



Patient produced information – Jill Burrowes

Advice for adapting to single eye vision

From my experience, the loss of vision in one eye, whether for 24 hours (such as wearing an eye pad) or more permanently, can be very difficult to come to terms with. You will find though, that in a very short period of time you will begin to adapt and the frustrations you encounter in the first weeks can be overcome with patience and persistence. The advice outlined below should help you do this.

What happens when I lose the vison in one eye?

Because the sight in each eye covers the same field of vision to some extent, when you lose the ability to see in one eye you do not lose half of your sight. Rather, your overall visual field is reduced by about 30%, which might not be as bad as you first thought.

The main thing that you will notice is the loss of depth perception. This is most obvious at a range of approximately six to eight feet away but it will affect your near perception also, and is the thing that will cause the most frustration. At distances over ten feet it is not so noticeable.

What sort of problems should I be aware of?

Most things will become instinctive as your brain adjusts to doing things in a slightly different way. But to begin with, it is worth bearing in mind that some of the activities below might cause you some initial frustration. I have put together some hints that may help in reducing this.

- When reaching for an object you may find you grab empty air.

Open your hand wide and move your arm forward slowly until you touch the object. This will become automatic over time so persistence will pay off.

-Pouring into a glass, cup or mug can be tricky.

Touch the bottle, kettle, etc. to the rim of the glass or cup to locate its position before pouring as it's easy to spill. Be extra cautious with hot liquids.

-Be careful when walking

Go slowly at first, paying extra attention to the surface you are walking on as it will be harder to spot dips and bumps, which may cause you to stumble. Take extra care getting on and off trains and buses. Be aware that your field of vision is not as wide as it used to be so it is easy to bump into lampposts and other pedestrians.

-Equally, be careful on stairs and kerbs

More attention and less speed works well, particularly with the first and last step of a flight of stairs. When you reach what you believe to be the last step, carefully dip your toe over the edge to check that it is a step, because if the stair and floor surface are made of the same floor covering it is easy to make a mistake. When approaching a kerb, watch the kerb from a few feet before its edge and see how its position in relation to the road changes. This will give an indication of its height.

-Finding things

It may sound peculiar but one of the most frustrating things is opening a drawer, say in the kitchen or any drawer that contains a lot of small items, and not being able to see what you are looking for. There is no height difference between items in the drawer, so it becomes like a photograph and things are harder to find.

Move some items out of the drawer to limit your choice. Also, be careful when closing the drawer as you will not be able to tell if everything is lying flat enough to enable it to close.

-Other tips

You may find that you can still do most things that you did before your vision loss! Even activities that require close work can be done with the help of changing the angle or type of lighting, along with extra focus and caution. Safeguard yourself and others by closing cupboard doors, not leaving items on the floor and other obstacles that you may not always be able to see.

When eating out in restaurants, try and sit with your blind side next to a wall or pillar. This will help you be prepared for any approaching waiters, which can help avoid possible accidents.

Sometimes, if you wear glasses, thinner rims may help improve your range of clear vision.

Bouncing a tennis ball off a wall and trying to catch it, is good for improving co-ordination and finding new clues to help with depth perception. Be warned, it does take a while to improve and it does involve a lot of exercise retrieving the ball!

Protecting your good eye from risk of injury from things such as DIY or sport is crucial. Wearing protective goggles during these activities is strongly recommended.

-Driving

In the United Kingdom, the permanent loss of vision in one eye doesn't necessarily mean that you can't drive. If you have lost vision for any period of time, you must first check with the



Driver and Vehicle Licensing Agency (DVLA) and your insurer before you drive again. Please discuss this further with your consultant and ask for the Moorfields leaflet: 'DVLA licence FAQ's-vision and driving'.

If you have lost vision in one eye for a short period (i.e. wearing an eye pad for several days, having dilating drops or an ongoing eye problem that affects your vision), you are advised not to drive during this time.

If you are able to drive again, the thought of getting behind the wheel after losing vision in one eye can beoverwhelming. My tip is not to rush to do too much at once, but as you become more confident, gradually increase the distance and types of driving that you do.

To summarise, most things that you want to do are achievable with one eye, but focus, patience, persistence and a sense of humour will certainly make it easier to get back to your normal way of life!

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Moorfields Direct telephone helpline

Phone: 020 7566 2345
Monday-Friday, 8.30am-9pm
Saturday, 9am-5pm
Information and advice on eye conditions and treatments from experienced ophthalmic-trained nurses.

Patient advice and liaison service (PALS)

Phone: 020 7566 2324/ 020 7566 2325
Email: moorfields.pals@nhs.net
Moorfields' PALS team provides
confidential advice and support to help
you with any concerns you may have
about the care we provide, guiding you
through the different services available
at Moorfields. The PALS team can also
advise you on how to make a complaint.

Your right to treatment within 18 weeks

Under the NHS constitution, all patients have the right to begin consultant-led treatment within 18 weeks of being referred by their GP. Moorfields is committed to fulfilling this right, but if you feel that we have failed to do so, please contact our patient advice and liaison service (PALS) who will be able to advise you further (see above). For more information about your rights under the NHS constitution, visit www.nhs.uk/choiceinthenhs

