شبكة المعلومات الجامعية

بسم الله الرحمن الرحيم

شبكة المعلومـــات الجامعية

التوثيق الالكتروني والميكروفيلم

شبكة المعلومات الجامعية

جامعة عين شمس

التوثيق الالكتروني والميكروفيلم

﴿ قسم ﴾

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها
علي هذه الأفلام قد اعدت دون آية تغيرات

يجب أن

تحفظ هذه الأفلام بعيداً عن الغبار

في درجة حرارة من 15 – 20 مئوية ورطوبة نسبية من 20-40 %

To be kept away from dust in dry cool place of
15 – 25c and relative humidity 20-40 %

بالرسالة صفحات

لم ترد بالأصـــل

بعض الوثائق الأصلية تالفة

TREATMENT AND REHABILITATION OF PATIENTS WITH LOW VISION

ESSAY

Submitted in Partial Fulfilment of the
Master Degree in Ophthalmology

BY

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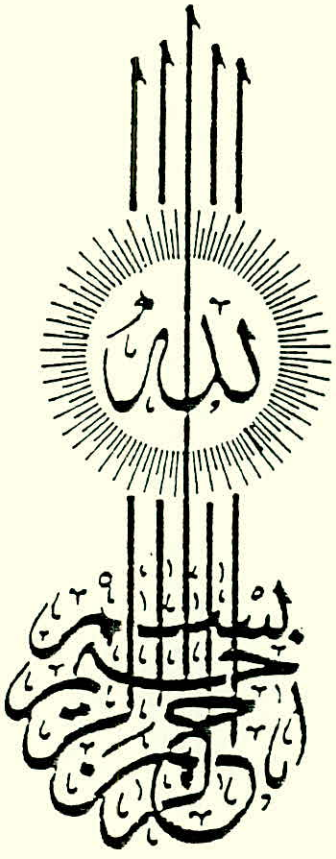
1995



وَقُلِ اعْمَلُوا فَسَيَرَى اللّٰهُ عَمَلَكُمْ وَرَسُولُهُ وَالْمُؤْمِنُونَ

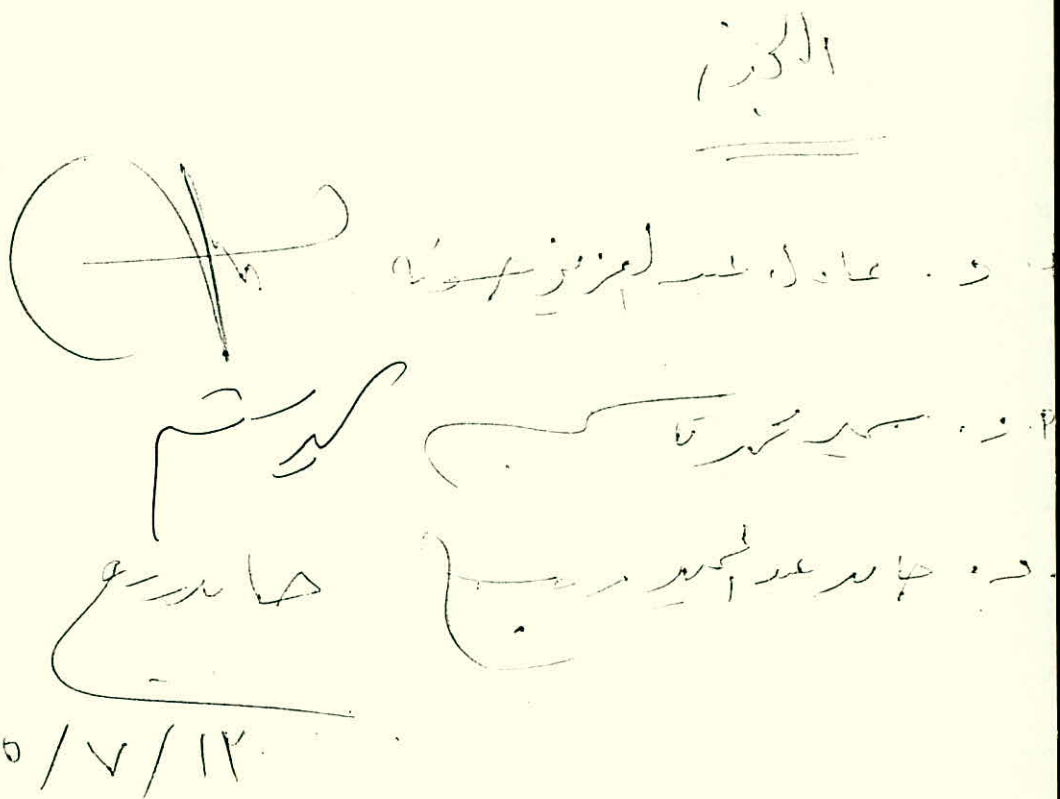
صَدَقَ اللّٰهُ الْعَظِيمُ

ACKNOWLEDGMENT

I wish to express my sincere gratitude to ***Professor Dr.Hamed Abd El-Hameed Rabie***, Professor of Ophthalmology in Ain Shams University, for his most valuable supervision and guidance throughout this work.

