

Impact of high power and high incidence angles on peripheral prism for homonymous hemianopia

Jae-Hyun Jung and Eli Peli

Schepens Eye Research Institute, Massachusetts Eye and Ear, Harvard Medical School, Boston, MA



Introduction	Distortion and Reflections in High Power (57Δ) Fresnel Prism	Prism Power Variation by Angle of Incidence
Homonymous Hemianopia (HH) occurs due to stroke, head injury or brain surgery Peripheral Prisms ^{1,2} (2000) Expand upper and lower segments of the lateral visual field using Fresnel prisms	B: Base A: Simulated view with constant power Prism distortion ^{3,4} Prism power variation results in reduced apical scotoma and minification (increased field expansion) Spurious reflections Dimly show unrelated regions of the scene (grid lines and blue blur from a window). Compressed Image (Field Expansion) Total Internal Reflection	 Deflection angle is highly dependent on the angle of incidence Above a critical angle of incidence, total internal reflection (TIR) The size of Apical scotoma is same as the effective prism power at the apex.
Peli Prism glassesBinocular visual field ofBinocular visual fieldRigid Fresnel Peripherala person with HHexpansion with 40Δ	Reduced seen.	Critical angle of incidence



Simulated Views in Primary Gaze, 10° and 20° Gaze Shifts to the Blind Side

With gaze shift to blind side

EPS: Magnification is almost constant (almost CDA), minimal distortion OPS: Increasing minification (distortion) until TIR, larger expansion dim and narrow





• At primary gaze

EPS: Magnification, field expansion is smaller, apical scotoma is larger OPS: Minification, field expansion is larger, apical scotoma is smaller



Conclusion

- Prism power varies with angle of incidence
 - For low-power prisms (20Δ)
 - the variations within the range of practical gaze shift (±15°) are very small
 - For high-power prisms (57 Δ) The effective deflection varies with angle of incidence, and these effects must be considered when prescribing prisms for visual field expansion
- In **OPS** configuration
 - The field-of-view through the prism is **wider** and therefore more **compressed**
 - For 57 Δ TIR blocks views beyond \approx 5° into the blind side which limits the effects of scanning
 - Apical Scotoma is smaller (can cause diploipa)
 - At primary gaze the **TIR on base** appears in the **blind hemifield** while **dimmer surface reflections** appear at the seeing hemifield
- In **EPS** configuration prism power and its variability are reduced
 - The actual prism view is slightly magnified by the reduced prism power. The effect of scanning is not limited
 - At primary gaze the **TIR on base** and the **surface reflection** appear in the **visible hemifield** and can cause visual confusion, diplopia, & bright false alarms

Acknowledgement and References

- This work was supported in part by NIH grants EY12890 and EY023385 (EP), and the Basic Science Research Program (2012R1A6A3A03038820), National Research Foundation of Korea (NRF), the Ministry of Education, Science and Technology (J-HJ)
- Dr. Peli has patent rights (assigned to Schepens Eye Research Institute) for the peripheral oblique prisms (licensed to Chadwick Optical)
- 1) E. Peli (2000)
- Field expansion for homonymous hemianopia by optically-induced peripheral exotropia,
- Optometry and Vision Science, 77(9), 453-464
- 2) E. Peli (2008)
- Peripheral Field Expansion Device, United States patent 7,374,284
- 3) H. L. Apfelbaum, N. C. Ross, A. B. Bowers, E. Peli (2013)
- Considering optical scotomas, confusion, and diplopia when prescribing prisms for homonymous hemianopia,
- Translational Vision Science & Technology 2(4), article 2

4) J. -H. Jung, E. Peli (2014)

- Impact of high power and angle of incidence on prism corrections for visual field loss,
- **Optical Engineering** 53(6), 061707, Open Access