedure).

## What is it made of?



The ICL is made of a unique material called Collamer®. Collamer has a number of special qualities, the most important being that it is accepted by your body as not being a 'foreign tissue'. This means that your body happily accepts it without reacting to it and trying to attack or reject it. Other special features of Collamer are its optical clarity and the flexibility and elasticity that allow it to be folded up and then to recover its correct shape in the liquid inside your eye.

## What are the advantages of the Implantable Contact Lens?

### Unlike laser vision correction, the ICL is removable

The Collamer ICL™ is capable of correcting near and farsightedness and astigmatism with extreme precision. Since the lens does not permanently alter any structures within the eye or on the cornea, it can easily be removed if necessary.

### The ICL is invisible

The ICL is invisible and undetectable – the only way that you, or any one else, will know you have had ICL treatment is the improvement in your eyesight!

### ICL works beyond the limits of laser treatment

If you need a lot of vision correction because you are strongly near- or far-sighted, the ICL can do the job without an increased chance of problems.

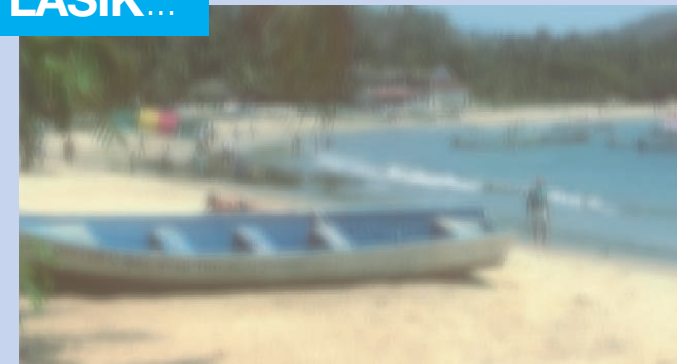
ICL treatment is completely unaffected if you have thin corneas, dry eyes, or large pupils, as it does not involve removing tissue from your cornea.

## The STAAR® Surgical ICL – established technology, tried and tested worldwide

The Implantable Contact Lens from STAAR® Surgical is the first such product to be approved, and is the result of many years of research and development into adapting the proven technology of the IOL (intra-ocular lens) which is the standard treatment for the common condition of cataract. Intra-ocular lenses are used on millions of patients every year as a replacement for the eye's natural lens when it becomes less clear through age or deterioration. Unlike the intra-ocular lens, however, the ICL does not require removal of your natural lens – it is placed in front of the natural lens and works with it to give you correct vision.

The ICL is a triumph of innovation, engineering and clinical research that has undergone many years of testing and evaluation in thousands of patients worldwide before recently becoming available for general use. Developed by STAAR Surgical Company, a company with a long history of successful innovations in ophthalmic surgical technologies, the ICL requires no maintenance and leaves all the delicate optical structures and tissues of the eye intact. Tests have demonstrated that the ICL provides the best postoperative quality of vision of all refractive (vision-correcting) procedures available, and that patients report a very high level of satisfaction with their ICL treatment.

with **LASIK...**



with the **Collamer ICL™...**



## The perfect solution for all types of vision correction...

Because each person's eyes are different, your physician must choose the best treatment for your specific disorder. The ICL is capable of correcting the most common vision disorders as well as those disorders where conventional laser treatment may not be advisable. Those conditions may include:

### If you are too near-sighted or too farsighted

Because laser treatment would need to make a larger correction, there would be more chance of treatment problems or less-perfect correction of your vision

### If you have a thin cornea

The cornea is the curved surface of the front of your eye that laser treatment can reshape by removing tissue. If it is naturally thin, there may not be enough to safely remove the amount needed to fully correct your vision

### If you have dry eyes

Because laser treatment can lead to dryer eyes, your surgeon may be unwilling to consider laser surgery if you already have a history of dry eyes

### If you have large pupils

The pupil is the 'black' circle at the center of your coloured iris through which the light passes into your eye – it continually adjusts in size to let more or less light through in darker or lighter conditions. Patients who have naturally very large pupils may be unsuitable for laser treatment because the area of tissue removal from the cornea would not be as big as their pupil in darker conditions

## The Collamer ICL™ produces superb optical results

Because the Collamer ICL produces highly accurate vision correction without removing tissue from your eye, the quality of vision can be even better than that produced by laser treatment – it is not affected by the variability of corneal shape that can occur after recovery from laser removal of tissue. The photographs below show a simulated comparison of the clarity of vision produced by the ICL and by laser correction for someone requiring a strong correction of near-sightedness.