Evolution in Visual Freedom.
The EVO+ Visian ICL is an evolution in vision correction developed for patients with larger pupils including younger patients. Based on the proven EVO Visian ICL platform (formerly CentraFLOW™ V4c), EVO+ Visian ICL features an expanded optic (5.0 mm - 6.1 mm). EVO+ Visian ICL is designed to achieve a higher level of vision performance.¹
EVO+ Visian ICL™ Optics

The new EVO+ Visian ICL Expanded Optical Zone Optic is an evolution in vision correction.

• EVO+’s larger optical zone may provide benefit to patients with expanded pupils (such as night driving)¹

• May reduce risk of halos and glare¹

• Available from -0.5 D to -14.0 D
Aqueous Flow
Through Central Port

Eliminates PIs and restores a more natural aqueous flow\(^2\)

- Eliminates the need for PIs; increasing the efficiency for both the surgeon and patient\(^2\)
- Enhanced convenience and comfort for the patient
- Restores a more natural aqueous flow\(^2\)
- Facilitates OVD removal
- Superb quality of vision\(^3\)

IOP Stability\(^3\)

No significant changes in IOP overtime were detected after implantation

Superb Quality of Vision\(^4\)

Low rate of higher order aberrations\(^4\)

Significant increase in contrast sensitivity with the Visian ICL and Visian ICL V4c with Central Port\(^4\)
Proven Long Term Results

For more than 20 years, the Visian ICL family has continued to provide exceptional vision with more than 550,000 lenses implanted worldwide. *

Stability

Time course of spherical equivalent up to 9 years postop Visian ICL.

- High levels of predictability were achieved early after surgery and maintained nine years postop.

Safety

Change in CDVA (lines) 5 Years Post-op with the Visian ICL.

- 96% of eyes achieved the same or better UCDVA as their preoperative CDVA.

* Data as of December 2015
Exceptional Vision Quality

Visian ICL advanced lens technology with a unique lens material provides a superior vision performance. \(^7\)

Visual Performance of the Visian ICL versus Wavefront-Guided LASIK for Low to Moderate Myopia \(^7\)

Visian ICL induces significantly fewer higher order aberrations than wavefront-guided LASIK \(^7\)

Visian ICL outperforms wavefront-guided LASIK delivering improved contrast sensitivity \(^7\)
Proven Predictability and Stability of the Visian Toric ICL

Clinical studies have shown the Visian Toric ICL has excellent predictability and stability for the correction of moderate to high myopic astigmatism.\(^8\)

**Predictability** – Manifest refraction spherical equivalent (MRSE) attempted versus achieved correction with the Visian Toric ICL.\(^8\)

- 82% of eyes were within 0.5 D of expected MRSE
- 98% of eyes were within 1.0 D of expected MRSE

**Stability** – Time course of manifest refractive cylinder after Visian Toric ICL implantation.\(^9\)

- 82% of eyes were within 0.5 D of expected MRSE
- 98% of eyes were within 1.0 D of expected MRSE

Excellent Rotational Stability for Precise Astigmatism Correction

- 92% of eyes implanted with the Visian Toric ICL had a change in axis of ≤10°.\(^9\)
- 87% of eyes implanted with the Visian Toric ICL had a change in axis of ≤5°.\(^9\)
- Only one eye (0.47%) needed to be repositioned due to misalignment.\(^9\)
Designed to Satisfy Patients

Preserving the integrity of the cornea provides advantages today and for the future.

Treatment options for the future

- The Visian ICL is an additive procedure that can easily be removed. There is no permanent removal of corneal tissue
- More accurate biometry may be achieved because the Visian ICL does not remove corneal tissue. This may result in more predictable future IOL calculations which may potentially avoid refractive surprises\(^\text{10}\)
- The Visian ICL refractive procedure allows for future surgical interventions including corneal based treatments

Placement is safe and discreet

- The lens is positioned for stability in the sulcus, behind the iris and in front of the crystalline lens
- The placement of the Visian ICL provides a safe distance between the corneal endothelium and the lens

Exceptional patient satisfaction rate that’s over 99\(^\text{11}\)

- Short procedure time in an outpatient setting, small incision and sutureless surgery, a “WOW” factor of vision, no induction of dry eye\(^\text{12}\) and a quick patient recovery create an exceptional patient experience
- High patient satisfaction leads to a high patient referral potential. New patient referrals are the number one practice building method

Higher Satisfaction Rates for Phakic IOLs versus LASIK\(^\text{13}\)

- In a recent study comparing excimer laser refractive surgery versus phakic intraocular lenses, phakic IOLs scored more highly on the patient satisfaction preference questionnaire\(^\text{13}\)
A Proven Visual Performance\textsuperscript{14,15}

A proprietary lens material composed of collagen and co-polymer composition—setting a new standard in IOLs.