I am deeply indebted to ***Dr. Ali Hassan Saad,*** Assistant Professor of Ophthalmology in Ain Shams University, for his great help and unlimited support in preparing this work.

And I am very grateful to ***Dr. Ahmed Tarek Hussein El-Emmary,*** researcher of Ophthalmology in Research Institute of Ophthalmology for his continuous help and encouragement.



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LIST OF ABBREVIATIONS

1-	Closed Circuit Television Video	(CCTV)
2-	Optical Diopters	(O.D)
3-	Preferred Retinal Locus	(PRL)
4-	Retinal Pigment Epithelium	(RPE)
5-	Scanning Laser Ophthalmoscope	(SLO)

INTRODUCTION

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Definition of Low Vision:

The basic definition accepted for low vision *Faye (1976) and Kraut (1979)* is bilateral subnormal visual acuity or abnormal visual field resulting from a disorder in the visual system. In the 1977 ninth revision of the international classification of diseases of the world health organization, low vision was defined as that condition that has not only a significant visual handicap, but also having a significant usable residual vision.

Colenbrander (1976) explained that people characterized by having low vision are those group of people inbetween the normally sighted and the blind. He said that the word "low" indicates that their corrected vision is lower than normal, this differentiates them from normally sighted individuals. The word "vision" indicates that they do have vision; this differentiates them from the blind.

Low vision has also been referred to as subnormal vision, residual vision, partial sight, limited vision, partial blindness and visual handicap [*Kraut, 1979*]. Low vision should not be defined as legal blindness. In the United States legal blindness is defined by Federal laws for various official purposes, as an acuity rating in which the best ophthalmic correction achieves no more than (6/60) for distance vision in the better eye, or as a defect in the visual field in which the widest diameter of vision subtends an angle not greater than 20°.

Vision-Related Quality of Life:

Quality of life issues are being raised in today's health care environment more often than ever before, [*Sarasota, 1993*]. Because visual input represents the largest single source of information about our environment, vision loss may have a devastating effect on the quality of life. It is not surprising that vision loss ranks so high among the losses people fear most. Advances in medical and surgical treatment have certainly reduced the overall incidence of total vision loss, but the ranks of those with partial vision loss have increased. Fortunately, the effect of vision loss can be alleviated significantly by low vision rehabilitation. It is also fortunate that the costs of successful vision rehabilitation are relatively low compared to those of other types of rehabilitation. These trends ask for a widening of the ophthalmologist's professional horizon from the condition and function of the eyeball to the functioning of the whole person and to the place of that person in a societal setting.

Degrees of Vision Loss:

When defining outcome measures, we need clarity about which aspect of vision loss we are measuring. We also need standardized measurement scales [*Colenbrander, 1994*]. The following paragraphs discuss the different aspects of vision loss. It also propose a coordinated system of severity scales.

The simplest scale is a dichotomous one, reducing a complex reality to a simple black- or white, all-or-none statement. This approach is used by the government when separating the population into those who are legally blind and those who are legally sighted. Not only this approach is too simplistic, but also it

may have a serious adverse emotional effect on the patient. To call a patient with serious vision loss legally blind is as preposterous as calling a patient who is seriously ill legally dead.

As ophthalmologists, we should never be caught using the word "blindness" loosely, whether in speech or in print, to refer to partial vision loss. It is confusing for patients with macular degeneration, diabetic retinopathy, or similar conditions to be told that they will not go "blind" and then to be given a pamphlet or publication that labels these same conditions as leading causes of blindness rather than as leading causes of vision loss.

Recognizing that there is a large gray area between the black of blindness and the white of normal vision, has adopted a three- level classification. The gray area is called Low Vision, with the word low indicating that it is not normal vision and the word vision indicating that it is not blindness. A three-level classification is the lowest level that recognizes a scale rather than a dichotomy, but for accurate reporting, it lacks sufficient detail.

Rehabilitation:

An effective rehabilitation program focuses on attaining programmatic goals that give patients hope of regaining competence. *Fletcher, (1991)* commounicate with patients from the initial negotiation of goals to problems and successes with low vision aids in meeting specific needs is a critical part of the process. With the patient's full participation, goals are set that both realistic and attainable. Without control in setting goals, the patient can feel frustration and experience a loss of self-esteem.