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The Best Vision Newsletter

### Implantable Contact Lens: Countdown to Approval !

Sometime in late 2003 the eagerly awaited Implantable Contact Lens (ICL) is expected to win US FDA approval. These lenses are expected to fill the refractive niche for moderate to high myopes (-8 to -20) who are otherwise not suitable candidates for LASIK or PRK. There are several companies developing anterior and posterior chamber IOL designs with Staar Surgical's Implantable Contact Lens leading the way. The ICL for myopia is nearest to approval while the hyperopic and toric versions are farther behind.

The ICL is made of a porcine copolymer. The lens is folded and inserted through a no stitch clear cornea incision under topical anesthesia. It is implanted in the posterior chamber (PC) with plate haptics anchored in the ciliary sulcus. An ideally sized ICL is designed to have a slight vault anterior to the crystalline lens. Due to the close proximity to the crystalline lens, surgically or metabolically induced cataracts are a concern. However, three-year follow up of about 450 eyes in the North American study demonstrate this incidence to be less than 1%.

As a PC lens, its advantages over anterior chamber designs include: refractive correction closer to the nodal point of the visual system, little adverse interaction with the cornea endothelium, negligible iritis, and no pupillary ovalization. See "[The Posterior Chamber Implantable Contact Lens](#)".

There are two other phakic IOLs that are close behind the ICL in Phase III FDA trials. Ciba's "PRL", manufactured by Medennium, is a foldable, PC IOL made of silicone with high refractive index. The second is the Artisan – a non-foldable iris fixated PMMA lens (Ophtec USA). Advanced Medical Optics (AMO) will market the Artisan under the name "Verisyse". The lens is anchored to the peripheral iris and will not disturb normal sphincter function. There are other IOL designs at earlier stages of FDA trials, including an angle-fixated anterior chamber lens.

Since 1998 the Erdey Eye Group has participated in the Staar Surgical ICL FDA study and has closely followed 20 implanted eyes ranging from -8.50 to -20.0. Our results have been very favorable with 100% achieving UCVA of 20/40 or better with few complications. All patients have reported higher quality vision, especially at night as compared to glasses and contact lenses.

Once available, the ICL will initially be used to correct moderate to high spherical myopia and when necessary, will be combined with LASIK or PRK as an enhancement procedure for residual spherical or spherocylindrical refractive error.

We will keep you posted !

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We dedicate ourselves to enhancing the quality of life for every individual whose life we touch, by helping each to see his or her best, and by preserving our patients' vision and eye health throughout life.

We Look Forward to a Healthy, Prosperous New Year!

Thank You for Your Support!

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