

ICL(Implantable Collamer Lens) Update Brian Boxer Wachler, MD

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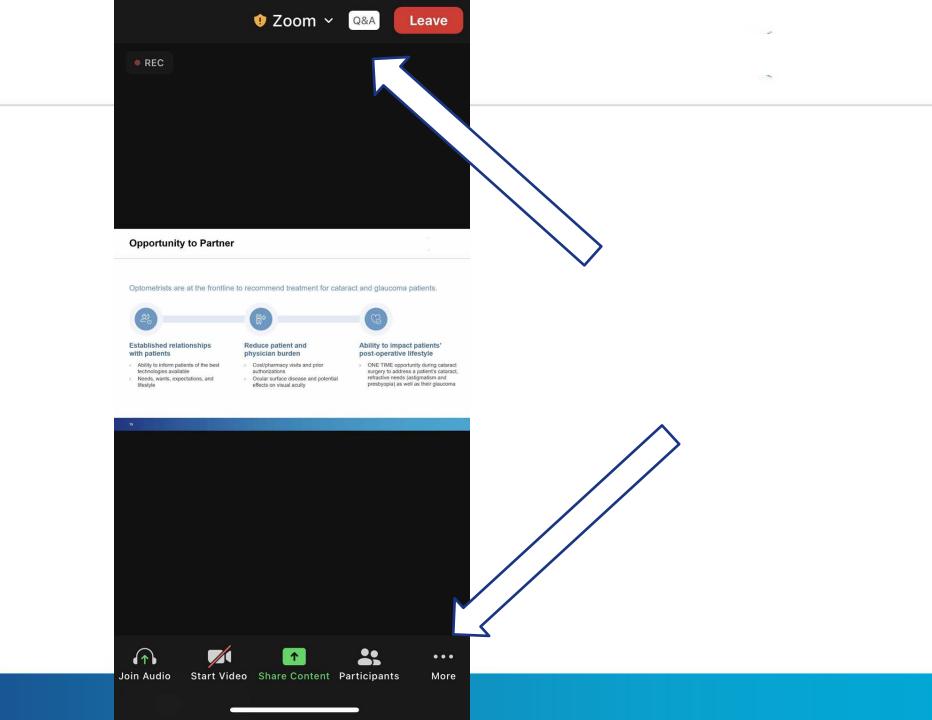
Host: Dr. Stephanie Woo

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- For a COPE certificate, please fill out the survey link in the chat. Also, the survey link will appear when the webinar ends.
- CE certificates will be delivered by email and sent to ARBO with OE tracker numbers
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- Ask questions using the zoom on-screen floating panel







Speaker Bio – Dr. Brian Boxer Wachler

Dr. Brian Boxer Wachler, commonly known as "Dr. Brian" by his patients, is a Corneal Ophthalmologist located in Beverly Hills, California. He has a private practice and is also on-call as an ER doctor at Cedars Sinai Medical Center.

Although he performs over 12 types of eye procedures, Dr. Brian's passion lies in treating Keratoconus patients. He is not only the first doctor to perform Intacs for Keratoconus in North America, but also Corneal Collagen Crosslinking. He invented Holcomb C3-R Crosslinking in 2003 and has saved the eyesight of thousands of patients world-wide.

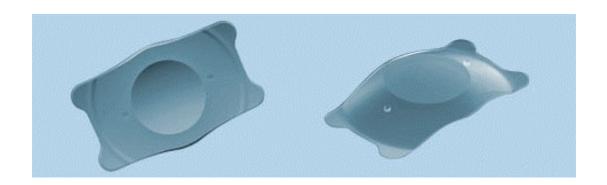
Dr. Brian enjoys spending time with his wife and twin daughters, traveling, and rowing.



