

# Vision loss and brain tumours

What you need to know



# Contents

Who could help you if you have vision (eyesight) problems? .....	4
What are the most common types of vision (eyesight) problems? .....	14
Practical tips for living with a vision (eyesight) problem .....	28
Who can you contact for more information? .....	38



CARE CAN'T WAIT

If you'd like to talk to someone about how you're feeling, or would like to find out where you can get further support (including details of support groups), you can contact The Brain Tumour Charity's Information and Support Team:

Phone: **0808 800 0004**

(free from landlines and most mobiles)

Email: [support@thebraintumourcharity.org](mailto:support@thebraintumourcharity.org)

Live chat: [thebraintumourcharity.org/live-chat](https://thebraintumourcharity.org/live-chat)

Website: [thebraintumourcharity.org/getsupport](https://thebraintumourcharity.org/getsupport)

Closed Facebook groups: [bit.ly/FBSupportGroups](https://bit.ly/FBSupportGroups)

Whether you, a family member or a friend has been diagnosed with a brain tumour and a vision problem, we're here to help. We offer a wide range of inclusive and accessible services for everyone affected by a brain tumour, whether it's low or high grade, adult or child.

This booklet summarises some of the key types of vision problems that may occur as a result of brain tumours or their treatment, and how to adapt to them.

### **How can a brain tumour affect vision?**

Around 28% of patients with a brain tumour report a problem with their vision (visual impairment). This could be a direct result of the tumour, or its treatments. How your vision is affected can differ depending on the location and treatment of the brain tumour.

# Who could help you if you have vision (eyesight) problems?

## Your eye health team

There are many eye specialists who can help guide you through your journey. Their main roles are explained below.

### Ophthalmologist

An ophthalmologist is a doctor who diagnoses and treats eye conditions. The ophthalmologist can treat these with surgeries or medicines. If you're unsure of what is causing your vision problem, you can ask your ophthalmologist for a written diagnosis. Our Information and Support team can talk through how you feel and direct you to further support and help. Contact them on **0808 800 0004** or **support@thebraintumourcharity.org**

The ophthalmologist will look at the health of your eyes, and could refer you to an orthoptist or low vision specialist who can help provide you with optical aids, visual training or other practical solutions for living with vision loss.

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**“My advice is to get an ophthalmology appointment as soon as changes are felt.”**

**Brian, who experienced vision problems following radiotherapy for a glioblastoma**

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## Optometrist

An optometrist may have been involved in the diagnosis of your brain tumour. They can check the health of your eyes, determine what strength of glasses or contact lenses you need and give you advice on your vision problems. The optometrist can refer you to your GP or an ophthalmologist for more tests or treatment if they find anything abnormal.

The optometrist can suggest different treatments depending on your vision problem, for example:

- glasses
- prisms
- scanning methods
- low vision aids, such as magnifiers.

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**“My high street optician has been amazing. They picked up the tumour in the first place. Over the last ten years, they have provided support, care and understanding.”**

**Isabella, who has hemianopia (see page 15) caused by a brain tumour**

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## **Orthoptist**

An orthoptist focuses on treating vision and eye movement problems, such as a squint, which means your eyes do not point in the same direction, or double vision (see page 20). These problems can be controlled by glasses along with patching (covering of an eye) or eye drops. You'll most likely have regular visits with the orthoptist to help with these problems.

## **ECLO (Eye Clinic Liaison Officer)**

ECLOs are available in some hospital eye departments. They are there to support you at the time of diagnosis of your vision problem, provide information about your eye condition and advise on:

- registration (see page 28)
- benefits
- low vision aids
- any rehabilitation services available to you.

## **Low vision advisor**

If your vision can't be improved any further by glasses, then low vision aids, such as magnifiers, could help. A low vision advisor focuses on recovery, which may include low vision aids and techniques to help you continue with day-to-day life. This can include advice on:

- lighting
- contrasting colours around the house
- reading tools
- how to help you remain independent
- glare difficulties.

They can be based in hospital eye departments, community practices or local university optometry departments.

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**“The low vision clinic and sight impairment team have armed me with magnifiers. I have bought an excellent daylight lamp with a magnifier from a specialised online company that sells aids for the visually impaired.”**

**Isabella**

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The low vision advisor can offer equipment to help with hobbies and everyday tasks. It's important to give your advisor details about how your vision problem is affecting your day-to-day life and any special hobbies you have, so they can give you useful solutions.

