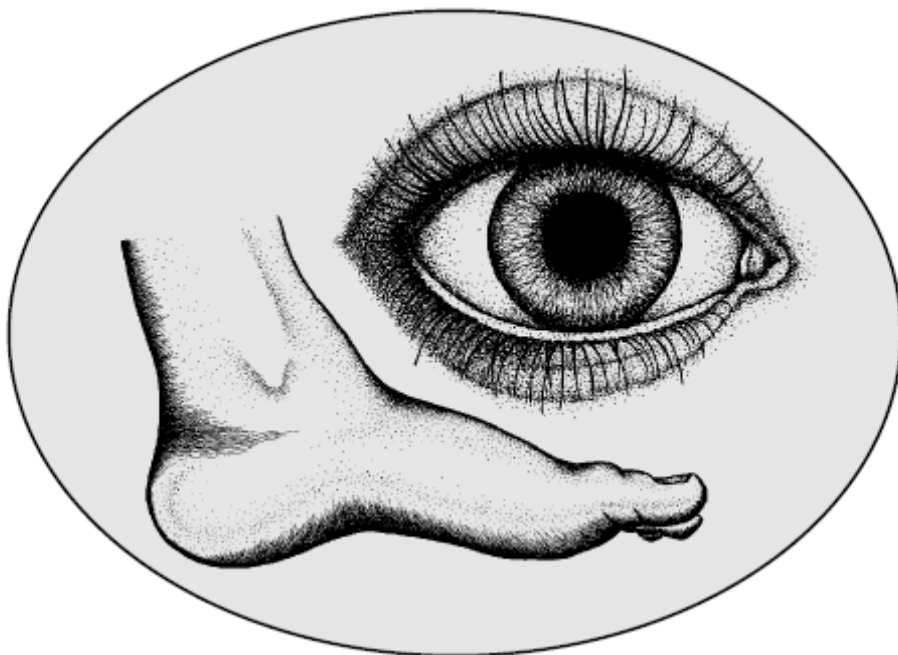




Southern Health  
and Social Care Trust

# VISION AFOOT



***Visual Impairment and Foot Health***

# **SOUTHERN HEALTH & SOCIAL CARE TRUST**

## **VISION AFOOT “Visual impairment and foot health”**

### **INTRODUCTION**

**This information booklet is a response to the findings of a survey, which was carried out amongst the visually impaired population in Newry and Mourne area in June 2004. The results identified a range of problems which people were experiencing with foot care and foot health. This booklet focuses on those problems and on the most common causes of vision loss. The aims of the booklet are:**

- 1 To raise awareness of the common causes of visual impairment.**
- 2 To raise awareness of how visual impairment can impact on people.**
- 3 To educate the general public and in particular people with visual impairments and their carers on foot care and foot health.**
- 4 To assist people in understanding how to prevent problems from occurring with their feet and to provide good basic foot health guidelines.**

**THIS INFORMATION IS AVAILABLE IN LARGE PRINT,  
AUDIOCASSETTE, COMPACT DISC AND BRAILLE FROM  
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## **WHAT CAUSES VISUAL IMPAIRMENT?**

**In order for us to see, three things must work properly, the eye, the optic nerve and the brain.**

**Things can go wrong with any or all of these, for example:**

**DISEASE OF THE EYE**

**OPTIC ATROPHY**

**BRAIN MALFUNCTION**

### **1 COMMON DISEASES OF THE EYE**

**The most common diseases of the eye are diabetic retinopathy, macular degeneration, glaucoma, cataracts and retinitis pigmentosa. Brief overviews of these eye conditions are described below.**

#### **DIABETIC RETINOPATHY**

**Nearly one person in twenty-five in the UK is affected by diabetes mellitus, a condition which means that, due to a lack of insulin, the body cannot cope normally with sugar and other carbohydrates in the diet. Despite increased screening, diabetes is on the increase. Having diabetes does not automatically mean that sight will be affected, but there is a higher risk. Diabetes can cause the blood vessels at the back of the eye to leak blood onto the retina resulting in patchy vision. This is known as diabetic retinopathy. The outcome can be “like looking through a mud-splattered windscreen.” There are several treatments for the condition including the use of laser, which can seal the leaking blood vessels and can produce positive outcomes for people whose sight is affected by the disease.**