Financial Disclosures

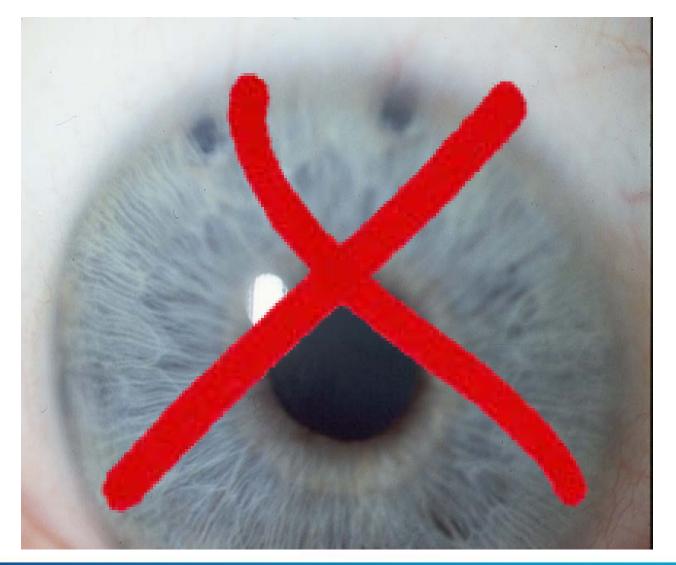
Nothing to Disclose

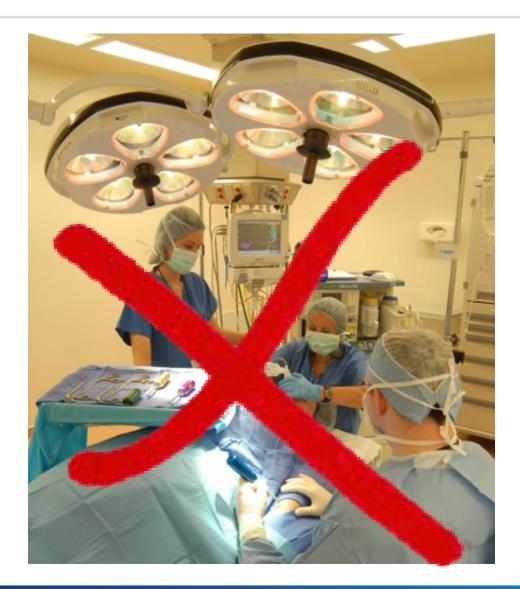
Implantable Collamer Lens (ICL)



- No maintenance, implantable contact lens. Over 1 million performed worldwide
- Corrects visual problems for myopia and astigmatism
- Customizable lens that is placed behind the iris and in front of natural lens
- Lens focuses light on retina in a similar way as contacts or glasses
- Transmits light & reduces reflections that can interfere with vision
- Procedure takes about 10 minutes per eye
- Sterile environment
- Topical numbing drops and pain medication given. No anesthesia necessary
- Office-based procedure

