



**KUSUMDEVI BHALOTIA CENTRE OF REHABILITATION  
FOR THE VISUALLY CHALLENGED  
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One of the major initiatives of SSM Eye Research Foundation was to establish a center for rehabilitation of visually challenged and the Foundation has started a Center for Low Vision Aid in the same premises of Giridhar Eye Institute in memory of Kusum Devi Bhalotia, one of the major benefactors of this center. Low vision is a condition wherein the vision cannot be improved by refractive correction, medical or surgical treatment. Low vision is not the same as blindness. Unlike a person who is blind, a person with low vision has some useful sight. However, low vision usually interferes with the performance of daily activities. While lost vision usually cannot be restored, many people can learn to make most of the vision that remains. A person requires low vision service when it is difficult to perform day-to-day activities; when there is difficulty in night vision; and when only his central vision is remaining and he is not able to see on your sides.

## LOW VISION

Low vision could be a result of either congenital disease or acquired factors. Visual impairment may take many forms. One cannot judge the degree of problem by visual acuity alone. Someone with relatively good acuity can have difficulty with daily functioning, while someone with worse acuity may function reasonably well if their visual demands are not great. The role of a low vision specialist is to maximize the functional level of a patient's vision by optical or non-optical means. This may be done by use of magnification in the form of telescopic systems for distance vision and optical or electronic magnification for near vision. Once the mental shock of the disability is overcome if alternative techniques are learnt, good quality of life and an adjustment to the disability can be achieved, not only in the case of low vision, but also in the case of blindness. It has been seen that some marked distress remained in the subjects with persisting partial sight rather than to reach total blindness. Unfulfilled expectations probably increased frustration at daily defeats, coupled with fear of complete loss of residual sight. Intervention at an early stage has demonstrated how rapid acceptance of the serious visual handicap has led to a better, more productive compliance with rehabilitation programs.

## LOW VISION CARE

In the patient's first visit, the most adequate options for their particular case are studied, taking into consideration their psychological, cultural, social and work factors, and the degree of improvement experienced with the selected aids, advising the patient on which aids will yield a better quality of life. After the specific adaptation, there is a follow up to ensure the patient is correctly using and taking the best advantage of the visual aids. In some cases the initial visual aids must be changed. Once the patient is released, a report on their first visit and follow up is given to their eye doctor. We believe that low vision, as a complementary technique to ophthalmology, has a great future, due to the progress of science, the increase of life expectancy, and the increasing need people have to access information.

## LOW VISION TIPS

**Improve Lighting:** Add additional light for specific tasks. Use directed lighting from behind the shoulder to reduce glare. Be sure that bathrooms, kitchens, hallways, closet and stairways are well lit.

**Increase Contrast:** Pour your coffee into a white cup, and your cereal into a dark bowl. Use felt tip pens instead of ball point pens.

**Control Glare:** Wear amber or dark yellow glasses or clip-ons to reduce glare. Cover shiny surfaces with a cloth.

**Get Organized:** Always keep your money, keys, and medications in the same place to make them easier to find. Have a designated place for everything in your home, and request that others in the household respect and maintain the organizational system.

**Enlarge Text:** Request large-size cheques from your bank.

**Mark and Label:** Mark key positions on your stove, microwave oven, washing machine so that you can feel the correct positions. Label spices and medications with a dark marking pen. Carry your address label with you to fill out forms.

Age Related Macular Degeneration and other conditions leading to reduce vision or blindness are treated in our Low Vision Clinic. This clinic provides comprehensive care for patients whose vision cannot be corrected to normal standards with ordinary spectacle lenses. A team of Optometrists and rehabilitation specialists attends to each patient providing not only sophisticated lenses, instruments and magnifiers but also counseling on how to live with reduced vision.

When conventional spectacles can no longer help and surgery or medical treatment is not appropriate, it is time to consider low vision aid. You will get an array of strengths and designs. They range from simple hand held lenses to electronic devices. Different ones are kept for different visual tasks.

**Where do I obtain Low Vision Aid?**

Use of low vision aid is dependent on many factors – type of vision loss, degree of vision loss, the use of a low vision aid is dependent on many factors, the type of vision loss, the degree of loss, the patient's light and glare needs, the ability of the patient to handle and operate the aid plus many other factors. The best place to obtain a low vision aid is from your low vision specialist following a comprehensive low vision examination. Your care should start with a Low Vision evaluation by a Doctor of Ophthalmology or an Optometrist who specialized in low vision rehabilitation. The low vision examination is not same as the retina or general eye examination you have experienced. Low vision is not same as blindness. Unlike a person is blind, a person with low vision has some level of sight. However, eye sight usually interferes with the performance of daily activities such as reading or driving. A person with low vision might not recognize images at a distance or be able to differentiate colors of similar tone. While loss of vision usually cannot be restored many people can learn to make most of the vision with organizing. Cause of low vision – cataract, diabetic retinopathy, glaucoma or macular degeneration. If you are visually challenged, you may qualify for certain government benefits. It is estimated that approx. 17% over the age of 65 are either blind or have low vision. Macular degeneration is the loss of vision in the central part of the eye when the central part of the retina began to deteriorate it causes difficulty seeing colours. The peripheral vision is not affected. Various small handheld magnifiers are available and if one of them helps your vision, you should certainly use it.

**Role of Low Vision Aid in patients with Age Related Macular Degeneration**

Age Related Macular Degeneration is an important condition in elderly patients resulting in difficulty in near vision. Patients find it difficult to read newspapers and books, telephone numbers, signing cheque books, etc. Many of these patients will show substantial improvement of vision with low vision aids especially prismatic spectacles, desk magnifiers and electronic systems. With adequate lighting, adjustment in distance and regular practice, it will be possible to improve the quality of life of many of these patients using such rehabilitative techniques.

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