Amaurosis fugax (transient monocular blindness)

What is Amaurosis fugax?
Amaurosis fugax is a short-lived episode of blindness in one eye (monocular). This symptom usually develops suddenly, and many individuals describe the event as "it was as if a shade or curtain came over my eye". It is caused by a blockage or low blood flow within the main blood vessel supplying the eye. Blockages are usually due to a blood clot or plaque (small piece of cholesterol) that breaks off from a larger artery and travels upward to the brain or eye, becoming lodged in the main artery supplying the eye. Low blood flow to the eye may also result from a critical narrowing of one of the main blood vessels supplying blood to the brain and eye. The monocular blindness of Amaurosis fugax is generally brief, but in rare cases it may be prolonged or permanent.

Living with your diagnosis
An episode of Amaurosis fugax is often frightening. Although the visual loss most often gradually resolves, one should seek medical attention right away because this is potentially one of the warning signs of a stroke.

What is the treatment?
The treatment of Amaurosis fugax depends on identifying the source of the blood clots or cholesterol that have caused low blood flow or blocked the main artery to the eye. Blood clots may come from arteries inside the head, arteries in the neck, or from the heart. Several different tests may need to be done to find the source. These tests may include an ultrasound of the carotid arteries in the neck, a study of the electrical system of the heart, a magnetic resonance angiography
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(MRA) scan of the blood vessels in the head and neck, an echocardiogram of the heart, or an angiogram (dye imaging of the blood vessels). If these studies reveal the source of the problem, medication and/or surgery may be necessary.

The DOs
- If you are a diabetic, it is very important to maintain good control of your blood sugar.
- If you use tobacco, immediately begin a program to quit smoking. Ask your GP for help.

The DON'Ts
- Do not drive if you are having an episode or have had a number of episodes.
  A sudden loss of vision in one eye could put you and others in danger.
- Don't use tobacco because it promotes vascular disease.
- Don't ignore any of the above signs or symptoms because they may be an early warning sign of a major stroke.

When to call your doctor
- If you have an unusually severe headache.
- If you have another episode of vision loss, call immediately.
- If you have signs or symptoms of a transient ischemic attack (TIA), call your GP immediately or if not available, dial NHS 111 or go to your nearest Accident & Emergency Department. The following are some of the more common symptoms of a TIA:
  - Weakness or numbness on one side of the face or body (face, arm, leg).
  - Changes in vision.
  - Confusion.
  - Dizziness.
  - Blindness.
  - Double vision.
  - Slurred speech, inability to talk, or difficulty swallowing.
  - Loss of coordination or balance.
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Contacting us
If you think you have a problem, please telephone Eye Casualty immediately.

Eye Casualty, Prince Charles Eye Unit, Windsor: 01753 636359
**Monday to Friday 9.00am-5.00pm**
**Saturday, Sundays & Bank Holidays 9.00am-12.30pm**

Eye Casualty: Royal Berkshire Hospital, Reading: 0118 322 8855
**Monday to Friday 9.00am-5.00pm**
**Saturday, Sundays & Bank Holidays 9.00am-12.30pm**

Outside of Eye Casualty hours you should telephone your GP’s out of hours service, ring NHS 111 or if you have serious concerns, visit your nearest Accident & Emergency Department.

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<th>Dorrell Ward (Reading):</th>
<th>0118 322 7172 (24 hours a day)</th>
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<td>Eye Day Unit (Reading):</td>
<td>0118 322 7123 (Mon-Fri 7am to 6pm)</td>
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Further information
- Visit the Trust website at [www.royalberkshire.nhs.uk](http://www.royalberkshire.nhs.uk)
- NHS Choices [www.nhs.uk](http://www.nhs.uk)
- Royal College of Ophthalmologists Tel: 0207 935 0702
- Specific Eye Conditions [www.eyeconditions.org.uk](http://www.eyeconditions.org.uk)

This document can be made available in other languages and formats upon request.

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