Laser Iridotomies

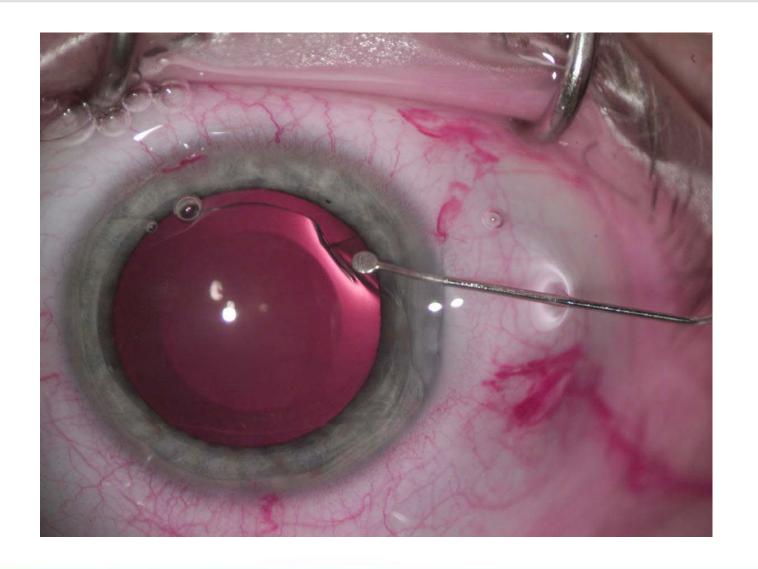




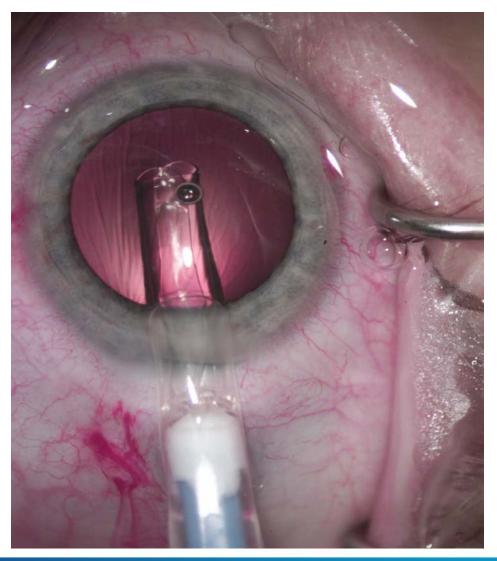


Visian ICLTM Positioning

Paracentesis



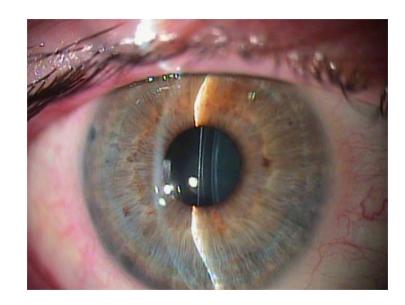
ICL Injection



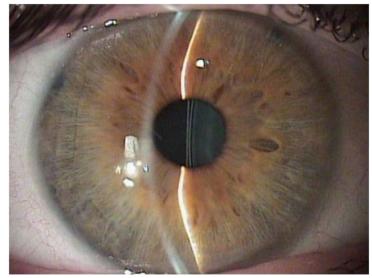
Visian ICL™ Scheimpflug



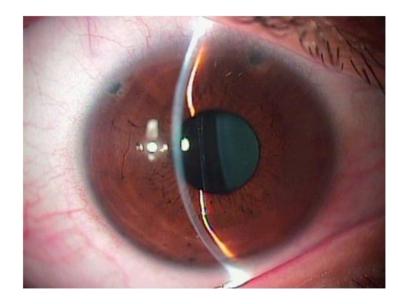
SLIT LAMP VAULTS



NORMAL VAULT



SHALLOW VAULT

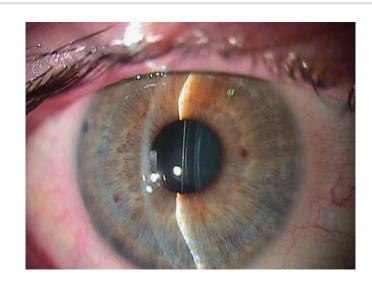


HIGH VAULT

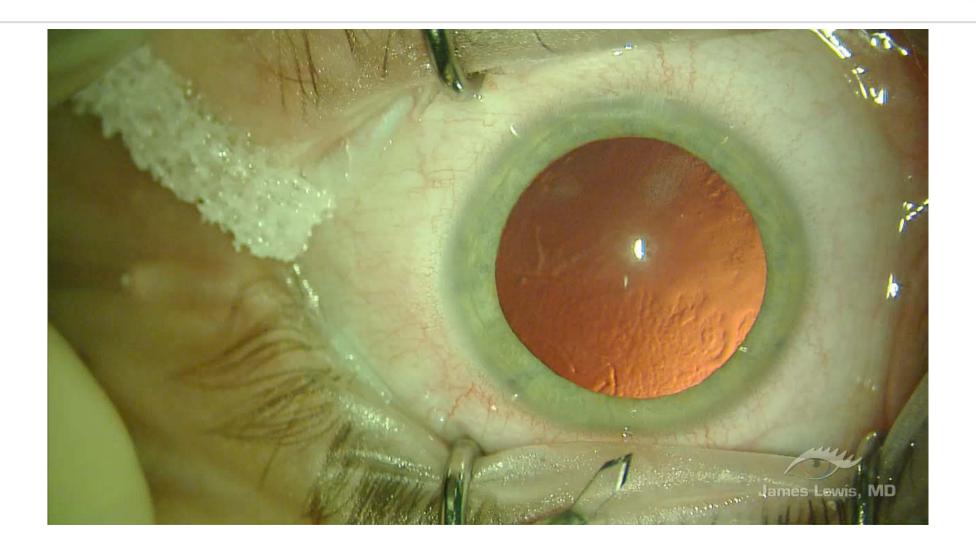
- Ideal vault is up to approx. 1,000 μm
- Compare the corneal thickness to the vault of the Visian ICL
 - Assuming the avg. corneal thickness is 500 µm
 - Desired vault is less than a half the corneal thickness to twice the corneal thickness

