

It is important to have a proper assessment of your visual problems so that you receive an accurate diagnosis. This can take place in a hospital eye department.

You **cannot** drive for one month after a stroke but you may return to driving after this time if there are **no lasting effects**.

If you have been advised not to drive, please seek medical advice before returning to driving.

During the first month after a stroke you do not have to notify the DVLA, even though you are not allowed to drive.

One month after your stroke you will need to notify the DVLA if you have any on-going effects from your stroke.

It is your responsibility to tell the DVLA of any medical condition that may affect your ability to drive safely.

Other useful information

www.stroke.org.uk
Fact sheet F37 has more useful information

www.gov.uk/browse/driving
Information sheet 188/3 from the DVLA

NHS

Western Sussex Hospitals
NHS Foundation Trust

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www.westernsussexhospitals.nhs.uk

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Orthoptic Department Information Sheet

Driving after a Stroke – Vision

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Visual problems after stroke

Following a stroke, you might experience problems with your vision, but you are not alone. Up to two thirds of people experience some changes to their vision after stroke.

How you are affected depends on exactly where the stroke occurred in your brain. There are four main types of visual problems and you may experience one or more:

1. Central vision loss

Central vision loss is the partial or complete loss of vision in one or more commonly both of your eyes. You may not be able to see anything at all, or you may only be able to see things around the edge of your vision, but not in the centre.

2. Visual field loss

Your visual field is everything you can see – from straight ahead to outwards to the side (periphery).

Visual field loss after a stroke usually affects both eyes. It means that you are unable to see properly either to the left or to the right of the centre of your field of vision. Where you experience difficulties relates to where the stroke occurred in your brain.

3. Eye movement problems

A stroke can lead to a variety of problems with the fine nerve control that is needed to move your eyes.

Impaired eye movements

These may affect your eyes' ability to move from looking at one object to another or to follow a moving object, like someone walking past. These problems can make reading more difficult and can also affect your general mobility. For example if you are unable to look around quickly, walking outside is likely to be more challenging. You may have blurred vision or double vision (diplopia). This can lead to impaired depth perception and difficulty locating objects. For example, when making a cup of tea, you may misjudge the position of the cup and pour water over its edge rather than into it or have difficulty judging the depth of steps or curbs.

Nystagmus

This means you see objects constantly wobbling which can be very distressing and disorientating.

4. Visual processing problems

You may experience a change in your awareness and perception of the world around you. This is called visual neglect and is the most common visual processing problem.

Visual hallucinations are quite common after a sudden loss of vision and can be very distressing.

Treatment

Allow time for the brain to heal as fortunately many people do recover well.

Double vision from eye movement problems can be treated with prisms or a patch to relieve symptoms while awaiting recovery.

Visual rehabilitation officers can provide additional support and teach adaptive strategies.

There is a wide range of specialist equipment and household items available to help at home.

Driving

After a stroke your ability to drive safely can be affected.

The DVLA state that you **cannot** drive with double vision, blurred vision below a certain level or visual field loss, particularly one which interferes with central vision.