EVO ICL in Bozeman: How the Implantable Lens Works and Who Qualifies

November 18, 2026

BOZEMAN, MT - November 18, 2026 -
The EVO ICL is a thin, flexible lens that a surgeon implants inside the eye to correct nearsightedness. It is positioned behind the iris and in front of the eye's natural lens, and it corrects vision by bending incoming light so that it focuses on the retina. Unlike laser vision correction, the procedure does not reshape the cornea or remove corneal tissue. Vance Thompson Vision has published patient guidance on EVO ICL describing how the lens works, who the practice considers a candidate, and what the procedure involves.

According to the criteria the practice applies, EVO ICL is evaluated for adults who are nearsighted, with or without astigmatism, who have healthy eyes and a prescription that has remained stable. Russell Swan, MD, the board-certified ophthalmologist who leads Vance Thompson Vision's Bozeman and Billings practices, said the procedure is discussed most often with patients whose degree of nearsightedness or corneal thickness makes laser correction less appropriate. Candidacy is not determined by a prescription number alone. It depends on measurements taken during a clinical examination, and some patients evaluated for the procedure are not found to be candidates.

On the question of whether the lens can be removed, the practice states that it can. The EVO ICL is designed

to provide long-lasting vision correction and to remain in place, but a surgeon can remove or replace it if a patient's circumstances change or if cataract surgery becomes appropriate later in life. Removal or replacement is itself a surgical procedure carrying its own risks, not a reversal that returns the eye to an untreated state. The eye's natural lens is left in place and no corneal tissue is removed, which is the basis on which the practice describes the procedure as corneal-tissue sparing.

The treatable prescription range is confirmed patient by patient rather than by a published threshold. The practice determines it through testing of prescription, corneal structure, and internal eye measurements, and those measurements also govern the selection of lens size and power, which is customized to each eye. A toric version of the lens is available for patients whose astigmatism falls within the range it is designed to correct.

The mechanical difference from LASIK is straightforward. LASIK uses a laser to reshape the cornea so that light focuses differently. The EVO ICL adds a focusing lens to the eye's existing optical system through a small incision near the edge of the cornea, leaving the cornea's shape and the natural lens intact. Both procedures can reduce dependence on glasses and contact lenses, and Swan said neither is automatically the better option for a given patient. Recovery timelines vary by individual, and the practice does not represent a typical result.

As with any intraocular surgery, EVO ICL carries risks. The practice identifies these as including glare or halos, inflammation, changes in eye pressure, cataract development, loss of endothelial cells, and the possibility that an additional procedure will be required. Some patients continue to need glasses for certain tasks after the procedure, and age-related changes in near vision still occur over time regardless of the correction. The practice states that individual results vary and that a surgeon reviews the specific risks and benefits with each patient before surgery.

"Being fellowship-trained in anterior segment surgery means I can offer LASIK, PRK, corneal cross-linking, and implantable lens options, then recommend the procedure that fits the patient's eye rather than the one procedure we happen to perform," said Russell Swan, MD, board-certified ophthalmologist, Vance Thompson Vision ? Montana. "For a nearsighted patient with a thin cornea, an implantable lens is often the option worth examining first, and sometimes the examination tells us it is not the right one."

Swan earned his medical degree at the University of Nebraska College of Medicine, completed his ophthalmology residency at the Moran Eye Center at the University of Utah, and finished a fellowship in advanced anterior segment surgery at Vance Thompson Vision in Sioux Falls. He is an adjunct assistant professor in the University of Utah Department of Ophthalmology and Visual Sciences and serves on the

American Society of Cataract and Refractive Surgery Young Eye Surgeons Clinical Committee. He leads annual surgical mission trips to Hospital San Felipe in Tegucigalpa, Honduras.

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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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