How to Measure

- The angle between the oculars and light source should be 30 to 45 degrees
- Use bright illumination
- Move focus from the cornea to the ICL to the Vault Space to assess the vault measurement

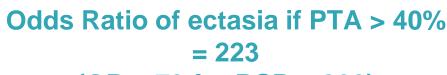


Video of ICL Procedure



Compare to LASIK

- Residual stromal bed 250-300
- Consider patient's age Enhancements in future
- Risk of ectasia



(OR = 73 for RSB < 300)

PTA 40%



A = Ablation + Flap

B = Residual Stromal Bed

C = Total Corneal Thickness

$$PTA = A / C$$

Dr. Brian Performing Live On the Today Show



STAAR Visian ICLTM



Black Eye Peas Star Gets Visian ICL



April 9, 2010 - Gold Medalist
Bobsled driver Steven Holcomb
and World Keratoconus Expert
Dr. Brian Boxer Wachler
appeared on Dr. Phil's The
Doctors daytime television show,
Dr. Brian made the
announcement of the name
modification of "C3-R" to
"Holcomb C3-R" to honor Steven

Visian ICL™ in the Military



The U.S Military has chosen the Visian ICL because they want them to be able to have the best vision in the harshest conditions

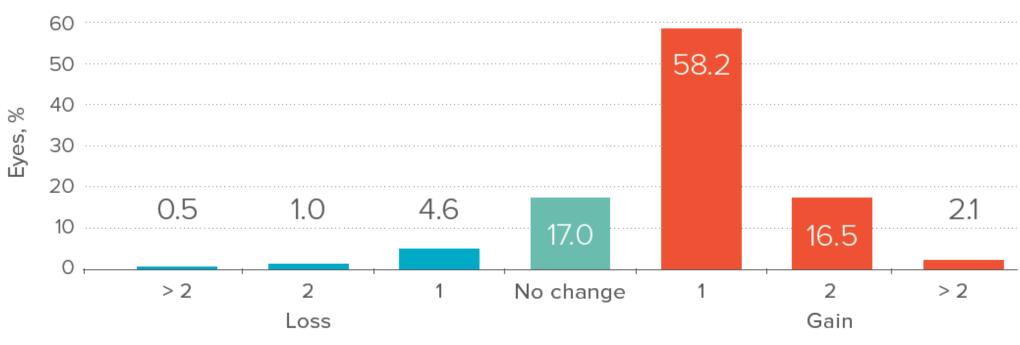
More than 98% of patients had 20/20 or better

100% were able to see better after surgery than with their contacts or glasses

100% believe they can function & perform better!