## **AGE RELATED MACULAR DEGENERATION**

**The macula enables us to see fine detail for activities such as reading, writing and to see colour. Sometimes the cells of the macula become damaged and stop working. This is age related macular degeneration.**

**The result is blurred or distorted central vision, with objects appearing to look an unusual size or shape and straight lines appearing wavy or fuzzy. Because the condition affects the centre of the retina, people often experience a blank patch or dark spot in the centre of their sight, making reading, writing and identifying faces very difficult. There is a growing incidence of the condition as people are now living longer. There is no specific treatment, however people can usually continue to make use of their peripheral or side vision. Good lighting and magnifying lenses can assist with reading and various gadgets are available to assist with daily living tasks.**

## **GLAUCOMA**

**In the UK glaucoma affects about 2 in 100 people. It is caused by fluid at the back of the eye, which is unable to drain away resulting in pressure, which damages the optic nerve. The optic nerve carries information from the retina to the brain where it is perceived as a picture.**

**Side vision is usually first to be lost with central vision last to be affected. Eventually it can become like looking through a long tube, or so called "tunnel vision." In time even this sight could be lost.**

**This condition causes difficulty with mobility and other functional tasks e.g. reading, making tea etc. If detected early glaucoma can be treated with eye drops and/or surgery however damage that may have occurred cannot be reversed. It is important to have regular eye tests, especially if a family member has glaucoma.**

## **CATARACTS**

**Approximately 3/4 of the population over 65 years have some cataract development. Cataract is clouding of the lens, which prevents light passing through to the back of the eye so vision may be blurred or dim. The outcome can be “like trying to see on a very foggy night.” It can also result in double vision and bright lights or very sunny days can make it difficult for people with the condition to see.**

**Cataracts mostly develop as people get older. They can also result from injury, certain drugs, longstanding inflammation or illnesses such as diabetes. Fewer people are being registered blind or partially sighted due to cataract because of the success in intra-ocular lens implants surgery, which is carried out as day procedure.**

## **RETINITIS PIGMENTOSA**

**Retinitis Pigmentosa is a group of hereditary diseases of the retina. The retina is a light sensitive tissue at the back of the eye, in which the first stages of seeing takes place. Sight loss is gradual but progressive and the speed at which deterioration takes place varies from person to person. There is no known treatment however most people retain some useful vision well into old age.**

**Symptoms include difficulty seeing in poor light, e.g. outdoors at dusk or in a dimly lit room and reduction of the visual field, where sight is lost from the sides, from above or below, resulting in “tunnel vision.” Alternatively central vision can be lost first, making reading or carrying out detailed work difficult. Glare from bright lights can be a problem.**

**The condition is sometimes accompanied by usher’s syndrome, which is loss of hearing. Various aids are available to assist with addressing some of the symptoms e.g low vision aids, daily living equipment.**

## **2 OPTIC ATROPHY**

**Optic atrophy is a deterioration of the optic nerve fibres. This damage to the optic nerve can lead to loss of clarity and colour perception with partial or complete loss of vision. The optic nerve relays images from the retina to the brain, which translates these into vision. Other ocular diseases can contribute to the condition. It can be hereditary or may be caused by injury to the eye, inflammation, brain tumour, meningitis, drugs or hydrocephalus. Optic atrophy is the most common single cause of visual impairment in childhood. People with the condition can benefit from various aids including low vision aids to assist with reading and daily living equipment and information technology.**

## **3 BRAIN MALFUNCTION**

### **STROKE**

**120,000 people in the UK are affected by stroke each year. It is an illness in which part of the brain is suddenly damaged or destroyed. Strokes occur mainly in the over 50-age bracket and can cause hemianopia, which is a loss of half the visual field. It can cause double vision or can affect a person's ability to recognise faces, to focus, to see detail or to see things in sequence, so reading can be difficult. Stroke can cause total or severe loss of sight.**

## **HOW DO I LOOK AFTER MY FEET NOW THAT I HAVE ACQUIRED A VISUAL IMPAIRMENT?**

**General advice on foot care applies to everyone and people with visual impairments do not usually need to do anything different from anyone else. Most people are unlikely to develop serious problems with their feet if they take care and follow good basic foot health guidelines.**