Hydrophilic Collamer\textsuperscript{®} Features

**Anti-Reflectance Properties\textsuperscript{18}**

- The risk of dysphotopsia due to internal reflections increases as light passes through materials with more greatly differing refractive indexes (RI)\textsuperscript{19,20}

- The hydrophilic nature of Collamer\textsuperscript{®} promotes a high water content (40%) in the lens minimizing the difference in RI between the lens and aqueous of the eye

- The RI of Collamer\textsuperscript{®} minimizes reflections and may contribute to a lower potential for dysphotopsia

### Hydrophilic Collamer\textsuperscript{®} Water Concentration

<table>
<thead>
<tr>
<th></th>
<th>% Water Content</th>
<th>Refractive Index</th>
<th>Difference in Refractive Index Len vs Aqueous</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hydrophobic Acrylic AcrySof\textsuperscript{®} IOL (Alcon)</td>
<td>0%</td>
<td>1.55\textsuperscript{21}</td>
<td>0.214</td>
</tr>
<tr>
<td>Collamer\textsuperscript{®}</td>
<td>40%</td>
<td>1.442\textsuperscript{14}</td>
<td>0.106</td>
</tr>
<tr>
<td>Aqueous</td>
<td>&gt;99%</td>
<td>1.336</td>
<td>-</td>
</tr>
</tbody>
</table>

- Competitive lenses were associated with higher order aberrations between 110% and 140% greater than the Collamer\textsuperscript{®} lens at both one week and one month postoperatively\textsuperscript{16}
Collamer® Provides a “Quiet Eye,” UV Light Protection, and Years of Proven Experience

Highly Biocompatible Collamer® Inhibits Inflammatory Responses to Achieve a Postop Quiet Eye 15,17

• The unique properties of Collamer® minimize inflammation, flare and cellular reaction 15,17

Offers UV Protection

• The Collamer® material is bonded with UV absorbing chromophore into a poly-HEMA based copolymer that offers UV protection 15

A Proven Performance

• Collamer® is exclusive to STAAR. It has a proven history for over 20 years with more than 1 million lens implants worldwide

Indications

• The EVO Visian ICL is indicated for use in phakic eye treatment in adults 21-45 years of age for:
  • The correction/reduction of myopia in adults ranging from -0.5 D to -20.0 D at the spectacle plane.
  • With an anterior chamber depth (ACD) equal to or greater than 3.0 mm, as measured from the corneal endothelium to the anterior lens capsule.
### Spherical Lenses

<table>
<thead>
<tr>
<th>Diopter</th>
<th>Current Optical Diameter (mm)</th>
<th>EVO+ Optical Diameter (mm)</th>
<th>Approximate Equivalent OZ at Corneal Plane*** (mm)</th>
</tr>
</thead>
<tbody>
<tr>
<td>-0.5 to -9.0</td>
<td>5.8</td>
<td>6.1</td>
<td>7.6</td>
</tr>
<tr>
<td>-9.5 to -10.0</td>
<td>5.5</td>
<td>5.9 - 6.1</td>
<td>74 - 76</td>
</tr>
<tr>
<td>-10.5 to -12.5</td>
<td>5.3</td>
<td>5.3 - 5.8</td>
<td>6.6 - 73</td>
</tr>
<tr>
<td>-13.0 to -14.0</td>
<td>4.9</td>
<td>5.0 - 5.2</td>
<td>6.3 - 6.5</td>
</tr>
<tr>
<td>-14.5 to -18.0</td>
<td>4.9</td>
<td>N/A</td>
<td>61</td>
</tr>
<tr>
<td>+0.5 to +10.0*</td>
<td>5.8</td>
<td>N/A</td>
<td>73</td>
</tr>
</tbody>
</table>

Available in 0.25 D increments from -0.5 D to -3.0 D and 0.5 D increments from -3.0 D to -18.0 D

*The Hyperopic Model is not EVO and has no central port in the optic. Data in this brochure relates to the myopic and toric myopic versions. For information on the hyperopic range, please contact STAAR Surgical

### Toric Lenses

<table>
<thead>
<tr>
<th>Diopter</th>
<th>Cylinder</th>
<th>Current Optical Diameter (mm)</th>
<th>EVO+ Optical Diameter (mm)</th>
<th>Approximate Equivalent OZ at Corneal Plane** (mm)</th>
</tr>
</thead>
<tbody>
<tr>
<td>-0.5 to -9.0</td>
<td>+0.5 to +6.0</td>
<td>5.8</td>
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<tr>
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<td>6.6 - 73</td>
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<tr>
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<td>+0.5 to +6.0</td>
<td>4.9</td>
<td>5.0 - 5.2</td>
<td>6.3 - 6.5</td>
</tr>
<tr>
<td>-14.5 to -18.0</td>
<td>+0.5 to +6.0</td>
<td>4.9</td>
<td>N/A</td>
<td>61</td>
</tr>
<tr>
<td>+0.0 to 10.0*</td>
<td>+0.5 to +6.0</td>
<td>5.8</td>
<td>N/A</td>
<td>73</td>
</tr>
</tbody>
</table>

Available in 0.5 D increments

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Lens lengths: **11.6 mm / 12.1 mm / 12.6 mm / 13.2 mm / ***13.7 mm

** Available only in the Hyperopic Model

*** Available only in the Myopic Model

### References

10. Ravì H Patail, MD; Carol L. Karp, MD; Soh H. Yoo, MD; Guillermo Arancio, MD; Anat Galor, MD; M. SPH. Cataract Surgery After Refractive Surgery. Int Ophthalmol Clin. 2016;56(2):171-82.
11. UV-absorbing implantable contact lenses (ICL) for the correction of myopia. PMAF P03096. Presentation to the Ophthalmic Devices Advisory Panel, October 2003.
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23. Lovisolo CF, Pesando PM. The Implantable Contact Lens (ICL) and Other Phakic IOLs. Canelli, Italy: Fabione Editore s.r.l. 1999.

For more information, please visit www.staar.com or contact STAAR Customer Service at customerservice@staarag.ch