

# Visual problems after stroke

Comprehensive assessment and rehabilitation services should be provided to all people with visual problems due to their stroke. At a minimum this should consist of:

## **ACUTE STAGE**

1. A thorough screening for visual impairment using a validated tool is completed before discharge (from in-patient or emergency settings) by a member of the team with appropriate training.
2. Direct referral to appropriate professionals for assessment of identified/suspected visual problems, (e.g. visual acuity / visual field loss/ eye movement disorders / double vision/ visual perception)

## **POST-ACUTE STAGE**

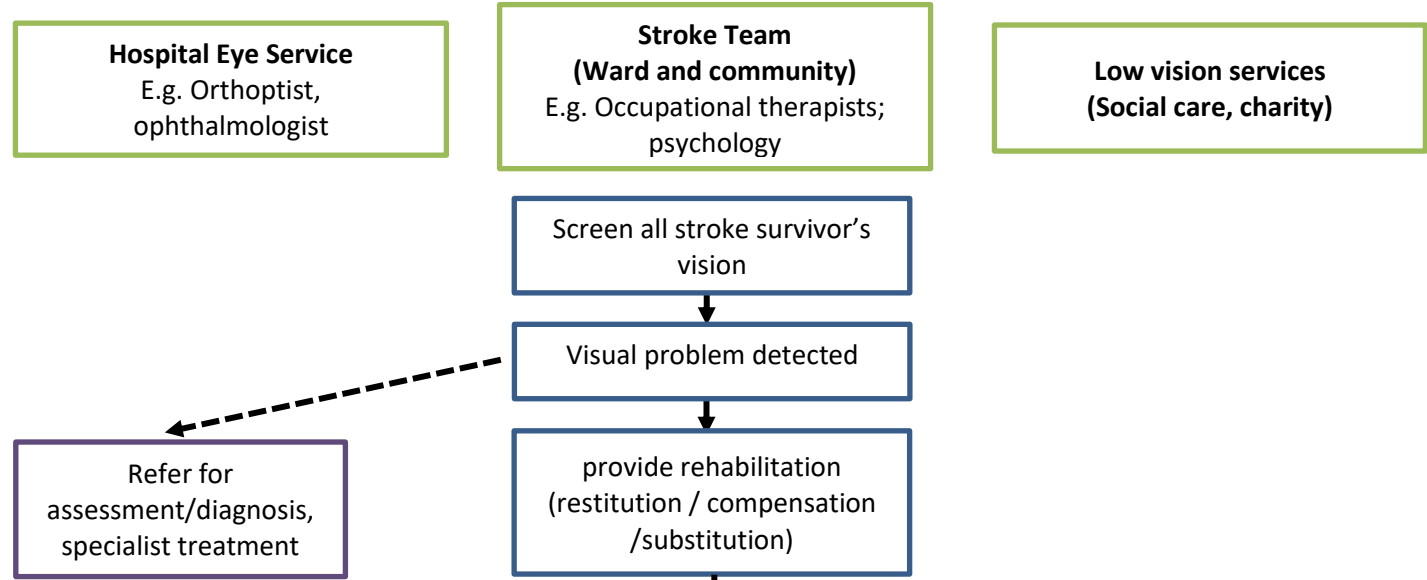
3. Follow up assessment to 1) determine the level of spontaneous recovery for any identified visual problems 2) review all patients by at least six months by asking them “Have you noticed any changes in your vision since your stroke?”
4. Provision of (1) treatment and (2) rehabilitation, tailored to the specific visual problems identified, by the profession most able to do so in the locality (this may vary across NHS and Social care areas)
5. Provision of accessible information and clear explanation of the individual’s visual problems, and their possible impact on daily life, including driving.
6. Ensure those affected have knowledge of, and access to, all relevant support from low vision services (e.g. patient support/eye clinic liaison officer (ECLO) based in hospital eye departments, sensory support teams and low vision charities, specialist clinics), initiating direct referral if required

