

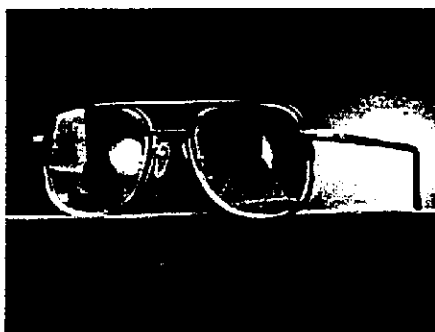
OPTICAL OUTLOOK

By GWEN K. STERNS, MD Rochester, NY.

How to Help Hemianopes

In the past, when patients have had hemianopic vision loss secondary to a cerebral vascular accident or some other problem, our best optical options were stick-on Fresnel prisms. Though these devices are effective, they are cosmetically unappealing, and the design inherently reduces acuity.

Here at our clinic, we are testing a new optical device that we believe may offer improved vision and quality of life to these patients. The "hemianopic lens" incorporates a prism into the lens via a special molding process. The patient wears the lens with the base pointing toward the field defect. With just a minor eye movement toward the prism, the patient is able to view a large part of the missing field. It is not necessary for the patient to turn his head, and there is no reduction in acuity.



These new lenses are designed to correct field loss.

Though we are still testing the lens, I must say that some of my patients have marveled at how much more they can see.

One such patient is Mrs. B., who suffered a stroke two months prior to being evaluated by our low vision center. As with many patients, the stroke spared the macula; her acuity was correctable to 20/25 in each eye. However, she had a left homonymous hemianopic defect that greatly reduced

her functional ability.

As soon as Mrs. B. tried on the hemianopic lens, which incorporated both her distance prescription and a bifocal, she broke into a big grin. She now wears the lenses all the time.

We are currently working jointly with our low vision clinic at the Association for the Blind and Visually Impaired and with the Rochester Rehabilitation Center on a project to study the efficacy of this lens in a larger population of patients with hemianopic defects. We are looking at patients who have undergone rehabilitation following a stroke, but were not exposed to the hemianopic lens.

If this proves successful, we hope to work together with our colleagues in neurology and rehabilitation to help these patients lead more functional lives.

THE HEMIANOPIC OBSTACLE COURSE

Incredibly, some hemianopes never understand their field defect and never get help for it.

Such patients typically are under the care of a neurologist first and a rehabilitation professional second. Physicians may become aware of the defect, but can only teach coping techniques. They don't prescribe optical aids.

Even ophthalmologist can miss the defect because central vision is good. And when ophthalmologists find the defect through confrontation fields, many are at a loss. Ophthalmic residencies stress medicine and surgery, but teach us little about rehabilitation of patients with functional loss.

In my opinion, there is a need for more ophthalmic

training in caring for patients with hemianopic field loss. Once that occurs, there is also a need for more communication between us and neurologists and rehabilitation professionals. If the hemianopic lens turns out to be as promising as it has looked in clinic, perhaps it will serve as a stimulus for both. ■

Dr. Sterns is chief of the Department of Ophthalmology at Rochester General Hospital and a Clinical Professor of Ophthalmology at the University of Rochester. She specializes in Low Vision Rehabilitation and Ophthalmic Ultrasonography.

For more information on the hemianopic lens, call Irwava at (800) 957-8400. Dr. Sterns has no financial interest in the hemianopic lens.