

User Guide

What If ICL Guru Pro Does Not Recommend a Specific Lens Size?

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One of the great benefits of ICLguru Pro is that a lens size is usually recommended, based on selective criteria that balances the needs for optimal vaults, open angles, and rotational stability. This can be particularly useful when multiple lens *could* work, as ICLguru helps to point out the **optimal** lens size to use based on its criteria. Of course, surgeons can use that recommendation to enhance their own clinical judgement as to selection of the actual lens size to implant, including consideration of any special circumstances or concerns.

In some cases, however, ICLguru Pro does not recommend a specific lens size. The calculation report provides the probability of vault range for each lens size and if there is any probability of either hypo vault or hyper vault, an explicit recommendation will not be made. Similarly, if patient refraction indicates the presence of cylinder, a lens size will not be explicitly recommended by ICLguru Pro if rotational stability is anything but high (due to importance of keeping toric lens situated).

Does this mean an ICL should not be implanted? Not necessarily.

The ICLguru Pro report provides extremely useful information in quantifying the risks which a surgeon can then use to assess candidacy and even discuss with the patient. For instance, if the best lens size has a 70% probability of ideal vault, 29% probability of low vault, and a 1% probability of hypo vault, with high rotational stability, a surgeon may feel comfortable in recommending ICL to a patient. As another example, a surgeon might decide to implant the lens in a vertical orientation if the best lens size is reported to have a very small probability of hyper vault (ICLguru Pro results are reported for horizontal orientation). In addition to using their own experience, the SurgeonTalk chat group is a wonderful collaborative platform where a surgeon can present details of a specific case to ask other surgeons their opinions to help weigh into the decision-making process.

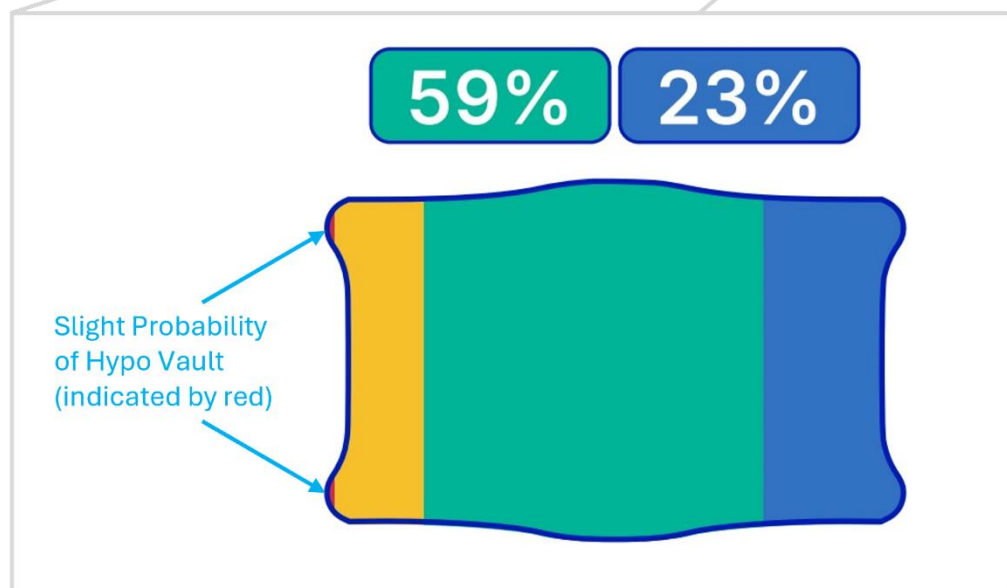
The bottom line is that ICLguru Pro provides a recommended lens size whenever it can and always provides incredibly useful and accurate predictive results for a surgeon to consider in making their decision as to ICL patient candidacy, lens size selection, and implant orientation.

The following pages illustrate three examples where ICLguru Pro would not recommend an explicit lens size and how a surgeon could use the data provided to help guide their clinical decision-making.

Example: Slight Presence of Hypo Vault

In this example, even though reports for both eyes look very similar, ICLguru Pro suggests a lens size of 13.2 mm for the OD but does not recommend a size for the OS. This is because the 13.2 mm size for the OS is showing a very small percentage of red, indicating the (ever so slight) potential for hypo vault (ICLguru Pro will not recommend a size if there is any risk of either hyper vault or hypo vault in all the sizes).

In this case, the surgeon can use their own clinical judgement and might conclude that since the risk of hypo vault is so low and rotational stability is high, they could proceed with implanting the 13.2 mm size in the OS with relatively high confidence.



Example: All Lens Size Options Showing Either Hypo Vault or Hyper Vault

In this straightforward example, ICLguru Pro does not recommend a lens size since all of the lens sizes have either some probability of hypo vault (12.1 mm) or hyper vault (12.6, 13.2, and 13.7 mm).

