



EVO ICL in Cedar Rapids: Why High-Rx Eastern Iowa Patients Choose Implantable Lenses

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For Eastern Iowa patients whose prescriptions have long placed laser vision correction out of reach, Vance Thompson Vision ? Cedar Rapids points to a different category of solution. The EVO ICL is a thin, flexible lens implanted inside the eye to correct nearsightedness, and, in its toric version, astigmatism, without removing corneal tissue or replacing the eye's natural lens. The lens is positioned behind the iris and in front of the natural lens, where it bends incoming light so that it focuses more accurately on the retina. Most people cannot see or feel it once it is in place.

It is designed for a specific patient. According to the practice's published candidacy guidance, candidates are generally adults between 21 and 45 with healthy eyes and a prescription that has remained stable for at least one year. The procedure tends to be most relevant for people with higher levels of nearsightedness and for those who have been told they are not good candidates for LASIK, often because of corneal thickness, prescription strength, or other structural factors. Because the EVO ICL adds a lens rather than reshaping the cornea, the anatomy that disqualifies some patients from laser correction is left intact.

Prescription range is determined by measurement rather than by a single number posted in advance. The

EVO ICL corrects nearsightedness across a broad span, including degrees of myopia that fall beyond what laser correction typically addresses, and the EVO Toric ICL extends that correction to eligible levels of astigmatism. What matters during evaluation is the combination of prescription strength, prescription stability over the preceding year, corneal health, and internal measurements of the space where the lens will sit.

Reversibility is the second question patients tend to raise. The EVO ICL is designed to remain in place for long-lasting vision correction, but the practice's patient information notes that it is not a one-way decision: an eye surgeon can remove or replace the lens if circumstances warrant, including years later, should a patient develop a cataract and require cataract surgery. The natural lens is never removed during the ICL procedure, which is part of why younger adults retain their own focusing ability afterward.

The difference from LASIK comes down to mechanism. LASIK reshapes the cornea with a laser so that light focuses differently on its way in. The EVO ICL leaves the cornea's shape alone and adds a customized focusing lens to the eye's existing optical system through a small incision near the corneal edge. Both procedures can reduce or eliminate dependence on glasses and contacts, though individual results vary and some patients still need glasses for certain tasks. The ICL procedure takes roughly 15 minutes per eye and is performed on an outpatient basis; the practice reports that many patients return to regular activities within one to two days, though recovery varies from patient to patient.

Like any intraocular surgery, the EVO ICL carries risks that the practice reviews with every candidate before scheduling. Its patient materials identify glare or halos, inflammation, changes in eye pressure, cataract development, endothelial cell loss, and the possible need for an additional procedure among them. Because the procedure is elective, it may not be covered by insurance.

"Patients come in asking whether they should have ICL or LASIK, and the honest answer is that the eye decides, not the procedure," said Caroline Wilson, MD, board-certified ophthalmologist, Vance Thompson Vision ? Cedar Rapids. "My fellowship covered cataract, cornea, glaucoma, and refractive surgery, so I'm not steering anyone toward the one thing I happen to offer. I can look at a cornea that's too thin for laser correction and tell that patient what their eye can actually accommodate. For a lot of high-prescription patients here, that conversation ends somewhere they didn't expect."

Wilson completed her residency at the University of Iowa Department of Ophthalmology and Visual Sciences and her fellowship at Vance Thompson Vision in cataract, cornea, glaucoma, and refractive surgery. She is a recipient of the ASCRS Foundation Resident Excellence Award, a member of the American Academy of Ophthalmology and the American Society of Cataract and Refractive Surgery, and an editorial contributor to EyeRounds. She has volunteered as a surgeon with the ASCRS Foundation's Operation Sight program.

The Cedar Rapids practice has served patients since 1996 and became part of Vance Thompson Vision in

2024, adding access to a surgical network the practice credits with more than 80,000 procedures and nearly 100 years of combined experience. Patients travel to the practice from Cedar Rapids, Marion, Iowa City, Waterloo, and Dubuque.

Candidacy details and procedure information are available on the practice's EVO ICL service page. Consultations are scheduled at the Cedar Rapids office at 1136 H Ave NE, where testing determines which option, if any, fits the patient's eyes.

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For more information about Vance Thompson Vision - Cedar Rapids, contact the company here: Vance Thompson Vision - Cedar Rapids Vance Thompson Vision (319) 362-9855 info@vancethompsonvision.com 1136 H Ave NE, Cedar Rapids, IA 52402

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Vance Thompson Vision are world leaders in quality vision correction and patient care in ophthalmology. We specialize in vision surgery and treatment with a specific focus on LASIK, refractive cataract surgery, glaucoma, cornea care, and oculoplastics.

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