# RNIB film transcript: Hemianopia associated with stroke

[Tim Shardlow and his wife remember the moment when he had a stroke in 2016 and talk about how he is coping with the hemianopia, or loss of vision, he has suffered as a result. We also talk to cognitive neurologist Professor Leff about prognosis and treatment for people with stroke-related sight loss.]

**Tim**:

I'm Timothy Shardlow, I had a stroke in January 2016, which resulted in me suffering from hemianopia, which means that I have lost about 45 per cent of my field of vision. It means I can't drive, which was...

**Janine**:

That's the biggest...

**Tim**:

... the biggest issue, because with a family as I've got, I was forever driving.

I had a headache and my eye, to the right as far as I could tell didn't seem to be functioning properly. So I sat on the bed and I said to Janine, I think I've got a problem. She said, I'll ring my optician, who listened and asked questions and then said, I think, don't come and and see me, go to...

**Janine**:

Queen Mary's.

**Tim**:

Queen Mary's hospital in Sidcup, where they have an ophthalmologist on duty. So I popped off down there, this young lady came in and saw me, did some tests, left the room, came back and said, I've sent for an ambulance because I'm convinced you've had a stroke. Whereas most people can do that and they can see both hands, this hand of mine doesn't come back in until... there I and months go by and I kept getting up every day and thinking, is it improving or isn't it improving? That sort of thing.

**Professor Leff**:

My name's Professor Alexander Leff, I'm a cognitive neurologist and an honorary consultant neurologist here at Queen's Square. The commonest type of patient I see is somebody with a hemianopia, which is where their vision has been damaged to one side. So either to the left or the right. It could be full damage, so they could have completely lost half of their vision. The visual field loss unfortunately is one of the less plastic bits of the brain so once you've got damage to your visual cortex, especially if it's due to an ischemic stroke, we do see patients improving from that people are different, but for some patients it can get stuck quite early on. However, that's not the end of the story. So you can get round the problem. One of the commonest strategies, and one of the most effective strategies, is to use eye movements and a lot of patients, although driving is a bit of an issue, but a lot of patients get back to doing all the kinds of things

that they were doing before.

**Tim**:

- It should be here somewhere... Ah! Monsters!

**George [Tim’s grandson]:**

What does he like?

**Tim**:

It says he likes fish and fruit.

**George**:

Fish! Where is fish?

**Tim**:

I must say that I watch television, I read books to the grandchildren, and for myself. I use an iPad and I don't have any problem whatsoever. I go to the theatre, I go to the cinema.

**Professor Leff**:

In order to get better at reading you have to practice a very specific type of eye movement that we use for reading, which are these tiny little horizontal eye movements. These are very different from the eye movements we make when we're looking for something, which are bigger eye movements, that could go in any direction. So if you practice the right type of reading therapy and I've been involved in setting up a website called Read-Right that does this, you practice these little horizontal eye movements and then you get better at reading, you speed up. You don't go back to normal because we haven't got rid of the problem, the problem is the loss of vision. This is a compensatory eye movement strategy, so you get more efficient at dealing with the problem, but that doesn't put you right back to where you were before the problem started.

**Tim**:

There are occasions, especially with children's books when I'm reading to the grandchildren, they tend to put pieces of text in different areas, and I can go da-de-da-de-da and George will say, “You haven't talked about that bit!”

[All laugh]

**Tim**:

Because he knows the books better than I do. And that's just remembering to keep moving and keep scanning.

**Professor Leff**:

The important thing if you've had a stroke is to get it diagnosed as quickly as possible, within a few hours really, and that's one of the problems with visual problems after a stroke, is most people think, oh, it must be a migraine. So it just takes sometimes days before the realisation sets in or somebody goes, hold it, maybe this isn't a migraine, maybe this is a stroke. So I would say that's the important thing, get to hospital early so that you are eligible for some of the newer, more powerful acute treatments, because that can reduce the visual loss or the visual impairment. Once the visual impairment's there, once the stroke is completed and you've got damage, then you start on the rehabilitation pathway, and the rehabilitation pathway doesn't need to be rushed. It's not like if you work really hard in the first few weeks that makes all the difference, it doesn't unfortunately, it's going to be long hard work for weeks, months and years possibly and you don't have to start immediately, certainly not for visual loss.

**Tim**:

I do my exercises walking straight but glancing right to left, right to left, up and down, and I do that just walking down to the bus stop.

**Janine**:

I think one thing we both took the approach is that he wasn't disabled and that we would find ways around all the differences.

**Tim**:

[Reading with George]:

Rabbits, mice...

**Tim**:

You've got to just get on with life, you've got four children, seven grandchildren, and life goes on, and unless I get on with going on then I can sit in the armchair and waste away.

**[Voiceover]**:

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