

**BREAK FREE
FROM GLASSES
AND CONTACTS!**



An aerial photograph taken from the opening of a cave, looking out over a coastal town and the ocean. The town is densely packed with buildings, and the ocean is a vibrant blue with white waves crashing against the shore. The cave's interior is visible at the top of the frame, framing the scene.

The visual freedom you deserve

Ditch foggy glasses and dry contacts.

The EVO ICL lens (EVO) allows you to unlock visual freedom and a life rich with new experiences.

EVO can help you **see the world the way it's meant to be seen**—with sharp, clear vision.¹



A proven history of ICL success

Over

20 YEARS

in eyes around the world

with

2,000,000+

ICLs distributed

EXCEPTIONAL PATIENT SATISFACTION

99.4% of patients surveyed say they would
have the procedure again.²

Benefits of EVO ICL

EXCEPTIONAL VISION DAY AND NIGHT



Experience what life has to offer throughout the day **without compromising your night vision.**^{1,3}

Day or night—you can rely on EVO for exceptional vision.^{1,3}



.....| **IN HARMONY WITH YOUR NATURAL EYE**



Similar to adding a lens to a camera, EVO is additive and works together with the natural parts of your eye to improve your vision.

.....| **NO DRY EYE SYNDROME**



Clinically proven to not cause or contribute to dry eye syndrome.⁴

.....| **YOUR FUTURE'S BRIGHT, AND PROTECTED**



EVO is made of Collamer®, a material shown to be safe in the eye. Collamer provides UV protection and contains collagen, a naturally occurring protein in the body.

Created for your well-being

MADE WITH COLLAMER — A SAFE, BIOCOMPATIBLE AND PREMIUM MATERIAL

Collamer is biocompatible with your eye, and is made with collagen, **a protein which naturally occurs in your body**. Shown to be safe and effective, and produced with high quality materials, Collamer is used exclusively by STAAR Surgical in EVO.

SOFT AND FLEXIBLE

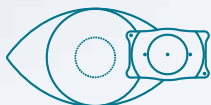


EVO is ideal for your eye because of its **soft and flexible structure**. You won't even know it's there, apart from the fact that you have great vision.



Keep your peace of mind

A REMOVABLE OPTION THAT GIVES YOU FLEXIBILITY FOR THE FUTURE



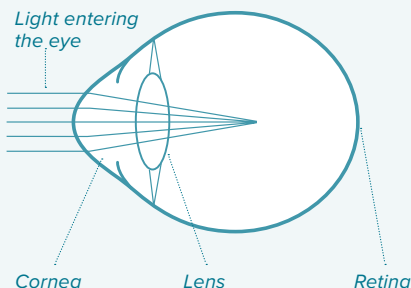
While EVO is designed to permanently correct your vision, **the lens can be removed** by a doctor, if necessary, or to keep pace with advancing technology and your future vision needs.



How ICL works

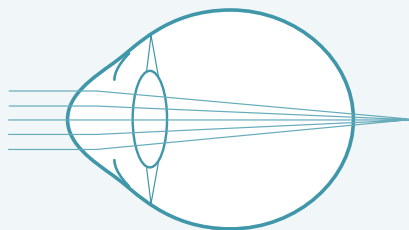
The STAAR Surgical implantable lens corrects common vision problems, like nearsightedness, astigmatism, and farsightedness. **ICL is placed behind the iris (the colored part of the eye) and right in front of the natural lens**, helping you to achieve sharp, clear vision.¹

NEARSIGHTEDNESS (MYOPIA)