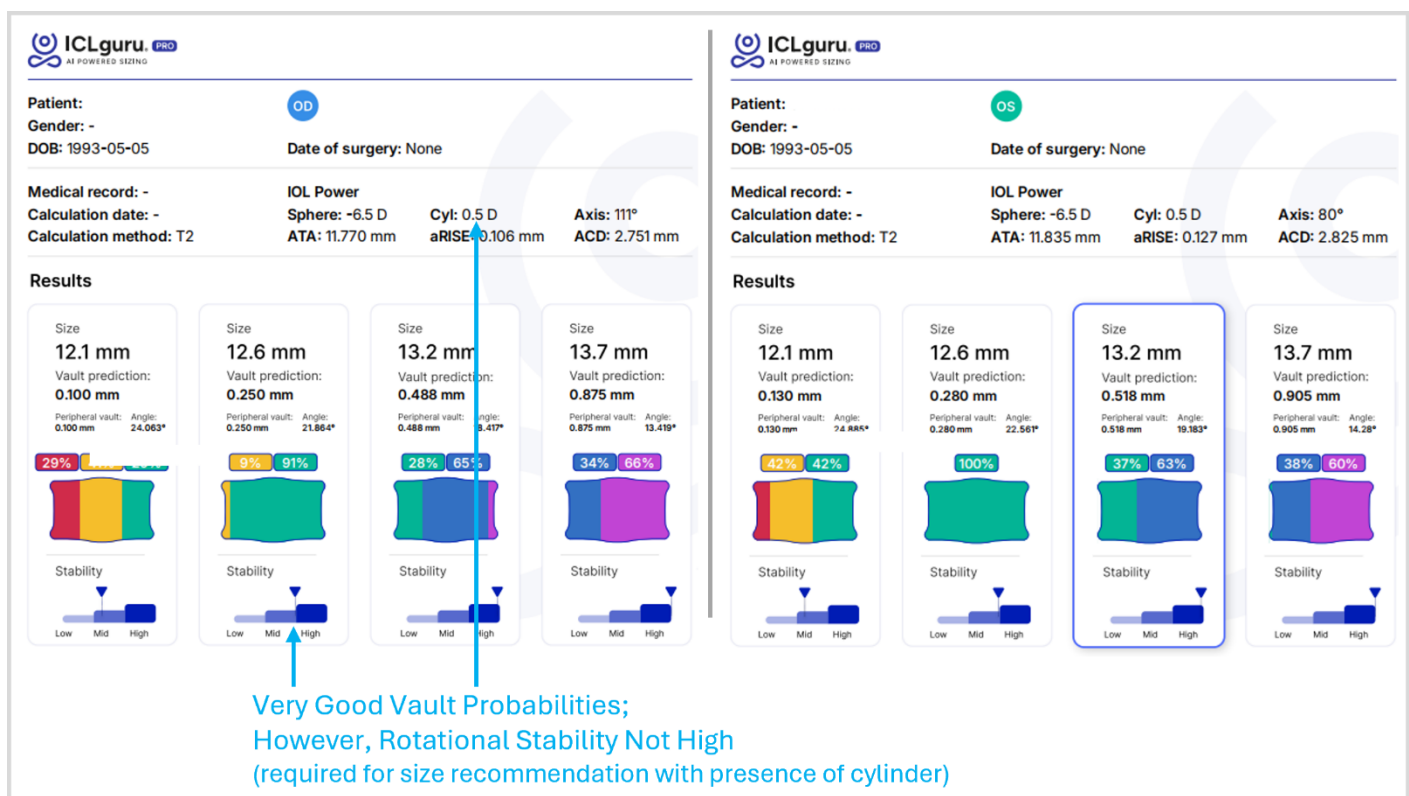
Again, a surgeon can use their own clinical judgement, possibly choosing to implant a 12.1 mm size ICL given the low risk of hypo vault and high rotational stability (particularly important given the 1.0 D cylinder and likely use of toric lens).



Example: Importance of Rotational Stability for Toric Lens

Since toric lenses are particularly sensitive to rotation due to astigmatism present within an eye, rotational stability is a particularly crucial factor of the ICLguru Pro lens size recommendation algorithm. In this example, a lens size is not recommended for OD since there is the presence of cylinder and since the only size without any probability of either hypo vault or hyper vault does not possess high rotational stability.

Again, in this case, the surgeon can exercise their own clinical judgement based upon the data provided. For instance, a surgeon might choose to implant the 12.6 mm size with reasonable confidence since the rotational stability straddles the high- and mid-ratings. If rotation were to occur, options could include not treating the slight astigmatism via the ICL either by ignoring altogether or addressing via a companion refractive surgery. In any case, the surgeon can use the data to determine the best course of action for the particular patient.



Bonus Note: This case brings up an interesting example of lens selection for the OS. Based on vault probabilities, the 12.6 mm size would be the best since it is 100% green; however, cylinder is present in the eye, and the rotational stability for the 12.6 mm size is not high. Therefore, the ICLguru Pro algorithm suggests a 13.2 mm size with high rotational stability and no probability of hyper vault. Again, a surgeon should always use their clinical judgement regardless of the recommended lens size on the report, relying on the data presented to make the best choice for each particular patient.