VISIAN TORIC ICL - FDA STUDY: CHANGE IN BSCVA

Change in Lines of BSCVA

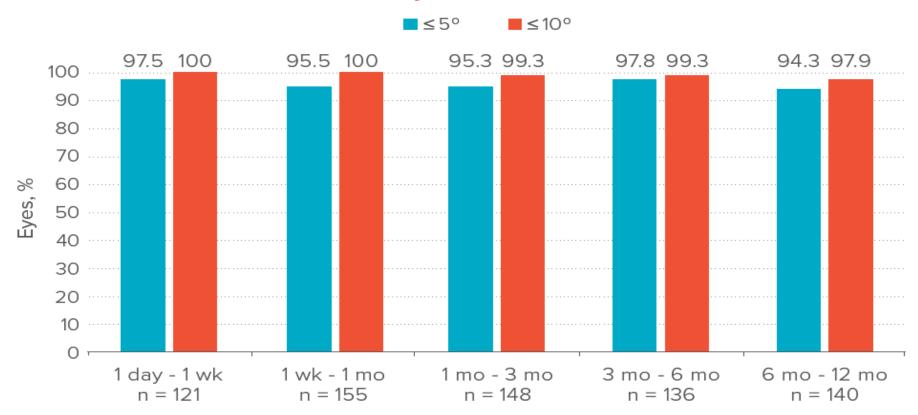


Change in Lines of BSCVA

94% of eyes maintained or gained 1 or more lines & **77%** of eyes gained 1 or more lines of BSCVA

VISIAN TORIC ICL – FDA STUDY: ROTATIONAL STABILITY

Stability of Axis Orientation



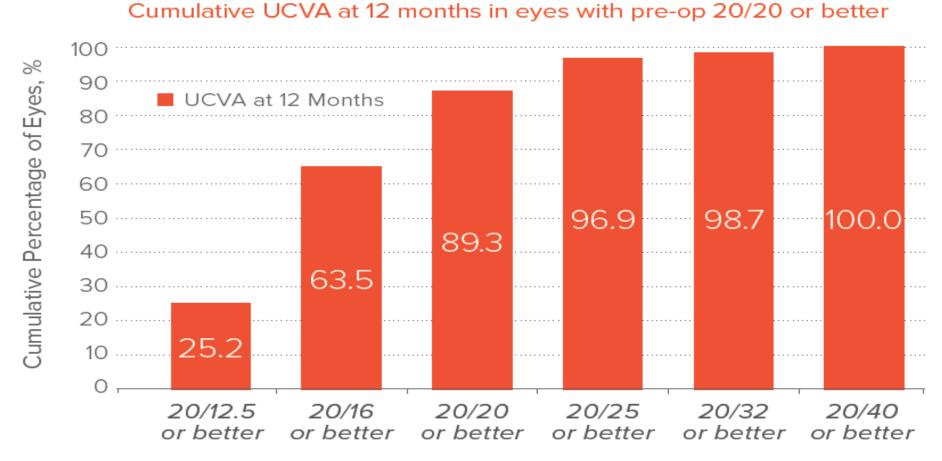
Over 94% of eyes maintained rotational stability of ≤5° at all post-op time points

Of 210 eyes implanted with the Visian Toric ICL... only 1 eye required surgical repositioning



