

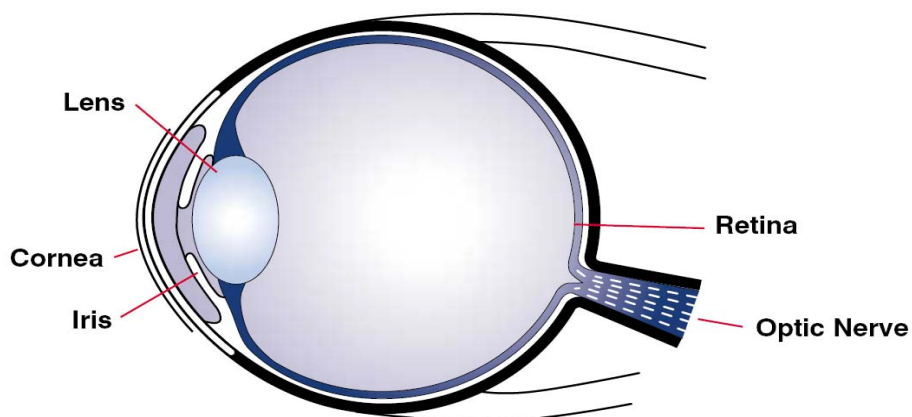
## NYSTAGMUS

What we see is in fact made in the brain. The brain makes sight from signals given to it by the eyes.

### What is the normal structure of the eye?

The eye is made of three parts.

- A light focusing part at the front (cornea and lens).
- A light sensitive film at the back of the eye (retina).
- A large collection of communication wires to the brain (optic nerve).



## **What is Nystagmus?**

This is a condition where the eyes wobble all the time. The movements of the eyes can be large or small and fast or slow. Nystagmus usually involves both eyes and can change when looking in different directions. The position of the eyes where the Nystagmus is least may be called the 'Null Point'.

## **How does this affect the way my child sees?**

The wobbling of the eyes has the same effect as camera shake might have on a photograph. The picture is blurred. Although the child's eyes move to and fro, what they see usually remains still. This is because the brain ignores the shaking.

Nystagmus may cause:

1. Low vision. The level of vision depends on the type of Nystagmus.
2. Abnormal Head Posture. This may occur to move the child's eyes into the 'null point'. This may give them better vision.
3. The child may hold things close to their eyes because this may reduce the wobbling and so improve the vision.
4. Your child's vision may vary depending on how tired they are, how much work or reading they've been doing, or if they are ill or under pressure.

## **What can be done to help?**

There is no cure for Nystagmus. However, there are ways to help the child get the best out of their vision.

- Your child may need glasses. These should be worn as advised by your child's Orthoptist, Optician or Eye doctor.
- In a few cases, when there is an extreme head posture, a special operation can be done to move the 'Null Point' to a more useful position.

## **How can parents, family, friends and teachers make a difference?**

1. Glasses. If your child wears glasses, make sure that they wear them when needed and as prescribed.
2. Abnormal Head Posture. Do not straighten their head. Position them so they can use their null point in whatever they do. For example, if the null point is on looking to the right, the child needs to be positioned to the left of what they're looking at.
3. Larger print. Make this available if your child needs it.
4. Tiredness. Be aware that vision can become worse when your child is tired or ill. Allow the child to have rests or breaks if this happens. Although the Abnormal Head Posture helps the vision, it may cause your child discomfort, especially if they have to sit in one position for a long time. Allow rests or breaks if needed.
5. Be aware that your child's school work or reading ability may deteriorate if their level of vision reduces.

## Useful contacts.



### **Birmingham Focus on Blindness**

Tel: 0121 478 5200

### **RNIB**

Tel: 0845 766 9999

### **LOOK (or families with visually impaired children)**

Tel: 0121 428 5038

### **Nystagmus Network**

13 Tinsley Close,

Claypole,

Newark,

Nottinghamshire.

NG23 5BS

Tel: 01636 627 004

[www.nystagmusnet.org](http://www.nystagmusnet.org)

Email: [info@nystagmusnet.org](mailto:info@nystagmusnet.org)

**This information is intended to describe most aspects of the condition but each child is different and there will always be exceptions.**

### **Acknowledgements**

This leaflet was compiled by a multidisciplinary team from the eye departments at Birmingham Children's Hospital and Birmingham Heartlands Hospital, Birmingham Focus on Blindness and Birmingham Specialist Support Services.