# Core components of vision assessment & rehabilitation pathway

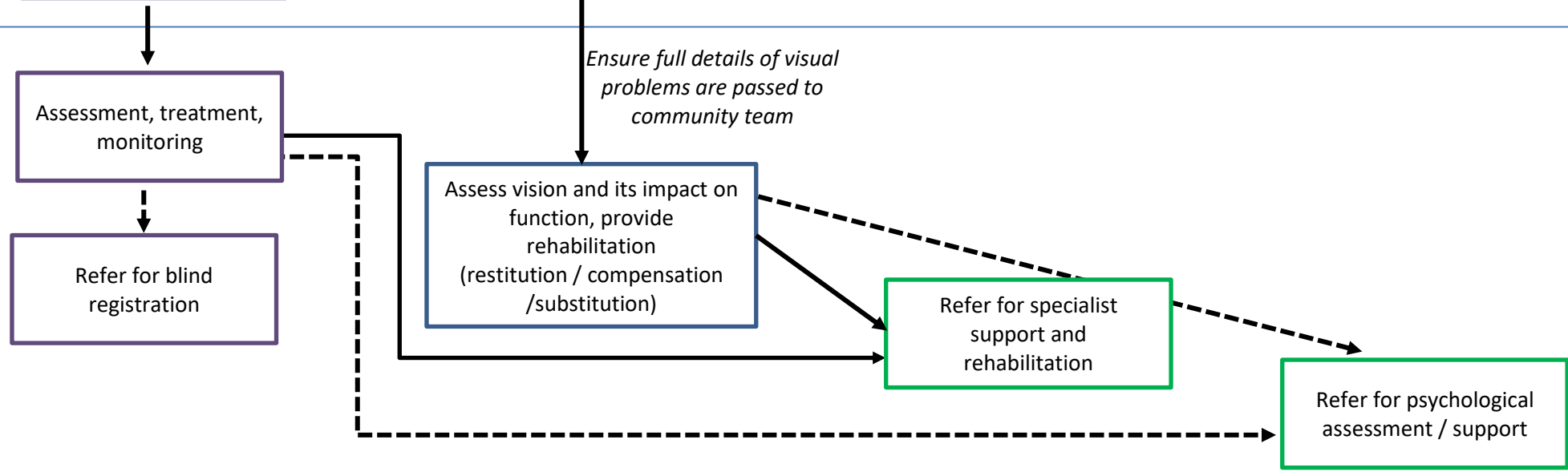
Key

- Always conducted
- > Conducted if needed

Before discharge



After discharge



# Visual problems after stroke: expanded version

Comprehensive assessment and rehabilitation services should be provided to all people with visual problems due to their stroke. At a minimum this should consist of:

## ACUTE STAGE

1. A thorough screening for visual impairment is completed before discharge (from in-patient or emergency setting) by a member of the team with appropriate training.

- complete for both those who attend emergency services only, and those admitted to inpatient care
- Use of validated tool
- Clear (standardised) recording of results in patient's notes
- Include: visual fields, eye movements, visual neglect, visual perceptual disorder
- Assessment of those with concurrent impairments (e.g. cognition, language) may need input from a range of professions

2. Direct referral to appropriate professionals for assessment of identified/suspected visual problems (e.g. visual acuity/ visual field loss/ eye movement disorders/ visual perception)

- Develop referral pathways and mechanisms between stroke and vision services
- Use of standardised referral forms
- It may not be necessary to refer patients with visual neglect / perceptual disorders if stroke team staff can adequately assess and manage these

## POST-ACUTE STAGE

3. Follow up assessment to 1) determine the level of spontaneous recovery for any identified visual problems 2) review all patients by at least six months by asking them "Have you noticed any changes in your vision since your stroke?"

4. Provision of (1) treatment and (2) rehabilitation, tailored to the specific visual problems identified, by the profession most able to do so in the locality (this may vary across NHS and Social care areas)

- Clinicians should be aware of the treatment and rehabilitation options available, and how to provide or enable access to these
- Creating a list of local services and professionals relevant for each of the different visual impairments is recommended

5. Provision of accessible information and a clear explanation of the individual's visual problems, and their possible impact on daily life such as daily living activities including driving.

- May use a range of methods – verbal, diagrams, information sheets, web sites
- Information may need to be repeated and changed over time, depending on the patients understanding and needs
- Clear explanation to family members is recommended