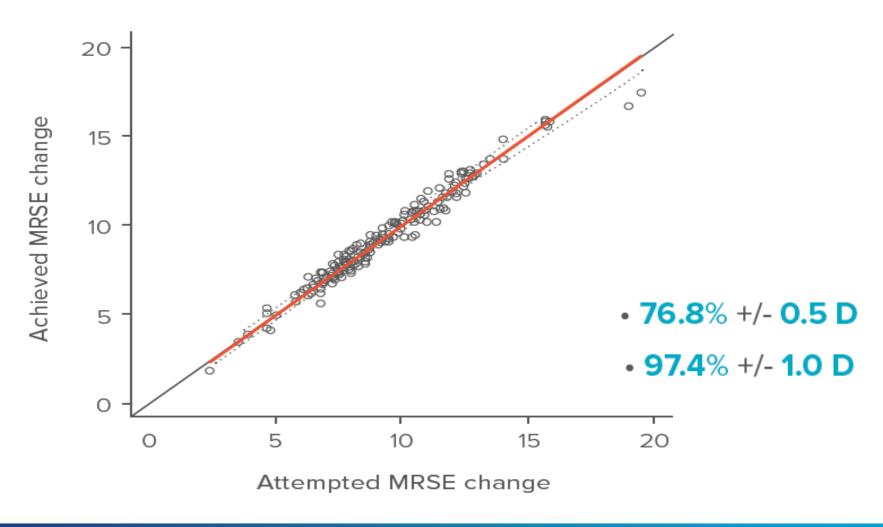
VISIAN TORIC ICL - FDA STUDY: EFFECTIVENESS DATA

Visual Acuity

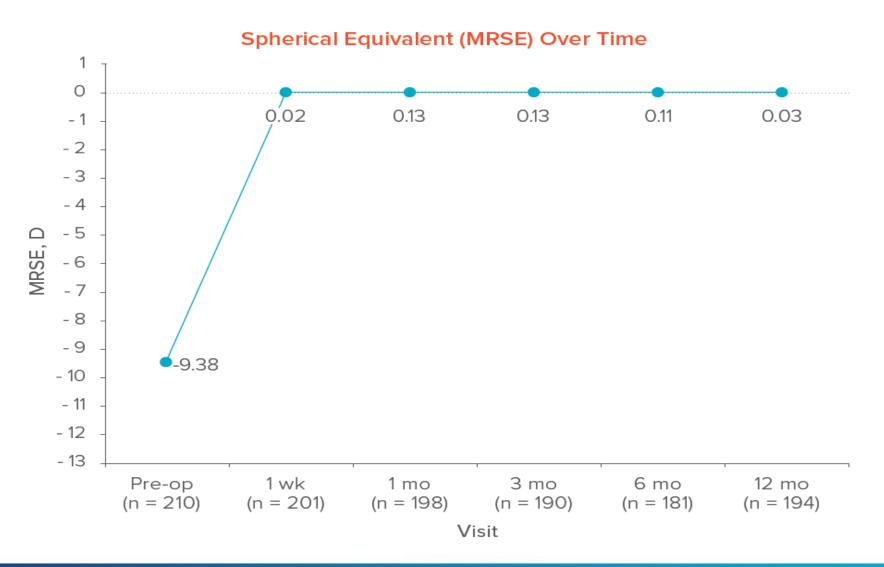


VISIAN TORIC ICL – FDA STUDY: EFFECTIVENESS DATA

Spherical Equivalent Attempted vs. Achieved

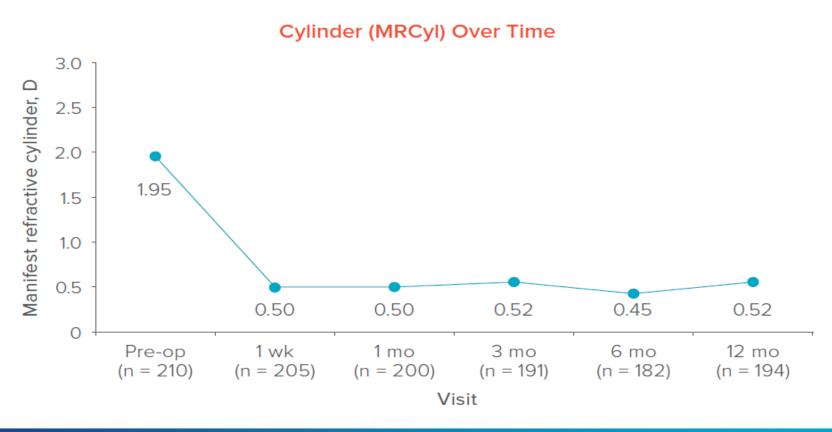


VISIAN TORIC ICL – FDA STUDY: EFFECTIVENESS DATA



VISIAN TORIC ICL – FDA STUDY: EFFECTIVENESS DATA

Visian Toric ICL allows rapid and stable achievement of outstanding MRSE and MRCyl



Benefits of Visian ICL

- Non-Lasik candidate with dry eye and/or thin corneas may be a candidate
- Biocompatible & made of collagen

 Some Keratoconus patients may benefit – custom tailor expectations Reduces glare/halo

 Toric ICL can accommodate astigmatism Removable, reversible, invisible

 Patient satisfaction rate over 99% Does not remove corneal tissue

- Built-in UVA & UVB protection
- Quick recovery, easy outpatient procedure
- Excellent quality of vision



High Quality of Vision – "HD Vision"







