

SNU Eye Clinic Highlights Precision Planning in Toric ICL Surgery

SNU Eye Clinic emphasizes personalized Toric ICL planning and precise lens alignment to minimize residual astigmatism and improve vision correction outcomes.

SEOUL, SOUTH KOREA, August 24, 2026 /EINPresswire.com/ -- As South Korea's vision correction technologies continue to gain international recognition, growing numbers of international patients are traveling to Korea seeking advanced treatment for high myopia and astigmatism. Among these procedures, implantable collamer lens surgery ([ICL](#)), which corrects refractive errors by placing a specialized lens inside the eye without removing corneal tissue, is considered one vision correction option for patients who may not be suitable candidates for laser vision correction due to high myopia, corneal thickness, or other factors.



Dr. Eui Sang Chung, Chief Ophthalmologist at SNU Eye Clinic, speaks at an ophthalmology conference, sharing his clinical expertise in advanced vision correction and lens implantation.

Astigmatism is a refractive error in which light entering the eye does not focus precisely at a single point, potentially causing blurred or distorted vision. Patients may also experience eye strain, headaches, or glare, particularly at night. For patients with extremely high myopia combined with high astigmatism, or those with thin corneas, laser vision correction procedures such as LASIK or LASEK may have limitations.

In such cases, ICL surgery may be considered following a comprehensive eye examination. Unlike corneal laser procedures, ICL surgery does not require the removal of corneal tissue. The lens is implanted inside the eye to correct the refractive error while preserving the cornea. When

medically appropriate, the implanted lens can also be removed or exchanged under the guidance of an ophthalmologist.

However, ICL surgery involves more than simply selecting a lens based on a patient's myopia prescription. Comprehensive preoperative examinations are essential to evaluate factors including corneal thickness and curvature, anterior chamber depth, pupil size, and overall ocular structure. These measurements are then used to determine the most appropriate lens type, size, and power for each patient.

When astigmatism is present, even greater precision is required in surgical planning. This is where the Toric ICL comes into consideration. Designed to correct both myopia and astigmatism, Toric ICL requires precise alignment with the patient's astigmatism axis. Accurate positioning and alignment of the lens are therefore important factors in achieving the intended visual outcome.

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Even patients with the same prescription can have different eye structures, making individualized examination and precise surgical planning essential.”

Dr. Chung Eui Sang

If there is an error between the intended astigmatism axis and the actual lens alignment, or if the lens rotates after surgery, residual astigmatism may remain and potentially affect the expected vision correction. For this reason, accurately measuring the astigmatism axis before surgery and developing an individualized plan based on each patient's ocular anatomy and clinical data are important components of Toric ICL surgery.

At [SNU Eye Clinic](#) in Korea, the Zero Toric ICL system is utilized with the goal of minimizing residual astigmatism and correction errors that may occur during Toric ICL surgery. The clinic analyzes each patient's astigmatism axis in detail and develops an individualized surgical plan based on accumulated clinical data and nomograms, including the appropriate lens size, power, and astigmatism axis.

SNU Eye Clinic also operates a dedicated ICL Team, consisting of ophthalmologists specializing in



SNU Eye Clinic's modern and comfortable lounge and waiting area in Seoul, designed to provide a welcoming environment for patients.

lens implantation, optometrists, and consultation staff. The team provides a systematic approach covering comprehensive examinations, surgical planning, the procedure itself, and postoperative follow-up. SNU Eye Clinic has also been designated as an EVO ICL Training Center for the Asia-Pacific region, where clinical experience and surgical expertise are shared with ophthalmologists from Korea and overseas.

Dr. Eui Sang Chung, Chief Ophthalmologist at SNU Eye Clinic, has accumulated extensive clinical experience in astigmatism-correcting lens implantation since the early introduction of Toric ICL in Korea. As a reference physician involved in the early introduction and clinical application of Toric ICL in Korea, Dr. Chung has contributed to expanding vision correction options for patients with high myopia and astigmatism.

Dr. Chung has also been selected as an ICL Expert Instructor by global ophthalmic company STAAR Surgical, providing ophthalmologists with education on ICL surgical techniques and clinical experience.

Beyond ICL surgery, Dr. Chung has continued to contribute to the international development of vision correction in Korea. In 2010, he was selected as one of 11 Global Investigators involved in the early clinical development of SMILE and participated directly in the initial clinical research. He later participated in clinical trials for the next generation of vision correction technology, SMILE Pro.

More recently, Dr. Chung was named to The Ophthalmologist Power List 2026, which recognizes 50 of the most influential ophthalmologists worldwide, further highlighting the growing international recognition of Korean ophthalmology.

“Even patients with the same degree of myopia and astigmatism can have different ocular structures, anterior chamber depths, and astigmatism axes, which makes individualized examination and surgical planning essential,” said Dr. Eui Sang Chung, Chief Ophthalmologist at

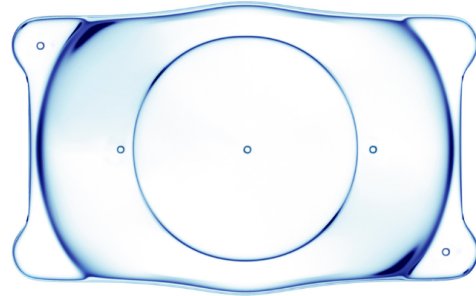


Illustration of an implantable collamer lens (ICL), a lens-based vision correction option designed to correct refractive errors without removing corneal tissue.

SNU Eye Clinic. "With Toric ICL in particular, the accuracy of the astigmatism axis and lens positioning can directly affect the quality of vision after surgery. Patients should therefore consider the surgeon's clinical experience and whether a systematic care process is in place to minimize residual astigmatism and potential errors."

He added, "Korea's vision correction technology continues to strengthen its competitiveness internationally through advanced examination systems, surgical techniques, and accumulated clinical experience. We will continue developing a precision-focused clinical system that meets global standards and provide reliable vision correction care for international patients visiting Korea."

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