

DETECTION OF SSVEP AND PREDICTION OF WEAK SPOTS IN THE VISION

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ABSTRACT

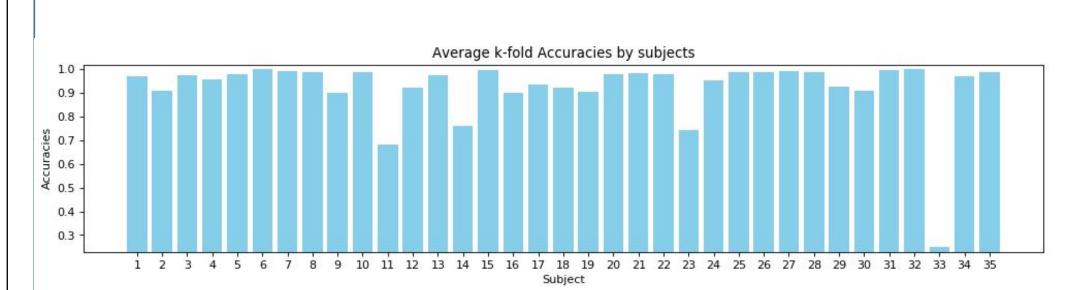
In this work an efficient system is presented which can detect the week spots in the vision Eyesight is an important aspect of human life. The main causes of blindness and vision loss are age-related eye conditions such as age-related macular degeneration, cataracts, glaucoma, and diabetic retinopathy. Other common eye diseases are amblyopia and strabismus. Glaucoma Early and late diagnosis onset of symptoms with irreversible degeneration of retinal ganglion cells. Efficiently learn several tasks at the same time. We evaluated using model classification on 40 class records and achieved a yield of 93% on accuracy and 96% on F1 score.

INTRODUCTION

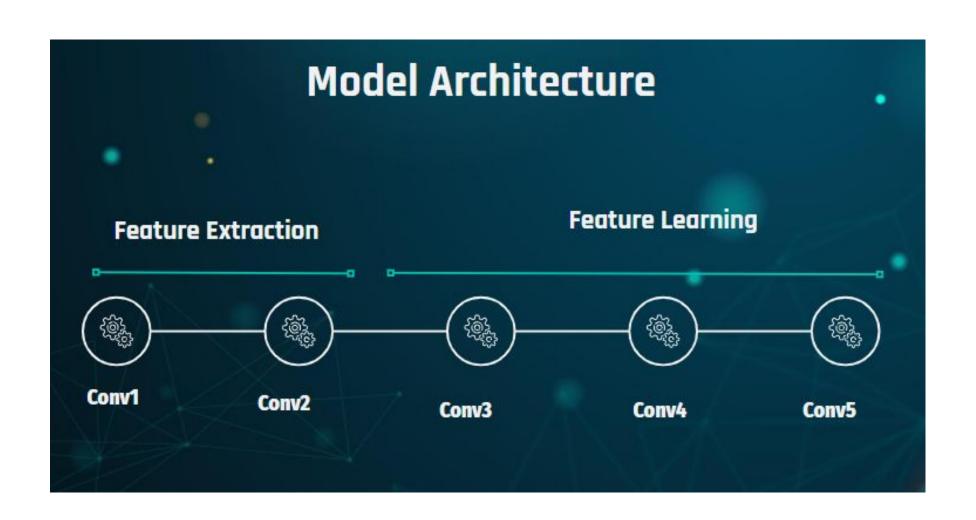
The leading causes of blindness and low vision are age-related eye diseases such as age-related macular degeneration, cataract, diabetic retinopathy, and glaucoma. The vital symptomatic sign for a glaucoma patient is fringe vision misfortune, alluding to the most extreme point field of vision from the focal point of obsession for each eye. Glaucoma suspects are encouraged to evaluate their visual capacities early and consistently. The technique length is around 10-minutes per eye, where the patient is needed to take a gander at a huge semi-round the bowl that covers their whole field of view. We present a perform multiple tasks learning system for creating a visual reaction map possibly appropriate for giving glaucoma diagnostics. The patient needs to keep up with obsession at a focal objective during the whole system. The patient reacts by clicking a button at the point when an improvement is seen, and this interaction yields a guide of the seeing pieces of the patient's field of view.

Main Idea SSVEP stimuli SSVEP targets Contral fixation Central fixation Central

RESULT



Model Architecture



CONCLUSION

This review introduced a profound learning technique that possibly empowers us to recognize different SSVEP improvements at the same time, along these lines planning a visual guide of glaucoma patients, lessening visual field appraisal time, and produce solid experimental outcomes.

Taking into account late occasions during sickness episode and pandemics where insignificant medical clinic arrangements are prescribed to be kept to a base, this appraisal technique can diminish the quantity of tests required, accordingly limiting any pointless or extra tests. Generally, this review empowers our future work to possibly evaluate glaucoma patients' visual field to distinguish fringe vision misfortune

FUTURE WORK

1)Usage of more datasets.

2)Implementation in the real world test cases.

REFERENCES

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