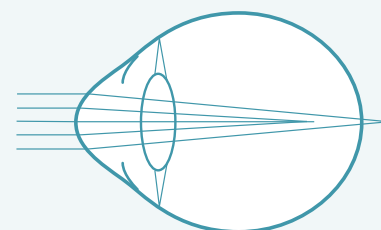
Light rays focus in front of the retina

FARSIGHTEDNESS (HYPEROPIA)*

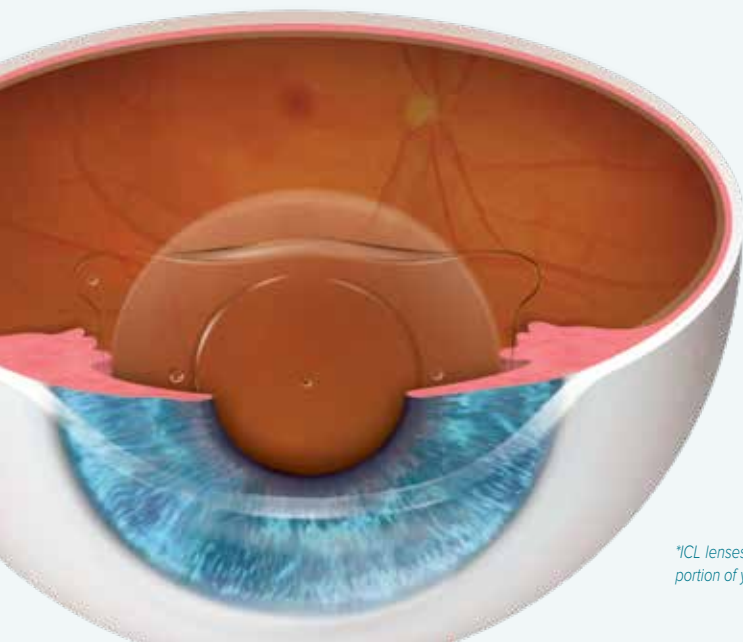


Light rays focus behind the retina

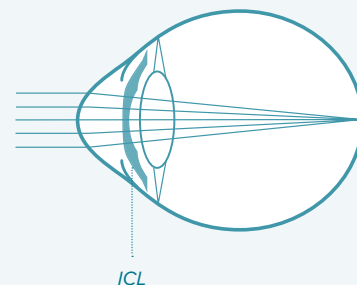
ASTIGMATISM



Light rays fail to focus at a single point on the retina



AFTER TREATMENT



ICL focuses light onto the retina creating clear vision

¹ICL lenses intended to treat farsightedness are not EVO and require two additional tiny openings in the colored portion of your eyes to ensure there is proper fluid flow after the ICL is implanted.

Quick and Safe Procedure

The EVO procedure is as quick or faster than watching an episode of your favorite binge-worthy series and has a short recovery time.

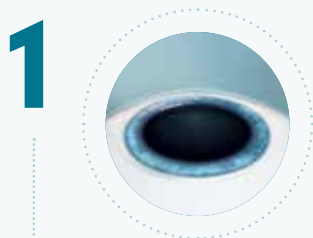
Getting ready for visual freedom!

Before the day of your EVO procedure, your doctor will perform a series of standard tests to measure your eye's unique characteristics.

Time for your EVO lens!

When you arrive for your procedure, your doctor will administer eye drops to dilate and numb your eye.

THE PROCEDURE FOLLOWS THREE EASY STEPS*:



Your doctor will create a small opening at the edge of your cornea to insert **EVO**.



EVO is folded and inserted through this small opening.



Once the lens is inserted, your doctor will make any necessary adjustments to ensure proper positioning in the eye.

EVO is not visible to you or others.

The procedure is complete!

Many patients notice improved vision nearly immediately.

After-care: Consult with your doctor for further information on the recovery process.

*ICL lenses intended to treat farsightedness are not EVO and require two additional tiny openings in the colored portion of your eyes to ensure there is proper fluid flow after the ICL is implanted.

Life with ICL

Evolution in Visual Freedom

“

Being an athlete and having vision issues is a huge inconvenience. **I couldn't be happier with my vision**, now all I have to focus on is Jiu-Jitsu, empowering women, and being a mommy.”



