

Quick Guide

Diagnosis	Unilateral vs Bilateral	Duration	Activity	Pattern of VL	Other Symptoms	Medications
Acute Elevation in Intraocular Pressure	Unilateral	minutes to hours	being in a dark environment may precipitate angle closure; physical activity may cause pigmentary dispersion and sudden increase in IOP, ocular trauma with hyphema and spike in IOP, eye rubbing	may be diffuse blurring if corneal edema results from high IOP; decrease in ocular perfusion pressure will cause peripheral loss of vision first, then central	ocular pain	adrenergic agents or anticholinergic agents given either systemically or from eye exposure
After-image after viewing bright light	Unilateral/Bilateral	seconds to minutes	viewing bright light, worse after mydriasis	usually central after-image	none	none
Carotid Artery Stenosis with Episode of Hypotension	Unilateral	minutes (amaurosis fugax)	orthostatic or decrease in cardiac output from heart dysrhythmia	peripheral field loss first, then possibly followed by central field loss	may experience pre-syncope symptoms or TIA	anti-hypertensive agents with over-treatment
Corneal Surface Disease / Dry Eye	Unilateral	seconds to minutes	often tasks requiring concentration which reduces spontaneous blinking, wind or air movement	diffuse blurring or monocular diplopia, which may become less after each blink	irritation of eye	anticholinergic drugs reducing tear production
Giant Cell Arteritis	Unilateral/Bilateral	seconds to minutes	orthostatic changes in posture	may be partial or complete loss	headaches, jaw claudication, transient diplopia, scalp tenderness, constitutional symptoms (fatigue, weight loss)	none
Hypotension	Unilateral/Bilateral	seconds to minutes	orthostatic changes in posture	peripheral field loss first, then possibly followed by central field loss, if retinal ischemia is present, but if occipital pole is affected by low blood pressure, then central field may go out first	may experience pre-syncope symptoms or TIA	anti-hypertensive agents with over-treatment
Migraine	Bilateral	minutes to almost an hour	no particular activity, sometimes activities that precipitate a migraine	usually homonymous; very rich, moving; often black and white, scintillations, shimmering, jagged edges	headache, unilateral finger numbness and perioral numbness, vertiginous symptoms	none
Occipital Seizures	Bilateral	minutes to hours		positive, visual phenomena	none, some associated with seizures	
Optic Disc Drusen	Unilateral/Bilateral	seconds to minutes	none	may be entire visual field darkening or a portion of the visual field	none	none
Optic Disc Edema	Unilateral/Bilateral	seconds	orthostatic changes in posture	graying out, some report flashes	headaches, nausea, vomiting, light sensitivity, pulsatile tinnitus, neck and back pain	none
Optic Nerve Sheath Meningiomas / Orbital mass	Unilateral	seconds to a minute	extreme gaze	may be entire visual field darkening or a portion of the visual field	diplopia on extreme gaze	none
Orbital Emphysema	Unilateral/Bilateral	minutes	coughing, sneezing, vomiting, Valsalva	may be entire visual field darkening or a portion of the visual field	orbital pain	none
Retinal Emboli	Unilateral	1-15 minutes	coughing, bending over	may be entire visual field darkening or a portion of the visual field (e.g. altitudinal visual field loss)	may experience TIA	none
Retinal Vasospasm	Bilateral	10-20min up to an hour	none	may be partial or complete loss	migrainous headache	none
Transient Ischemic Attack	Bilateral/Unilateral	seconds to minutes	none	negative (hemianopia or blindness)	brow headache, vertigo, dizziness, imbalance, diplopia, bilateral weakness	none
Uhthoff's Phenomenon	Unilateral	several minutes	activities that raise core body temperature (exercise, hot tub, hot shower, outdoor activities on a hot day)	diffuse darkening or blurring of vision	may experience paresthesias at the same time	none
Uveitis-glaucoma-hyphema (UGH) Syndrome	Unilateral	hours to a day	no particular activity, sometimes eye rubbing or fast eye movements	diffuse white haze	pain, if IOP is also elevated, glare	none
Venous Stasis Retinopathy	Unilateral	seconds to minutes	coughing, orthostatic positional changes	usually central in retinal area supplied by cilioretinal artery	none	none