IDEAL VISIAN ICL PATIENT

- Age: 21 to 45 (over 45 is off label)
- Visian & Visian Toric ICL: Correction or reduction of myopia -3.0 D to -20.0 D with cylinder range up to 4.5 D
- Stable Refraction
 - Within 0.5 D for 1 year
- Anterior Chamber Depth of 3.0 mm or greater
- Other considerations for those with
 - Thin Corneas
 - Dry Eye Syndrome
 - Large Pupil Size



Co-Management of ICL

Preop

- -Manifest Refraction & BCVA
- -Slit Lamp Findings
- -Contact Lens Over-Refraction
- -Power of Contact Lens Used for Over-Refraction
- -IOP
- -Dilated Fundus Exam

Post Surgical Care

1 day postop: VA & IOP

1 week & 3 month postop: VA, MRX, Topography, IOP

Postop Medications: (varies per doctor)

Antibiotic

Anti-Inflammatory

Diamox Or Alternative To Stabilize Eye

Pressure

Co-Management of ICL (continued)

What To Look For

- 1 day postop, fluorescein for wound leak
- 1 day postop, IOP check
- In first week, severe pain, redness and reduced vision could be infection

Specialty Keratoconus Contact Lens Fittings

-Wait **2 Weeks** for all types of contact lens fittings (soft, scleral, RGP, hybrid)

Contraindications

Uncontrolled Glaucoma

Uncontrolled Blepharitis

Iritis

Sickle Cell Disease

Diabetic Retinopathy

• Etc.

Pregnancy

Uncontrolled Vascular Disease

Risks

- Loss of BCVA
- Irregular corneal healing
- Epithelial ingrowth
- Anisometropia
- Glare/Halos
- Cataract

- Endothelial Cell Loss
- Ptosis
- Movement of Lens, Etc.

ESTABLISHED SAFETY PROFILE*

Adverse Events Mean Follow-up 7.25 +/- 1.6 Y (Range = 5 to 9 Y)	Cumulative Incidence Rates ¹	Comments
Clinically Significant Anterior Subcapsular Opacities (ASOs)	1.8%	281 eyes
Endothelial Cell Loss	7.8%	Mean preop age 30 +/- 4.5 Y
Ocular Hypertension Requiring Intervention	0.7%	Mean preop spherical equivalent -8.74 +/- 2.27 D
Safety Index	1.20 +/- 0.26	Safety index is defined as the ratio between the mean postop BSCVA and the mean preop BSCVA

^{*}Data presented is for the spherical Visian Implantable Collamer Lens.

^{1.} Lee J, Kim Y, Park S, et al. (2015) Long-term clinical results of posterior chamber phakic intraocular lens implantation to correct myopia. *Clinical and Experimental Ophthalmology*, doi: 10.1111/ceo.12691.



Importance of an Optometrist's Role in Management of ICL

- Provide options other than LASIK so patients are not surprised or apprehensive if not a candidate. We often see this if patients are not informed.
- Risk assessment for ICL vs. LASIK, and if LASIK potential harm (thin corneas, Keratoconus, dry eye)
- Provide pre- and post-surgical care
- Manage any possible problems that may occur
- Provide glasses or contact lens fittings/management for patients who may still need after ICL

- Provide realistic expectations
- Build trust with your patients
- Become a "one-stop shop" where patients can receive regular eye exams, glasses/contacts, and co-management for multiple surgery options
- Continuing education to provide patients with best options for their individual needs

Conclusions

ICL is my first line recommendation for myopia > 6 D – "HD vision"

ICL is HIGHLY recommended & trusted by doctors and U.S military

ICL has a HIGH success & satisfaction rate of over 99%

1 day recovery, in office, both eyes same time

Wide range of patients who can benefit

Optometrists play an IMPORTANT role!





Thank you! Please join us for our next COPE event



Date: October 24, 2021

Time: 8:00 AM PST

Speakers: Dr. Karen Carrasquillo, Dr. Andrew

Biondo, Dr. Greg Denaeyer, Dr. Christine

Sindt, Dr. Elise Kramer, and Dr. Clarke Newman

Topic: Scleral Lens Soiree COPE: Six hours live CE

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