SYMPTOM

Temporary blindness

Temporary blindness is a brief loss or marked dimming of sight that later returns.

WHAT IT FEELS LIKE
My sight dims, disappears, or becomes blocked, then returns

WHERE IT IS FELT
One eye or both eyes

MOST COMMON CAUSES
Migraine aura, blood-pressure drops, temporary retinal blood-flow reduction

WHEN IT IS URGENT
Sudden loss in one eye, even if sight returns

USUALLY LASTS
Seconds to an hour, depending on the cause

SEE A DOCTOR IF
Episodes recur or your usual migraine pattern changes

Overview

Temporary blindness means losing some or all of your sight for a limited time. Vision may become dark, grey, blurred, or blocked before returning to normal. The change can affect one eye, both eyes, or the same side of the visual field in both eyes.

The medical term is transient vision loss . "Transient" means temporary. Some people use "temporary blindness" to describe severe blurring, flashing patterns, or tunnel vision rather than complete darkness.

Possible causes range from migraine and brief blood-pressure changes to problems with blood flow in the eye or brain. The pattern matters. Sudden loss in one eye can be an important warning sign even when vision returns completely.

What it may feel or look like

The change may last seconds, minutes, or, less often, longer. You might notice:

Migraine aura usually develops gradually. A bright or missing area may spread across your vision over several minutes. It often affects the visual field of both eyes, although it can seem

stronger on one side. Headache may follow, but aura can occur without headache.

Loss caused by reduced blood flow to one eye is more often sudden and painless. People may describe a shade or curtain coming down, followed by recovery.

If it is safe to do so, covering one eye and then the other during an episode may help you tell whether one or both eyes are affected. Do not let this delay urgent care.

- A grey, black, or white curtain over your sight
- Dimming or fading, especially after standing
- A missing area, tunnel vision, or complete darkness
- Shimmering lights, zigzags, blind spots, or heat-wave patterns
- New flashes or many floating spots
- Severe blurring that makes shapes difficult to see

Common causes

Migraine aura is a common cause of temporary visual disturbance. It can produce shimmering edges, zigzags, flashing lights, or a blind spot that gradually expands. Symptoms often last about 5 to 60 minutes.

A brief blood-pressure drop can make vision dim or black out, especially after standing quickly, overheating, dehydration, or a fainting episode. You may also feel light-headed, weak, sweaty, or nauseated.

Eye-surface problems can cause severe fluctuating blur that clears with blinking. Dryness, tears, contact-lens problems, or mucus may be responsible. These usually do not cause a true dark curtain or complete loss of sight.

Less common causes include seizures affecting the visual part of the brain, pressure-related changes around the brain, or retinal migraine. Retinal migraine affects one eye and is uncommon; other causes need to be excluded before that label is used.

Urgent causes include a temporary blockage of blood flow to the retina, the light-sensitive tissue at the back of the eye. This may be a form of transient ischemic attack , or TIA, sometimes called a warning stroke. Retinal detachment, inflammation of blood vessels, acute glaucoma, and stroke can also affect sight.

When to seek medical care

Call emergency services now if vision loss occurs with:

These symptoms can indicate a stroke or another emergency. Do not drive yourself.

Seek urgent same-day medical or eye care for sudden vision loss in one eye, even if it has fully cleared. You should also be assessed urgently for a curtain or shadow, new flashes with many floaters, or a painful red eye with halos, headache, nausea, or vomiting.

If you are over 50, temporary sight loss with a new headache, scalp tenderness, or jaw pain while chewing needs urgent assessment. These can occur with inflammation of arteries supplying the eye.

Book a routine appointment if episodes recur after standing, severe blurring keeps returning, or your established migraine aura changes in frequency, duration, or appearance. New visual symptoms should not automatically be assumed to be migraine.

- Facial drooping, arm or leg weakness, numbness, or speech trouble
- New confusion, severe imbalance, or difficulty walking
- A sudden, unusually severe headache
- Loss of consciousness or a seizure
- Vision that remains absent or severely reduced
- A serious eye injury or chemical exposure

How the cause is found

A clinician will ask how quickly the problem began, how long it lasted, and whether it involved one eye or both. Describe darkness, flashing, patterns, pain, headache, weakness, or speech changes as precisely as you can.

They may check your vision, pupils, eye pressure, visual fields, blood pressure, heart rhythm, and nervous system. An eye examination may include dilating drops so the retina and optic nerve can be inspected.

Depending on the pattern, testing may include blood tests, heart monitoring, scans of the brain or eye, or imaging of blood vessels in the neck and head. Older adults with headache or jaw pain may need blood tests for artery inflammation.

Write down when each episode happened, what you were doing, and how it developed. Note any medicines, migraine history, recent illness, or cardiovascular conditions.

Treatment and self-care

Treatment depends on the cause. A blood-flow problem may require urgent stroke assessment and treatment of underlying risks. Retinal detachment, acute glaucoma, or artery inflammation needs prompt specialist treatment to protect sight.

If migraine is confirmed, care may include avoiding known triggers and using a treatment plan recommended for you. Do not assume a first episode is migraine, particularly when only one eye becomes dark.

For brief dimming after standing, rise slowly and sit or lie down if you feel faint. Regular fluids may help if dehydration is responsible, unless you have been told to limit fluids. Recurrent episodes still deserve medical review because medicines, heart rhythm, or blood-pressure problems may contribute.

During any episode, stop driving, using machinery, or climbing stairs. Sit somewhere safe. Do not rub or press on the eye, and do not use someone else's eye drops.

What to expect

The outlook depends on what caused the episode. Migraine aura and standing-related dimming often resolve completely. However, repeated symptoms may continue until triggers or underlying problems are addressed.

Temporary loss from reduced retinal blood flow may leave no lasting change, but it can warn of a future blockage affecting the eye or brain. Prompt assessment allows clinicians to look for treatable risks.

Keep follow-up appointments even if your sight feels normal. Seek care again if episodes become more frequent, last longer, affect a different part of your vision, or occur with new neurological symptoms.

Common questions

Can migraine cause temporary blindness?

Migraine can cause temporary blind spots, flashing patterns, or major difficulty seeing. Typical aura develops gradually and affects vision from both eyes, even if it seems stronger on one side. Sudden darkness in one eye requires urgent assessment rather than being assumed to be migraine.

Is temporary blindness the same as a TIA?

Not always. Migraine, fainting, and eye conditions can also cause temporary visual symptoms. However, sudden painless loss in one eye can result from temporarily reduced retinal blood flow and may be treated as a TIA warning.

Should I seek care if my sight has returned?

Yes, if the loss was sudden, affected one eye, or was unlike your usual migraine symptoms. Recovery does not rule out an urgent blood-flow problem.

Can stress cause it?

Stress may contribute to migraine or faintness, but it should not be used to explain new vision loss until eye, circulation, and neurological causes have been considered.

Sources

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