**If you are unable to see clearly to detect problems with your feet it is important to ask a relative or carer to check for danger signs and carry out basic foot care e.g. nail cutting. If you have other medical conditions, which render your feet at risk, e.g. poor circulation, loss of sensation, diabetes, etc, you should consult a podiatrist.**

### **DANGER SIGNS ON THE FEET**

**Swollen areas or changes in colour of the skin could indicate poor circulation, infection, or early stages of an ulcer or gangrene. Foot ulcers can be treated successfully especially in the early stages but if left untreated the risk of infection is high and in extreme cases can lead to gangrene and even amputation. The earlier the treatment the more successful the outcome is likely to be.**

**Pain in the feet and legs should never be ignored because the body is telling you that there is a problem. Sores and cuts that do not heal are danger signs as are discharges from breaks in the skin or under the toenail. Troublesome itching, pain, redness and throbbing are also danger signs.**

**IF YOU NOTICE ANY OF THESE CHANGES YOU SHOULD CONTACT A PODIATRIST OR YOUR G. P. IMMEDIATELY. DO NOT TRY TO TREAT INJURIES, CORNS OR OTHER FOOT PROBLEMS YOURSELF.**

## **HYGIENE**

**Wash your feet every day using a mild soap and warm water. Do not soak your feet as it makes the skin soggy and may cause damage. After daily washing it is important to examine your feet carefully. You could ask a relative or carer to do this for you.**

**Rinse your feet well and dry gently with a soft towel paying particular attention to between the toes, as trapped moisture can contribute to the development of skin infections e.g. athlete's foot.**

**Use a moisturising cream to keep your skin soft and supple but do not apply the cream between the toes as it may make the skin too moist. For patches of hard skin use a pumice stone or a foot file.**

**Do not use corn paints or plasters as they often contain acids, which can cause serious damage and possible infection. It is important not to walk barefoot as you risk damaging your feet.**

## **NAIL CUTTING.**

**When skin is soft after drying it is an ideal opportunity to cut the toenails. Keeping toenails cut and under control will help keep you mobile.**

**Always cut them straight across or with the shape of the toe. Do not cut them too short and do not cut the corners of the nail.**

**Rough and sharp edges of the nail should be filed and thickened nails should be filed down. If the edges of the nail becomes swollen or inflamed contact your GP for a referral to the podiatrist.**

**People who have a visual impairment and people with additional disabilities e.g. arthritis, who may find it difficult to carry out foot care tasks like nail cutting, should ask a relative or carer to help. Alternatively they should consult a state registered podiatrist.**

## **PEOPLE WHO HAVE DIABETES**

**People with diabetes should be aware that your condition might cause nerve damage, which would affect circulation and sensation in the feet. Because you may have reduced feeling for heat and cold it is important when bathing that you test the water temperature with your elbow or get someone else to test it for you.**

**You should always remove hot water bottles from the bed before getting in and you should avoid sitting close to fires or heaters, as they may burn your skin without you noticing. Diabetes can affect the rate of healing and therefore breaks in the skin may take longer to heal.**

**It is important to check inside your shoes for any sharp objects e.g. a pebble or roughness such as a wrinkled seam before putting them on. Everyone with diabetes should consult a podiatrist on a regular basis who will check and treat your feet and offer advice.**

## **SOCKS**

**You should always change your socks or stockings every day. If you wear socks, wear wool or cotton. Make sure that your socks and stockings are not too tight or too loose. Avoid those with prominent seams or those that wrinkle. Wearing socks inside out helps prevent the seams from rubbing the skin. Do not wear garters or stockings with elastic tops as they may restrict the circulation. Never wear stockings or socks with holes or darned areas. These are common causes of ulceration.**

## **FOOTWEAR**

**Incorrect footwear can cause all sorts of problems for your feet. Buy at least one pair of well-fitting comfortable shoes preferably with leather uppers as these will absorb sweat and allow your feet to breathe. Choose shoes with a lace, buckle or Velcro fastening which will hold the foot in position and stop it from slipping forward and damaging the toes.**

**When buying new shoes, even as an adult, always have your feet measured and rely on the advice of a qualified shoe fitter. Always buy a shoe that is similar in shape to your foot and make your purchase in the afternoon, as feet tend to swell during the day. Shoes that fit in the morning may become too tight by teatime.**