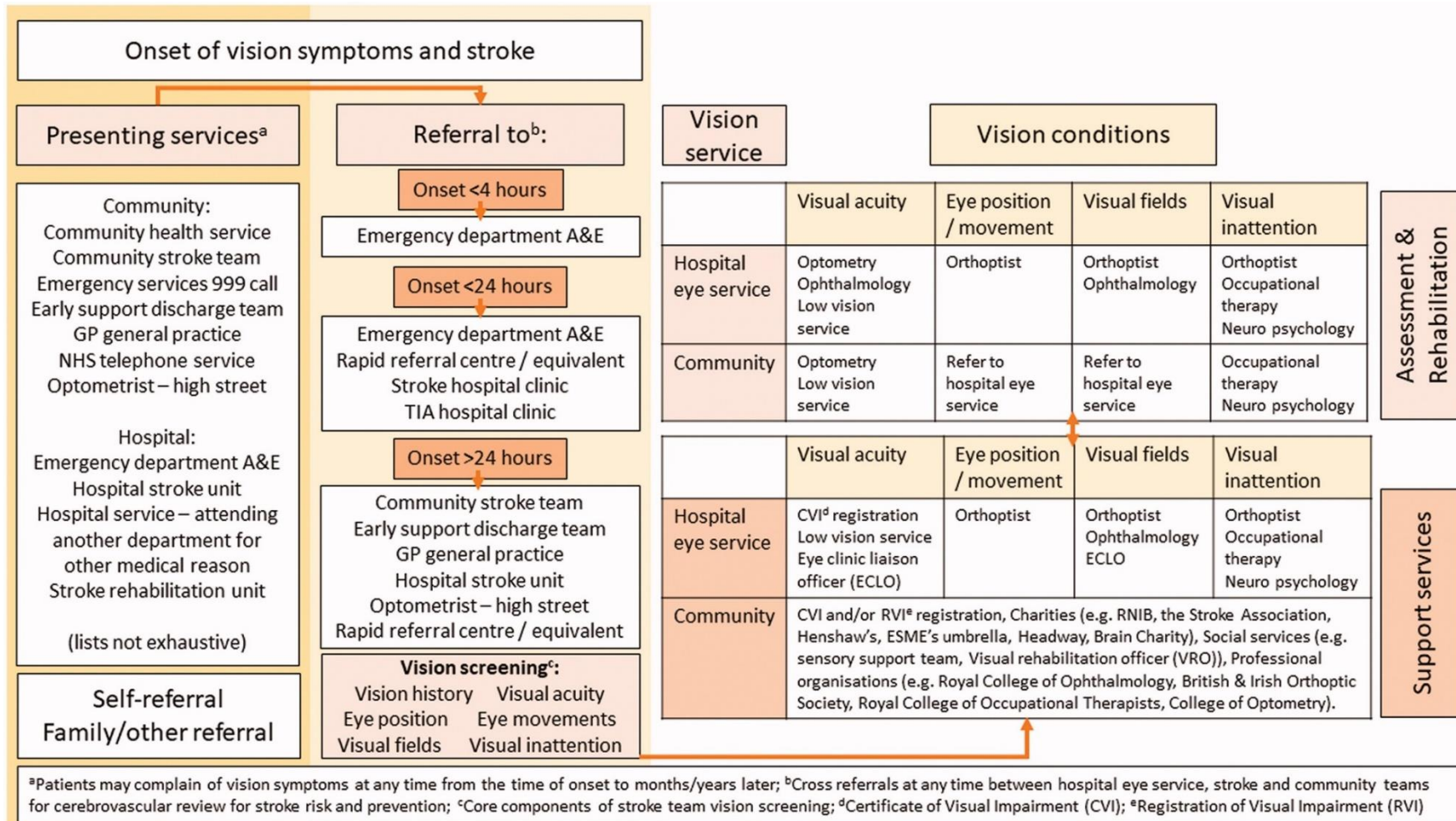
6. Ensuring people who have had a stroke causing lasting visual impairment have knowledge of and access to all relevant support options from low vision services (e.g. patient support/eye clinic liaison officer (ECLO) based in hospital eye departments, community based sensory support teams and low vision charities, specialist clinics), initiating direct referral if required.

- Determine the appropriate national and local services, from the NHS (stroke / vision), social care teams and charities, and the appropriate referral route for specific visual conditions
- All those with persisting visual problems should be referred to vision support teams (if agreed with the patient), who have specialist knowledge, access to dedicated tools and equipment, and knowledge of wider vision support options.
- Creating a list of local services for each of the different visual impairments is recommended
- Explain and refer for blind / partial sight registration where an individual meets the criteria and wants this

# Additional information

## Example of a stroke-vision care pathway

Ref - Rowe et. al, (2020) Developing a stroke-vision care pathway: a consensus study, Disability & Rehabilitation, DOI: [10.1080/09638288.2020.1768302](https://doi.org/10.1080/09638288.2020.1768302)



## Appendix 2 Essential and desirable recommendations for stroke/vision service

Ref: Rowe (2013) Care provision and unmet need for post stroke visual impairment Final report.  
Stroke Association and Thomas Pocklington Trust

[https://www.stroke.org.uk/sites/default/files/final\\_report\\_unmet\\_need\\_2013.pdf](https://www.stroke.org.uk/sites/default/files/final_report_unmet_need_2013.pdf)

Essential recommendations	Desirable recommendations
2 designated orthoptic sessions per week (minimum)	Database maintained of stroke referrals to eye clinic
Flexible appointments	Follow-up designated session in eye clinic
Formal stroke team training	Orthoptist attendance at MDT meetings
Formal support from stroke physicians	Referral to ECLO
Lay summaries	Vision testing equipment on stroke unit
Open communication	Rota of orthoptic staff
Orthoptic assessment within one week of stroke onset	
Orthoptist named on core stroke team	
Provision of visual information leaflets	
Standardised referral form	
Vision care pathway	

Ref: CH/TL Nov 2021