You should request a low vision appointment when you feel you need support. Your initial appointments will aim to give you the skills and equipment you need to adapt to your vision problem. If you feel your needs have changed you can ask for another appointment to discuss any new issues and replace old magnifiers. You may find it helpful to take a list of the tasks you're struggling with to your appointment, so that they can be addressed.

Low vision centres may only stock a selection of the devices that are available to you. The Royal National Institute of Blind People (RNIB) has resource centres around the UK, which offer a variety of other low vision aids, technology and software to help you. They also offer non-optical aids, such as large print games and high contrast chopping boards.

Sight Village is a free trade exhibition which takes place many times a year, across the country, and reveals the latest technology available for sight impaired or severely sight impaired people.

You can find out more here: [qac.ac.uk/exhibitions.htm](http://qac.ac.uk/exhibitions.htm)

**THE  
BRAIN  
TUMOUR  
CHARITY**

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## **ROVI (Social services/Rehabilitation Officer for the Visually Impaired)**

If you register as sight impaired or severely sight impaired, the sensory impairment team from social services will ask if you'd like someone to visit you at home to decide what changes you might need (see page 28 for more information). However, if you chose not to be registered, you can still access support from a sensory team.

An ROVI's role is to provide you with the skills and support you need. An ROVI can provide you with equipment, teach you how to use it and give you the confidence to retain or regain your independence.

They can help with jobs, such as:

- cooking
- cleaning
- moving around indoors and outdoors
- using technology
- old or new hobbies.

This service will be free for the first six weeks, but you may be charged for any extra training.

Social services can also check to see whether you can get any extra help shopping, cooking, cleaning and bathing, if you find these difficult. If you need to adapt areas of your home, they can tell you how to do this and, in some cases, help pay for it. They aim to help you live as independently as possible.



## **An eye health team for a child also includes:**

### **QTVI (Qualified Teacher of the Visually Impaired)**

A QTVI helps any child, teacher or parent of a child with a vision problem, to make sure the child's learning needs are met. This includes making sure they are involved in both educational and social activities. They help children's reading and writing skills by using large print materials, braille (special text made of raised dots) or automated readers. They work with families to make sure the settings at home and school are helpful and stable.

## **Peripatetic teacher**

Peripatetic teachers support children with vision and hearing problems in some areas of the country. They can regularly visit a school to meet the needs of children and young adults up to the age of 16. They help prepare specialist resources and equipment, give one-to-one support and can specialise in a certain topic, such as music. To find out if your area has peripatetic teachers, please ask your local council or school.

## **ROVIC (Rehabilitation Officer for Visually Impaired Children)**

Some areas of England have qualified ROVICs for children (0–18 years). Other areas have mobility officers and rehabilitation officers who do similar jobs. They teach children to use their remaining vision to help them get used to travelling alone safely. This could include teaching direction skills (orientation) and how to use movement aids, such as long white canes.

The ROVIC will explain the difficulties that children with particular vision problems might face, but also explain what activities are still possible for children to continue doing, using aids if necessary. This includes encouraging children to join activities with other children to prevent them feeling isolated and missing out. The ROVIC also provides support and personalised development plans (action plans) for each child.

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**“Loss of vision meant she often felt lonely at first, as she couldn’t find her friends in the playground.”**

**Parent of seven-year-old child with a high grade tumour**

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A brain tumour diagnosis can lead to a child falling behind due to time off, changes in attainment levels caused by the brain tumour and its treatment, and difficulties finding their place with friends and peers. This can make it hard for parents and schools to know how best to support the child.

Our education resources, available at **[thebraintumourcharity.org/education-resources](https://thebraintumourcharity.org/education-resources)**, give information on what to expect and what help is available. They can be used in a variety of ways (for recording the direct support of a young person, for training staff etc.) and are designed to be used as and when they’re needed.



## Josh's story

Josh was diagnosed with a low grade astrocytoma at 18 months old. He lacks forward vision in one eye and peripheral vision in the other. In order to help his friends understand how he sees the world, his parents bought some safety goggles, and taped over the parts where he doesn't see.

# What are the most common types of vision (eyesight) problems?

## Vision problems from brain tumours

If you have a problem with your vision because of your brain tumour, or as a side-effect of your treatment, you can ask to be referred to an eye expert (ophthalmologist). They'll check the health of your eyes and provide tools and advice to help you carry on with your daily activities. They can also refer you to other eye specialists who are mentioned in this booklet (see pages 4-11).