**Do not wear shoes that are too tight or too loose as they can cause corns, callus and blisters and do not wear shoes that you feel you have to “break in.” Avoid wearing slip-on shoes for any length of time.**

**If you have difficulty finding shoes to fit, you may need to have them specially made for you. These are available by referral from your consultant or GP. If you are given special shoes they are there to protect your feet and should be the only ones you wear. You will need more than one pair in order to keep them in good repair and they should be renewed annually.**

## **SLIPPERS**

**Slippers are designed to be worn only for short periods of time indoors. Some people wear slippers as an alternative to shoes if they have very swollen or deformed feet. Slippers should be as supportive as possible, should enclose the heel and come as high up the foot as possible. They should have fastenings such as zips, Velcro or elastic gussets to reduce the risk of falling. Swollen feet need slippers that have a low opening with an adjustable Velcro fastening.**

**IF YOU FEEL THAT YOUR EYESIGHT HAS DETERIORATED AND YOU WOULD BENEFIT FROM AN ASSESSMENT FROM THE SENSORY DISABILITY TEAM, PLEASE VISIT OR TELEPHONE THE CONIFERS, CHERRY TREES OR MOY RESOURCE CENTRES.**

**IF YOU FEEL THAT YOU HAVE A FOOT PROBLEM WHICH MAY NEED THE ATTENTION OF A PODIATRIST, YOU OR YOUR CARER SHOULD CONTACT YOUR GP FOR A REFERRAL.**

## **GLOSSARY OF TERMS**

**Eye – The second most complex organ in the body. It is made up of approximately one million parts. It focuses rays of light onto the retina, where special cells convert the light rays into electrical impulses. These electrical impulses are sent to the brain by the optic nerve. The brain decodes the information to enable us to see.**

**The Eye Help Desk at your local hospital Eye Clinic is co-ordinated by RNIB Blind Centre NI. Volunteers and offers information on services available.**

**Eye tests –You should visit your local optometrist at least every two years. Around age 45 the lens loses its elasticity- you may need reading glasses. Around age 60 diseases of the eye are more common.**

**Intra-ocular lens – The plastic lens implanted in the eye to take the place of the extracted natural lens.**

**Low vision – Sight that is substantially below that which is generally regarded as normal after spectacle correction.**

**Low vision clinic – Vision is assessed by an optometrist and low vision aids, (magnifiers) may be issued. Rehabilitation workers from The Conifers, Cherrytrees or Moy Resource Centres are also present at this joint clinic to offer advice on services for people with visual impairments. There are usually follow up visits in the community by a social worker or rehabilitation worker.**

**Ophthalmologists - Doctors specialising in eye disease and treatment. They perform surgery, are qualified to examine eyes, test sight and prescribe spectacles.**

**Optometrists can examine eyes; identify defects in vision and signs of disease or abnormalities in the eyes. They prescribe and dispense spectacles, contact lens and other vision aids to correct defects of sight. Previously known as ophthalmic opticians.**

**Community Vision Co-ordinators are based at The Conifers, Cherrytrees and Moy Resource Centres. They co-ordinate VIP (Visually impaired peoples) clubs, tandem cycling and walking groups etc, for people with visual impairments.**

**Podiatrists also known as chiropodists, specialise in the assessment, diagnosis and treatment of disease and conditions affecting the feet and lower limbs. They assess the vascular, neurological and orthopaedic status of the patient's lower limbs. Following assessment, treatment is focussed on relieving symptoms and maintaining functional independence.**

**Some podiatrists specialise in diabetes, renal, rheumatology, sports injuries, biomechanics, minor foot surgery and high risk wound healing. They are part of multidisciplinary teams in rehabilitation, community development and health promotion.**

**Podiatry services are available at local health centres, day centres, nursing homes and domiciliary visits.**

**Rehabilitation Workers for People with Visual Impairments - provide practical support in terms of training in daily living skills, mobility, information technology, Braille, etc.**

**Social Workers for People with Visual Impairments – assess the physical, social, emotional and spiritual needs of service users and intervene to provide appropriate services. Initially the social worker assists people to come to terms with the psychological impact that vision loss can have by offering counselling and advice. This combined with practical support e.g. liaising with other professionals including ophthalmologists, optometrists, G.Ps, occupational therapists and other agencies can help reduce the disabling effect that visual impairment can have.**

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and

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