“The Bridge of Hope: Your Role When a Patient Faces Vision Loss”

Not all eye doctors’ offices see patients going through the journey from their patients being sighted, transitioning to ‘low vision’ and down the path towards blindness. If you work as an ophthalmic/optometric assistant, optician, or other eyecare paraprofessional, you many not have been trained at what happens next.

The doctor delivers the medical facts to the patient who is complaining of blurry vision. The patient hears there’s no prescription or quick fix that will restore their vision. And before you know it, they’re in tears. The doctor moves to the next exam room — and you’re the one standing there.

In that moment, **you** are their lifeline. How you respond can either help them leave with hope or feel abandoned.

You can say: That’s not my job.

Or,

You may ask…

“Do we just send them to a local blind center?”

Sometimes that’s a good option — but not always right away. Many patients aren’t emotionally ready to walk through those doors on Day 1. To them, it can feel like “giving up” or “admitting defeat.”

That’s why your role is so important:

- You can explain that vision rehabilitation is about *living better with the vision they still have*, not about surrendering independence.
- You can help them understand this is just the next step in their care, not the end of it.

“Shouldn’t a counselor or other medical professional handle this?”

Yes — but remember, you’re often the bridge between the patient and those resources.

The best outcomes usually come from a **team approach**:

- **Ophthalmologist or Retinal Specialist** – manages treatment.
- **Low Vision Specialist / Optician** – finds adaptive devices and solutions.
- **Occupational or Vision Rehabilitation Therapist** – teaches independence skills.
- **Mental Health Professional** – helps with grief, anxiety, and adjustment.

Your role? To make sure the patient doesn’t fall through the cracks before those connections are made.

Why this matters even with today’s medical advancements

There have been remarkable advances in anti-VEGF agents for neovascular age-related macular degeneration (nAMD) and innovative treatments for diabetic macular edema (DME). These treatments are preserving sight for many people who might have gone blind in the past.

But even with these breakthroughs, **not every patient regains perfect vision**. That’s where you come in — to help them take the next steps, emotionally and practically.

What you can do right after the doctor leaves the room

Here are three quick, practical things you can do — without adding more than two minutes to your schedule:

1. **Acknowledge the emotional impact** – “I know this isn’t the news you were hoping for. It’s okay to feel upset — this is a big change.”

2. **Offer a clear next step** – “The doctor is referring you to someone who specializes in helping people use the vision they still have.”
3. **Make it personal** – Instead of handing them a brochure, say: “Here’s Katie’s number. She’ll call you within 24 hours to walk you through what’s next.”

Bottom line for you as a paraprofessional

Your job isn’t just about pre-testing or adjusting glasses. You are often the first and last person a patient talks to on a life-changing day. With just a few words and a little empathy, you can help them leave the office with dignity, direction, and hope intact.

***Quick Training Checklist for Eye Care Paraprofessionals**

Please check with your doctor before recommending any proactive action. Some doctors prefer to take care of this themselves as part of the treatment they offer their patients.

Supporting Patients Emotionally After Difficult News

1. Pause and Assess

- Watch for signs of distress (tears, silence, clenched hands, shallow breathing).
- Give the patient a moment before speaking — sometimes they need 5–10 seconds to absorb the news.

2. Validate Their Feelings

- Use empathetic phrases:

    - “I can see this is hard news.”
    - “It’s okay to feel upset or frustrated.”
- Avoid rushing to solutions before acknowledging their emotions.

3. Give the ‘Next Step’ Clearly

- Be specific: “Your next appointment will be with a low vision specialist who can help you make the most of the vision you still have.”
- Avoid vague statements like “There’s nothing else we can do.”

4. Make the Warm Handoff

- If possible, introduce the referral by name: “You’ll be hearing from Katie Friedman within 24 hours.”
- Ensure you have the patient’s correct contact information before they leave.

5. Provide One Practical Resource

- Hand them a simple, non-overwhelming resource — a card, flyer, or website link — so they leave with something tangible.
- Keep resource language positive and focused on independence, not loss.

6. Document the Encounter

- Briefly note in the chart that emotional support was provided and what referrals or resources were given.
- This helps the care team follow up and shows continuity of care.