Common side-effects of a brain tumour or its treatment are:

- visual field loss
- double vision (diplopia)
- sensitivity to light (photophobia)
- facial palsy/dry eyes
- abnormal eye movements
- aphasia (language and speech problems).

In this section we will explain the effects of each of these and suggest useful tools and resources to help with your vision problem.



[The above image shows vision loss affecting a quarter of your visual field (quadrantanopia).]

### **Visual field loss**

The visual field is the total area you can see while looking at one point. There are many different types of field loss. If the outer part of your visual field is damaged, it's called peripheral field loss. Sometimes, the optometrist (see page 5) may detect this, but you may not notice it in your day-to-day life. It's important to have regular eye exams so this can be monitored.

Other types of field loss can be more obvious. You may have a quarter of your visual field affected (which is called a quadrantanopia) or half of your field affected (which is called a hemianopia). If you've lost half your field of vision on the same side in both eyes, it's called a homonymous hemianopia.



[The above image shows vision loss affecting half of your visual field (hemianopia).]

Everyday tasks, such as reading, watching television and travelling outdoors in new areas, can become difficult with visual field loss. You may be surprised by items or people suddenly appearing, or be unaware of the defect and unconsciously neglect the missing area of vision. This can lead to bumping into things on one side, eating half a plate of food, or only reading half a line of print.

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**“It’s taken time to adjust, so lots of bumps and drinks spilled on the table. I found it hard to find people on my right hand side. I can’t catch, but my partner jokes that I was rubbish at catching before surgery anyway!”**

**Wendi, who has sight loss in her right eye following a craniotomy**





## Heather's story

Heather's vision loss was caused by an operation to partially remove her acoustic neuroma. She lost peripheral (side) vision in her right eye and her vision in general is very blurred. "It takes some getting used to having limited peripheral vision, but it becomes normality after a while."



[The above image shows how a typoscope may be used.]

### **Useful tools and resources**

Understanding how your vision has changed and how to make the best use of your vision is essential. This will make it easier to adapt to your new circumstances. Your eye health team can help explain any possible limitations. Reading with visual field loss is still possible – for instance, if you have a hemianopia you may miss the beginning or end of a line.

Typoscopes (a piece of card/paper with a window in the middle) can help with this. You can match up the typoscope with the page so it's easier to see where the beginning and end of each line is. This tool can be helpful when using magnifiers and if you have nystagmus (uncontrollable, constant eye movements). However, you may find reading takes longer and makes you feel tired after long periods of time (causes fatigue).

Your low vision advisor (see page 6) will give you more information about how to access these tools.

Sometimes prisms (a special type of lens that moves the image of an object) may help compensate for visual field loss. These can move the image up, down, left, right or diagonally.

At the beginning, this movement can cause confusion and headaches. However, over time, people adjust to the prism and can be taught how to scan the area around them with their new glasses. For short-term use, a prism can be stuck onto your glasses, or for long-term use, a prism can be included in your lenses.

If your central field of vision is good, glasses with small mirrors attached (hemianopic glasses) and inverted telescopes can improve your field of vision. Your ophthalmologist or optometrist (see pages 4 and 5) can refer you to a low vision clinic for an assessment for these tools.

Scanning and training methods can help you adapt to field loss. Your mobility officer or sensory mobility team can teach you how to use these methods.

There are also online programs available which can help teach you to get the most out of your field of vision:

- [eyesearch.ucl.ac.uk](https://eyesearch.ucl.ac.uk)
- [durham.ac.uk/drex](https://durham.ac.uk/drex)

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**“I think if things feel difficult, ask for help, there may be something that can be done. Talk to family, teachers, vision experts... there is help out there but it’s not always apparent. Get your situation and vision reviewed regularly.”**

**Naomi, who has right-sided homonymous hemianopia caused by surgery for a brain tumour**

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### **Double vision (diplopia)**

Double vision is when you see two images of a single object. The images may be side by side, one on top of the other, or diagonal to each other. It may happen all the time, or only in certain circumstances.

Double vision may be very obvious, or may appear as blurred vision. Young children may not be able to say that they have double vision. Instead, they may cover one eye, screw their eyes up, turn their head sideways or tilt it rather than looking straight. You may also notice one eye turning in or out, which could cause double vision.

