EVO ICL in Alexandria: Implantable Lenses for Central Minnesota Patients

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ALEXANDRIA, MN - October 30, 2026 -
The EVO ICL is a thin, flexible lens that a surgeon implants inside the eye to correct nearsightedness, and it is intended for adults roughly between the ages of 21 and 45 who have healthy eyes and a prescription that has held steady for at least a year. Unlike laser vision correction, it does not remove or reshape corneal tissue. Patients across central Minnesota can now be evaluated for the procedure at Vance Thompson Vision ? Alexandria, where board-certified ophthalmologist Deborah Gess Ristvedt, DO, sees candidates from Alexandria, Fergus Falls, Morris, Glenwood, and Detroit Lakes.

The lens sits behind the iris and in front of the eye's own natural lens, where it bends incoming light so that it focuses more accurately on the retina. Because the natural lens stays in place and the cornea is left untouched, the eye keeps its original anatomy. Most people cannot see or feel the implant once it is positioned. A toric version is available for patients whose nearsightedness is accompanied by eligible amounts of astigmatism. Full candidacy criteria and procedure details are outlined on the practice's EVO ICL vision correction page.

One of the questions patients raise most often in consultation is whether the decision can be undone. It can.

The lens is designed to provide lasting vision correction and to stay in the eye indefinitely, but it is not fused to the surrounding tissue. A surgeon can remove or replace it if a patient's needs change, including years later if a cataract develops and cataract surgery becomes appropriate. That distinguishes it from procedures that alter the cornea itself.

The prescription range the lens addresses is determined individually rather than by a single published cutoff. It is used for nearsightedness, including higher levels that fall outside the range some laser procedures can treat, and the toric version extends that to qualifying degrees of astigmatism. Rather than a fixed number, candidacy depends on prescription stability, corneal health, and internal measurements of the eye taken during a consultation. Those measurements also determine which lens size and correction the surgeon selects, since the implant is customized to each patient's eye.

Where the EVO ICL differs most clearly from LASIK is in method. LASIK uses a laser to reshape the cornea so light focuses differently as it enters the eye. The EVO ICL leaves the cornea intact and adds a corrective lens to the eye's existing optical system instead. Both approaches can reduce dependence on glasses and contacts, and neither is automatically the better option. Because it preserves corneal tissue, the implantable lens is sometimes a path forward for patients with thinner corneas, higher prescriptions, or other findings that make laser correction less appropriate.

"When someone learns they aren't a candidate for laser vision correction, they often assume the conversation is over, and it isn't," said Deborah Gess Ristvedt, DO, board-certified ophthalmologist, Vance Thompson Vision ? Alexandria. "An implantable lens works with the eye's own anatomy rather than changing it, and because it can be removed or exchanged later, it leaves future options open. My work in intraocular lens research has shaped how I evaluate these cases, and what I tell patients is that the right procedure is the one their measurements point to, not the one they came in asking about."

The procedure itself is outpatient and takes roughly 15 minutes per eye. The surgeon makes a small incision near the edge of the cornea, inserts the folded lens, and positions it behind the iris. Many patients notice clearer vision quickly and return to regular activities within one to two days, with follow-up visits scheduled at one day, one week, one month, and three months so the care team can monitor healing, eye pressure, and lens position. As with any intraocular surgery, potential risks include glare or halos, inflammation, changes in eye pressure, and cataract development; Dr. Ristvedt reviews these individually before any patient proceeds. Because implantable lens surgery is elective, it is generally not covered by insurance.

Dr. Ristvedt is a third-generation ophthalmologist whose family has cared for the Alexandria community since 1975, when her grandfather, Lowell Gess, opened the clinic after returning from medical mission work in Sierra Leone. She serves on the ASCRS Glaucoma Clinical Committee, has served as principal investigator on Light Adjustable Lens and glaucoma device trials, and has published research on intraocular lenses and

glaucoma procedures. The Alexandria practice joined Vance Thompson Vision in 2018 and participates in FDA-monitored clinical trials.

Consultations are available at the Vance Thompson Vision eye clinic in Alexandria, Minnesota.

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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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