Eve Torres Gracie
*Jiu-Jitsu Instructor, former
WWE Diva champion,
and actress*

“

Thinking about life with glasses... my life had a bunch of tiny little hurdles. **Now I have Visian ICL** and I don't have to think twice about any of those things. I can grab my camera and my notebook and run out to **live my life unhindered.**”



Andrew Oxenham
*Professional
photographer*

“

I still **can't believe that such a miracle happened to my eyes.** It's awesome. I can see this joy in my eyes that are radiating now because I'm so happy.”



Klaudia Giez
Professional model

“

The implantable lens **is natural and biocompatible** with my body.”



Sara Tso
*Owner and baker
of Matchbox Kitchen*

“

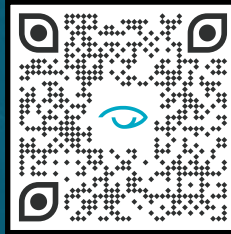
I wanted a **procedure that was safe for me and one that provided a good quality of vision.** EVO ICL gave me this option.”



Adilson Pio, MD
Ophthalmologist

IMAGINE YOUR LIFE WITH VISUAL FREEDOM

DISCOVER MORE ABOUT EVO ICL TODAY!



IMPORTANT SAFETY INFORMATION

The ICL is designed for the correction/reduction of myopia in patients, 21 to 60 years of age, ranging from -0.5 D to -20.0 D with or without astigmatism up to 6.0 D and the correction/reduction of hyperopia in patients, from 21 to 45 years of age, with hyperopia ranging from +0.5 D to +16.0 D with or without astigmatism up to 6.0 D. In order to be sure that your surgeon will use a ICL with the most adequate power for your eye, your nearsightedness, farsightedness and astigmatism should be stable for at least a year before undergoing eye surgery. ICL surgery may improve your vision without eyeglasses or contact lenses. ICL surgery does not eliminate the need for reading glasses, even if you have never worn them before. ICL represents an alternative to other refractive surgeries including, laser assisted in situ keratomileusis (LASIK), photorefractive keratectomy (PRK), incisional surgeries, or other means to correct your vision such as contact lenses and eye glasses. Implantation of an ICL is a surgical procedure, and as such, carries potentially serious risks. The following represent potential complications/adverse reactions reported in conjunction with refractive surgery in general: additional surgeries, cataract formation, loss of best corrected vision, raised pressure inside the eye, loss of cells on the innermost surface of the cornea, conjunctival irritation, acute corneal swelling, persistent corneal swelling, endophthalmitis (total eye infection), significant glare and/or halos around lights, hyphaema (blood in the eye), hypopyon (pus in the eye), eye infection, ICL dislocation, macular oedema, non-reactive pupil, pupillary block glaucoma, severe inflammation of the eye, iritis, uveitis, vitreous loss and corneal transplant. Before considering ICL surgery you should have a complete eye examination and talk with your eye care professional about ICL surgery, especially the potential benefits, risks, and complications. You should discuss the time needed for healing after surgery. **For additional information with potential benefits, risks and complications please visit DiscoverICL.com.**

REFERENCES

1. Martínez-Plazs E, López-Miguel A, López-De La Rosa A, et al. Effect of the EVO+ Visian Phakic Implantable Collamer Lens on Visual Performance and Quality of Vision and Life. *Am J Ophthalmol* 2021;226: 117–125. **2.** Packer M. The Implantable Collamer Lens with a central port: review of the literature. *Clinical ophthalmology* (Auckland, NZ). 2018;12:2427-38. **3.** Parkhurst GD. A prospective comparison of phakic collamer lenses and wavefront-optimized laser-assisted in situ keratomileusis for correction of myopia. *Clin Ophthalmol*. 2016 Jun 29;10:1209-15. **4.** Ganesh S, Brar S, Pawar A. Matched population comparison of visual outcomes and patient satisfaction between 3 modalities for the correction of low to moderate myopic astigmatism. *Clin Ophthalmol*. (Auckland, NZ). 2017;11:1253-63.

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For more information, visit: discovericl.com

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