You may be referred to an ophthalmologist automatically or you can ask to be. They will test for the cause of double vision and may refer you to an orthoptist for treatment. Treatment options can include one or a combination of:

- glasses
- prisms
- operations
- eye exercises
- occlusion (covering of an eye).

## Useful tools and resources

Fresnel (temporary) prisms are most commonly used first. These are thin sheets of plastic with grooves, which are stuck onto your glasses. The power needed can vary, so you'll be advised to trial them for a few months before having the prism permanently included into your glasses.

You may need an operation to strengthen or weaken one or more of your eye muscles, so that both eyes are aligned again. This doesn't always last forever, so you may need more than one operation.

Eye exercises can be given to strengthen muscles for certain types of double vision. Please talk to your optometrist or orthoptist for more information.



[The above image shows an example of an eye patch that can be worn to minimise double vision.]

Blocking (occluding) vision in one eye can stop double vision that occurs when both eyes are open. This can be done by wearing a patch, opaque (cloudy) lenses or eye drops in the better eye.

However, this will mean you will be monocular (using one eye to see), which can affect your field of vision and the ability to see in 3D. This can lead to difficulties seeing steps and kerbs, and bumping into objects. Different visual scanning methods and aids, such as a long white cane, can help with this.

### **Sensitivity to light (photophobia)**

Your vision may become sensitive to light due to the treatment for your tumour. This could be short-term or long-term. Light sensitivity is when your brain struggles to adjust to different levels of light. You may need to allow extra time for your eyes to adjust when moving between areas of different levels of light. This may be very uncomfortable.

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**“I have issues with different light levels. I never really noticed this until it was pointed out that I do a lot of scowling, and this I have now put down to me adjusting my eyes in various different lighted places.”**

**Tim, who has peripheral eye damage caused by a brain tumour**

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## Useful tools and resources

Short term solutions for light sensitivity can be small changes, such as wearing large hats, sunglasses or tinted spectacles. These can help with glare but they may make it harder to see where you are going. In very serious cases, prosthetic contact lenses reduce the amount of light entering the eye (please discuss with an optometrist).

You may be advised to wear blue-blocking spectacle lenses. Some patients find these help with glare by blocking certain types of light. However, at the moment, the best scientific evidence does not support that these lenses can help symptoms.

The position of extra light is important to help you to see better without causing too much light sensitivity. Lighting can help you read if placed in a position where it causes the least amount of glare. A lamp below eye level that shines onto the book works best. It is also good to avoid shiny surfaces if possible, such as a polished desk.

## Facial palsy (VII nerve)

Some large tumours can cause facial palsy. This can lead to dry eyes or watery eyes, difficulty closing your eyes, redness, and blurring of vision.

If you cannot close your eyes, the tears in your eyes can't be spread over the eye and the surface of the eye can be exposed for long periods of time. This can cause dry, irritated eyes and increase the risk of infection.

Your bottom lid may also turn outwards (ectropion), which means the tears don't drain properly. This can lead to watery eyes and blurry vision.

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**“Prior to corrective surgery, I had to wear an eye patch or glasses outdoors and tape my eye closed at night to protect it, because it didn't close on its own. My main tip is not to neglect the health of the eye. It's important to use the drops and ointments suggested to prevent the eye from drying out, because this can be painful.”**

**Heather**

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### **Useful tools and resources**

For mild dry eye, the most common short-term treatment is eye drops. Your optometrist can recommend which drops to use.

Your eyes can be protected by wrap-around glasses during the day and your eyelid can be taped closed at night. If your eye is very dry, you can use punctal plugs. These block the ducts in your eye to stop tears being drained. They can be removed once the palsy has had time to recover.

If the palsy doesn't resolve within six to eight weeks, there are many other longer term treatments, including surgery, to help your lid close. For other solutions, please speak to your optometrist.

## **Abnormal eye movements**

Abnormal eye movements can come in many forms. Both your eyes may not work together to look at the same point (squint), or your eyes may wobble out of control (nystagmus). Both of these will make it harder to focus, and can cause blurry or double vision.

## **Useful tools and resources**

Most people with acquired nystagmus have a specific direction they look in, where their eye movements are the slowest. This is called a null point, and as there is no treatment for acquired nystagmus, it's normally advised that you tilt your head so that your eyes are in this position.

