



## THE ROYAL COLLEGE OF OPHTHALMOLOGISTS' *COLLEGE STATEMENT*

### **IOL VIP Revolution lens implants report in the *Daily Telegraph* - 7 January 2013**

On 7<sup>th</sup> January 2013, there was a report in the Daily Telegraph by their medical editor, Rebecca Smith on IOL VIP Revolution lens implant for patients with central visual loss due to macular degeneration, particular the dry type.

(<http://www.telegraph.co.uk/health/healthnews/9785591/Eye-implant-hope-for-common-cause-of-blindness.html>)

The report said the procedure costs £11,000 and is only available at the private London Eye Hospital.

This procedure involves implanting two small lens implants into the eye in a similar way to the procedure for cataract surgery. This new Revolution system differs from the older IOL VIP system in that both lenses are implanted behind the iris.

By implanting two lenses into the eye in this way, a telescopic system is created. It magnifies the image that forms at the back of the eye on the macula making it look bigger. This uses the same optical principles as those in conventional telescopes and binoculars that we use for 'zooming' into distance objects making them look closer and bigger. The IOL VIP system and the IOL VIP Revolution system may also help improve vision additionally shifting the image slightly away from the centre of the macula. Therefore in patients who have reduced vision due to damage of the central macula, a bigger image being projected to an adjacent area next to the damaged central spot could theoretically enable the patient to see smaller objects in the distance more clearly.

There has been very little research done on the outcomes of surgery using the IOL VIP and the newer IOL VIP revolution telescopic implant lenses. We don't know how much improvement it can give and we don't know if all patients with dry macular degeneration and reduced vision could benefit. It is likely that only a proportion of those with severe macular damage in both eyes could benefit. At present it is difficult to advise patients properly or to recommend this type of surgery for them. It is important to wait until there are published results of the outcomes of surgery in a large group of patients before eye specialists in the NHS can advise their patients properly and before we can consider it for NHS use.

Patients who are considering such an operation should contact the London Eye Hospital for further information. It would be important for them to understand the risks of causing any damage to the eye, the likelihood of benefit and the degree of any expected improvement before going ahead with surgery. It would also be important to establish prior to the operation whether the procedure can restore important aspects of visual function such as reading fine print or driving a car.