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LOW VISION



EYE CARE WITH CARE

LOW VISION

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A vision problem that makes decreased side (peripheral) vision, a reduction or loss of clarity of vision, or the eye's inability to properly adjust to light or glare.

Best corrected visual acuity of 6/18 or less and / or field of vision of 10 degree or less. People who are unable to see objects (say a person's face) beyond maximum of 3m i.e., 10 feet distance (with their spectacle correction) and / or people those who have side vision difficulty are said to have low vision.

When ordinary eye glasses, contact lenses

or intraocular lens implants cannot provide sharp sight, an individual is said to have low vision. Although reduced central or reading vision is common, low vision may also result from decreased side (peripheral) vision, a reduction or loss of clarity of vision, or the eye's inability to properly adjust to light or glare.

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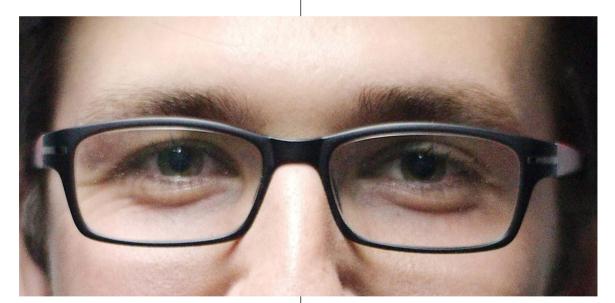
Types of low vision

Type of low vision hinge on the condition that triggered low vision. The most common types are:

- Central vision loss is the result of damage to the macular area of the retina, so it affects the ability to see detail. As a result, not able to see things in the centre of vision.
- **Peripheral vision loss (tunnel vision)** is the loss of side vision, so not able to see things in the corners of eyes.
- Night blindness: (nyctalopia) poor vision at night or low light, so not able to see in low light.
- **Blurry or hazy vision:** is the loss of sharpness of eyesight, so things seem to be out of focus and hazy.

- Most common conditions seen in the clinic
- Congenital cataract / Aphakia
- Retinitis Pigmentosa
- Albinism
- Diabetic retinopathy
- Age related macular degeneration
- Heredomacular degeneration (eg: Stargardt's disease)
- Glaucoma
- Nystagmus
- Optic nerve problems (eg: Optic atrophy)

There are different eye problems that can cause low vision, but the most common causes are – age related macular degeneration (AMD), diabetic retinopathy, retinitis pigmentosa, cataracts, glaucoma, eye and brain injuries and genetic disorders.



Difficulties dealt

- Recognizing faces at distance
- Watching TV
- Seeing black board (for students)
- Reading fine print/ writing
- Computer tasks/ Mobile tasks
- Glare problems

Diagnosis

- Assessment of difficulty level of the patients in performing day-to-day activities
- Vision assessment
- Spectacle power check up
- Testing with Low vision devices (optical

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and non-optical)

- Colour vision assessment
- Contrast sensitivity assessment
- Field of vision assessment

Low vision aids

Unfortunately, low vision is generally everlasting. Eyeglasses, medicine. and surgery will not cure low vision. However, they help to improve vision or protect from getting worse. Here is array of devices, practical tips and innovative ideas to manage low vision:

Magnifiers: Magnification devices can • be hand-held, freestanding, or mounted on a headband or on eyeglasses. You also wear magnifiers around can neck. Many models have a built-in light or incorporate various levels of magnification.

Telescopes: Try any of a variety of miniature telescopes and binoculars, some worn like eyeglasses. They may help you with distance viewing.

Special eveglasses: Find stronger-thannormal bifocal or trifocal glasses to see better. Or you may have success with high-power, prismatic "half-eye" reading glasses. These help the good spots in one eye cancel out the bad spots in another.

Electronic technology: Many "hightech" vision aids are available. They include video reading systems that enlarge type 60 times, auto-focus spectacle telescopes and talking computer systems. Use clocks, phones and watches with enlarged numbers. Use brighter lights at home or work.



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