A member of your eye health team can help teach you about your null point. If the acquired nystagmus is extreme, surgery can be used to help place your eyes in the null position to stop you having to tilt your head.

Some patients with nystagmus find contact lenses give clearer vision, as the lenses move with the eyes. Others find the contact lenses harder to put in, as the eyes are wobbling and find glasses shield some of the eye movement, so are more aesthetically pleasing.

## **Aphasia (language and speech problems)**

Aphasia is where the brain cannot process words in the correct way. It affects speaking, reading and writing. You may be able to see the words correctly, but make mistakes when saying them out loud or might not be able to understand them. Sometimes, this can be mistaken for poor vision and you may be referred to a low vision clinic. They will check your eyes and see if your problems are due to your ability to recognise and process what you're looking at.

## **Useful tools and resources**

Some people struggle to process information if there's too much present. A typoscope (see page 18) can help to limit the amount of information reaching the brain at one point, making it easier to process. If the low vision advisor finds that your problems are due to language and literacy, they will refer you to your GP to see a Speech and Language Therapist.

For more information, please read our

**Communication difficulties** factsheet:

**[thebraintumourcharity.org/communication-difficulties](http://thebraintumourcharity.org/communication-difficulties)**

# Practical tips for living with a vision (eyesight) problem

## What happens if I choose to get registered as sight impaired or severely sight impaired?

If your vision problem has reached a certain level, you may wish to be registered as sight impaired or severely sight impaired. Your ophthalmologist (see page 4) will do some tests. These will show whether you fall into either of these two categories. They can then complete a certificate of vision impairment for you (in Scotland this is a BP1 and in Northern Ireland it's an A655).

This certificate is sent to your local services department who will add you to the register. A team will visit you at home to help you decide what help you require. With the certificate, you could be entitled to Personal Independence Payments (PIP) and/or discounts for public transport. To find out more about the benefits you may be entitled to, call our Information and Support Line to make an appointment with our benefits advisor who is available on Tuesdays **(0808 800 0004)**

## Coping with changes to your vision

If you are told your vision problem is long lasting, there are many emotions that you might experience, such as that similar to grief, but it's important to know you are not alone and there are support teams that can help.

If you'd like to talk to someone about how you're feeling, or would like to find out where you can get further support (including details of support groups), you can contact The Brain Tumour Charity's Information and Support Team:

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**“Ask people, and look online if you can. By asking my council about getting a new bus pass because of my eye damage, it was suddenly highlighted to me that I was entitled to a tax rebate, blue badge, and some other things.”**

**Tim**

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**“Don’t be afraid to explain to others about the problem, as this will allow them to be able to help you and make things easier for you. My friends and family were aware of my vision loss so were able to accommodate for it and make adjustments to help me.”**

**Samantha, who experienced decreased peripheral vision in her left eye due to a brain tumour**

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### **Long-term care of vision**

It’s important to keep having regular eye exams to check your eyes for any changes, even if you’ve been told your vision can’t be improved. There are still many tools and strategies that can help you adjust to your new life.

Your eye test will be free if you’re registered as sight impaired or severely sight impaired or if you come under any category found on this list: ([nhs.uk/NHSEngland/Healthcosts/Pages/Eyecarecosts.aspx](https://nhs.uk/NHSEngland/Healthcosts/Pages/Eyecarecosts.aspx)).

Additionally, any UK resident can get a free NHS eye examination in Scotland.

If you find it difficult to get to your optician, you may be able to have a home visit. Speak to your local optician or call 111, a free NHS urgent medical concern helpline. (In some areas of Wales, the 111 number is not available, so please use 0845 46 47. In Northern Ireland, please use [servicefinder.hscni.net](https://www.servicefinder.hscni.net) to find your local optician.)

## Can I still be independent?

To help you move from place to place, a member of your eye health team may advise using a long white cane, a guide dog, or teach you how to scan the area around you (called orientation and mobility training).

Some simple changes around the house can involve using contrast to help you tell the difference between similar objects.

A few changes could include:

- plain white plates on black placemats
- contrast coloured chopping boards
- extra lighting on work areas, such as kitchen work tops
- tactile buttons for the hot and cold taps
- a liquid level indicator which will beep when a cup is full
- talking scales
- large button phone
- large print books
- e-readers.

For more ideas, there is a brochure of products available at [partsight.org.uk](http://partsight.org.uk).

