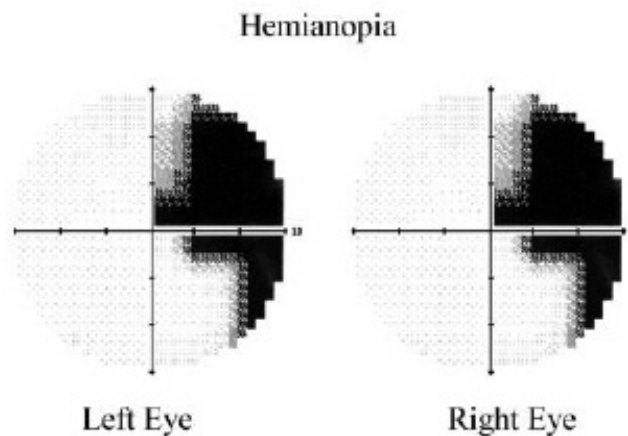


Neuro oncology department

Hemianopia

Introduction

A homonymous hemianopia is the loss of part of the field of view on the same side, in both eyes. Throughout this leaflet it will be referred to as 'hemianopia'. It occurs frequently in stroke, brain tumours and traumatic brain injuries.



Testing for hemianopia

These are the visual fields of a patient with a right-sided hemianopia tested on a machine. Each eye is tested in turn using a special machine. You look ahead at a point represented by the cross hair while lights are flashed to the left or right. You have to press a button when you see a light. If you consistently miss lights in certain parts of your field, it is recorded as a dark patch. Notice that the fields are very similar in both eyes because hemianopia is caused by damage to the brain, not by damage to the eyes.

Although the missing field is represented as black here, this is not how patients with hemianopia experience their visual loss. You cannot see behind you without moving your head and eyes, but you do not experience this lack of vision as a blackness. The same is true of people with hemianopia.





How will hemianopia affect you?

A hemianopia can affect your independence. People report fear of running into objects, tripping, falling, knocking over drinks, and being startled by objects or people that suddenly appear out of nowhere. People may become so fearful of falling or running into objects that they may be unwilling to travel or shop without assistance. Panic attacks may even occur when in crowded stores because people with hemianopia can easily become lost, feel disoriented and unable to navigate safely through the crowd. People are often much slower when reading text, because they cannot see the upcoming words. Some people, fearing both embarrassment and the danger of injury, may start to avoid going out or mixing socially.

Coping with hemianopia

People may mistakenly believe that the loss of vision is just in one eye. They may report “my right eye has been bad since the surgery”, while actually the damage in the brain caused a loss in both eyes. People with hemianopia may also fail to realise the full extent of their visual problems.

The extent of vision loss can vary from slight to severe. Sometimes with hemianopia you may not be aware that you are not able to see from a part of your visual field. You can be taught scanning techniques (eye movement patterns) in the direction of the hemianopia to compensate. Reading can also be a very frustrating experience with hemianopia. If you have right hemianopia, then you will miss the end of words or end of the line. Missing the end of words will result in changing the meaning of words and sentences. Sometimes using a marker at the end of the sentence or a post-it note to indicate where the end of the line is can be helpful. A typoscope, which is a card with a piece cut out, can help. If you have left hemianopia then you may have difficulty finding the beginning of the sentence and finding the next line of text. Once again, using a post-it note or ruler to mark the beginning of the text and underneath text can be helpful. It may also helpful to tilt the text and read it vertically.

Optical aids may be used to help increase your field of view but must be fitted by an eye care professional. Prisms which can either be temporary or permanent may be applied on the affected side. A prism is a special, transparent, plastic sheet which can be customised to fit any pair of glasses. Prisms do not change the focus or prescription of the lens, but can shift an image either to the right, left, above or below or diagonally as needed. Initially, temporary prisms will be applied to spectacles to ensure correct positioning and during visual training. These prisms are stuck on the back surface of spectacles and can easily peel off if not needed. Permanent prisms are mounted into the spectacle frame – into the lens itself. Training with prisms can involve scanning and safety issues while you are in a sitting or standing position and progressing to walking. With the appropriate training, prisms may help you with field loss in all areas of day to day living including navigating around obstacles better while walking.

Other optical aids that may be used are small mirrors attached to spectacles called hemianopic spectacles and inverted telescopes which can increase visual field.

Other help available

Ask your ophthalmologist, optometrist or GP about low vision aids, like a magnifier, and ask for a referral to your local low vision service. You should also ask whether you are eligible to register as sight impaired (partially sighted) or severely sight impaired (blind). Registration can act as your passport to expert help and sometimes to financial concessions. Even if you aren't registered a lot of this support is still available to you.

Local social services should also be able to offer you information on staying safe in your home and getting out and about safely. They should also be able to offer you some practical mobility training to give you more confidence when you are out.

Further information

RNIB

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Tel: **0303 123 9999**

Website: www.rnib.org.uk

Email: helpline@rnib.org.uk

Thanks to the Royal National Institute of Blind People for permission to adapt some of their information on hemianopia.

If you need information in a different format, such as easy read, large print, BSL, braille, email, SMS text or other communication support, please tell your ward or clinic nurse.

We try to ensure that all our information given to patients is accurate, balanced and based on the most up-to-date scientific evidence. If you would like to have details about the sources used please contact patient.information@christie.nhs.uk

For information and advice visit the cancer information centres at Withington, Oldham or Salford. Opening times can vary, please check before making a special journey.

Contact The Christie Hotline for
urgent support and specialist advice
The Christie Hotline: 0161 446 3658
Open 24 hours a day, 7 days a week