Reading with vision problems can cause you to feel tired. You can consider audio books, newspapers and magazines. There are also many other talking devices, such as watches, timers and software, that can read information from your computer screen.

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**“Getting around outside again, I have had to go slowly. I now use a white stick in most public spaces to warn people of potential problems. It seemed a bit extreme to use it initially, but it has helped with my confidence.”**

**Isabella**

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Some TVs have audio description (AD), which gives a running commentary on many programmes. There are also different settings for the contrast and brightness on TVs, which can be changed to suit your needs.

One of the difficulties of vision loss is that there's often no outward sign of any disability. This can cause confusion and difficulties in a public/social environment. The Partially Sighted Society has a range of Symbols of Visual Disability in the forms of badges, arm-bands and lanyards that can help with this.



## Can I work with a vision problem?

Being diagnosed with a brain tumour can have a far-reaching effect on employment and career prospects. Side-effects of the tumour or its treatment, or time off for appointments, treatment and recovery, can all cause problems.

Many people have to give up work entirely, change job, or reduce their hours or duties. If a partner is acting as a carer, their work may be affected too. As a result, financial difficulties are common, and people also speak about the loss of identity and purpose that work can provide.

Our employment resources include information about:

- whether and how to tell your employer about your diagnosis
- tools to help your employer or colleagues understand the possible effects of a brain tumour
- your rights within the workplace
- suggestions for 'reasonable adjustments' that your employer can make to support you
- a list of specialist organisations that can help you.

There is also a resource specifically for employers.

To access these resources, please visit

**[thebraintumourcharity.org/employment-support](http://thebraintumourcharity.org/employment-support)**

To help with your vision problem, some computer programs can read Microsoft programs out loud. Others can scan written print straight to your computer as larger text, so it's easier to read.

Your employer, by law, needs to make basic changes to accommodate your vision problem, such as changing your equipment and allowing you to return to work in stages, including flexible hours or part-time working.

Other changes may need to be made for you to continue working. Visit the Access to Work scheme, [gov.uk/access-to-work](https://www.gov.uk/access-to-work), which can offer you help and possible funding for equipment. It can also offer training to help you carry on working and help with your journey to work, such as funding towards taxis to and from work.

An officer in your workplace will carry out an assessment to decide what changes are needed. We recommend you access this scheme as soon as possible as, occasionally, the equipment can take months to arrive.

### **How do I get help studying with vision problems?**

If your child is struggling at school, The Partially Sighted Society design and print bold lined stationery and other specialist equipment for students with a vision problem. Free child-centred V.I. Assessments are available by request at [partsight.org.uk](https://partsight.org.uk).

Disabled Students' Allowances (DSAs) is a scheme which can assess your needs and provide suitable equipment and training to help you begin or continue your education. Your university or college will have a disability advisor who could signpost you to accessing help and support.

If you're looking to attend a university, some useful questions to ask could be:

- what public transport is available?
- what is the campus layout?
- is there any specialist equipment available?
- how accessible is the accommodation?

There are various schools and colleges specifically designed for those who are sight impaired or severely sight impaired:

- RNIB Pears Centre for Specialist Learning, Coventry
- RNIB Sunshine House School, Northwood
- The RNIB College, Loughborough
- The Royal National College for the Blind, Hereford
- Queen Alexandra College, Birmingham
- WESC Foundation, Exeter.

### **Driving with a brain tumour**

If you've been diagnosed with a brain tumour, the law states that you need to tell the DVLA or the DVA as soon as possible. The DVLA is the Driver & Vehicle Licensing Agency for people living in England, Scotland and Wales. The DVA is the Driver & Vehicle Agency for people living in Northern Ireland.

Your general practitioner (GP), neurologist (brain specialist) or ophthalmologist (eye specialist) will check the impact of the brain tumour and should be able to confirm if you can still drive.

For more information, please read our **Driving and brain tumours** factsheet at [thebraintumourcharity.org/driving-and-brain-tumours](https://thebraintumourcharity.org/driving-and-brain-tumours)

### **Leisure activities**

Audio descriptions of museum exhibitions, theatre productions and films are available in different areas of the country. **Vocaleyes.co.uk** will provide information on art events around the country tailored for people with vision problems.

Many festivals allow free entry to vision guides who accompany people with vision problems.

There are also allocated seats in some football grounds for those with a vision problem. Audio commentary headsets are available for a range of sports, including football and rugby.

You can also still participate in sports you already enjoy, or learn a new sport. British Blind Sport ([britishblindsport.org.uk](https://britishblindsport.org.uk)) has information on a variety of sports, locations and competitions where they'll help you adapt to play the sport of your choice.



## Tasha's story

An inoperable brain tumour damaged Tasha's optic nerves, leaving her with less than 10% vision consisting of just light and dark. But Tasha learned to cope without her sight and achieved things that once seemed impossible, like studying at university. In January 2015, Tasha was diagnosed with a second, more aggressive tumour. She continued to defy the odds until December 2015, when she finally lost her fight.

Find out more:

[thebraintumourcharity.org/tasha-floyd-fund](http://thebraintumourcharity.org/tasha-floyd-fund)

# Who can you contact for more information?

## Brain tumour information and support

- **The Brain Tumour Charity**  
Telephone: **0808 800 0004**  
Website: **[thebraintumourcharity.org](http://thebraintumourcharity.org)**  
Email: **[support@thebraintumourcharity.org](mailto:support@thebraintumourcharity.org)**  
Live chat: **[thebraintumourcharity.org/live-chat](http://thebraintumourcharity.org/live-chat)**

## Driving information

- **Driver and Vehicle Licensing Authority (DVLA)**  
Telephone: **0300 790 6806**  
Website: **[dvla.gov.uk](http://dvla.gov.uk)**  
Email: **[gov.uk/contact-the-dvla](http://gov.uk/contact-the-dvla)**
- **Driver and Vehicle Agency (DVA)**  
Telephone: **0300 200 7861**  
Website: **[nidirect.gov.uk/articles/how-tell-dva-about-medical-condition](http://nidirect.gov.uk/articles/how-tell-dva-about-medical-condition)**  
Email: **[dva@infrastructure-ni.gov.uk](mailto:dva@infrastructure-ni.gov.uk)**

## Registration, rehabilitation and support

- **RNIB**  
Telephone: **0303 123 9999**  
Website: **rnib.org.uk**  
Email: **helpline@rnib.org.uk**
- **The Partially Sighted Society**  
Telephone: **01302 965195**  
Website: **partsight.org.uk**  
Email: **reception@partsight.org.uk**
- **The Guide Dogs for the Blind Association**  
Telephone: **0800 781 1444**  
Website: **guidedogs.org.uk**  
Email: **cypservices@guidedogs.org.uk**

## Disability and vision problem information

- **SeeAbility**  
Website: **seeability.org**  
Email: **referrals@seeability.org**  
Telephone: **01372 755 000**

## Support for playing sport

- **British Blind Sport**  
Telephone: **01926 424247**  
Website: **britishblindsport.org.uk**  
Email: **info@britishblindsport.org.uk**

## About this information resource

The Brain Tumour Charity is proud to have been certified as a provider of high quality health and social care information by The Information Standard - an NHS standard that allows the public to identify reliable and trustworthy sources of information.

Written and edited by our Optical Engagement Manager, the accuracy of medical information in this resource has been verified by leading health professionals specialising in optometry. Our information resources have been produced with the assistance of patients and up-to-date, reliable sources of evidence.

We hope that this information will complement the medical advice you've already been given. Please do continue to talk to your medical team if you're worried about any medical issues.

If you'd like a list of references for any of our information resources, or would like more information about how we produce them, please contact us.

We welcome your comments on this information resource, so we can improve. Please give us your feedback via our Information and Support team on 0808 800 0004 or [support@thebraintumourcharity.org](mailto:support@thebraintumourcharity.org)

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## About The Brain Tumour Charity

### Going further for a cure

As the UK's leading brain tumour charity, we're here to accelerate a positive change in how people affected by brain tumours are diagnosed, supported and cured.

Brain tumours strike fast. And they can strike anyone, at any age. But what if we could move faster? What if we could stop brain tumours right in their tracks? It's no easy task taking on something this complex, but that's exactly what we're here to achieve. And we won't stop until we have.

We know that if we put our heads together, we're more than up to the challenge. So we're building a movement of people from every walk of life – all coming together to accelerate a cure.

Find out more and get involved:  
[thebraintumourcharity.org](http://thebraintumourcharity.org)







GOING  
FURTHER  
FOR A CURE!

[thebraintumourcharity.org](http://thebraintumourcharity.org)

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