

Amblyopia (Lazy Eye)



Orthoptic Department

Information for parents

This leaflet covers information about vision treatment in children.

What is amblyopia?

Amblyopia is reduced vision development in one or both eyes, occurring during early childhood.

What causes amblyopia?

Anything which prevents both eyes being used normally. This may be:

Squint (strabismus) - where the eyes are not aligned with each other. The brain ignores the squinting eye, and as the squinting eye is not being used vision does not develop normally.

Long or short sight or astigmatism - this prevents the eyes from focusing clearly. The brain will favour the eye that sees more clearly, and ignore the eye with the more blurred vision. This can cause amblyopia to develop. The bigger the difference in the glasses prescription between the two eyes, the more likely amblyopia is to develop.

Conditions blocking visual input to the eye - a cataract (cloudy lens), drooping eyelid or swelling on the eyelid may cause amblyopia by preventing normal visual input to the eye.

What is the treatment for amblyopia?

Glasses may be needed. If so they should be worn full time. If glasses alone do not give normal vision, additional treatment will be needed.

This will be either patching the better eye for a period of time each day, or blurring the vision of the better eye with atropine eye drops. Covering the stronger eye forces the amblyopic (lazy) eye to work harder, and should enable it to develop better vision.

Treatment usually needs to take place during the period of visual development, before age 7 years.

Will the amblyopic (lazy) eye achieve normal vision?

Amblyopia usually improves with treatment. How much improvement there is will depend on your child's age and how reduced the vision is. It also depends on the level of co-operation with treatment.

It is very important to treat amblyopia as early as possible to achieve the best possible vision. Treatment is most successful before the age of seven, but the earlier it is started the better.

If amblyopia is left untreated the vision may be permanently reduced. It is unlikely to improve with treatment in later life. The eyes and brain become too mature to change. Therefore it is very important to follow the treatment instructions as closely as possible.

How much patching will my child need?

This varies from one child to another and again depends on age and how reduced the vision is. Patching is usually carried out for between 2 – 6 hours daily. It is very important that the Orthoptist sees your child regularly to monitor progress, and to develop a treatment plan to suit you and the visual needs of your child.

Does amblyopia treatment really work?

Patching will only work if your child wears the patch or uses the atropine as advised. If started at an early age treatment is usually successful. Patching will only improve vision, but will not improve a squint. Squints are treated with glasses, exercises and/or surgery.

Can my child have an operation instead of a patch?

Surgery is not an alternative to patching and does not improve an amblyopic eye. All treatment for amblyopia involves making the weaker eye work harder. Simply using the eye more helps to make the vision improve.

What should my child do whilst wearing the patch?

Reading, drawing, computer games and playing with small toys are the best activities to encourage the amblyopic eye to work harder. If your child is school age it is helpful to wear the patch at school. Although school work may be a little more difficult whilst patching, the variety of visual stimulation will be helpful to the amblyopic eye.

What if my child's skin is irritated by the patch?

We have different types and sizes of patch so please ask to try alternatives. We can also change treatment to atropine drops or fabric patches if skin becomes irritated.

What can I do if my child does not like wearing the patch?

We understand that many children find the treatment difficult, and may not understand why one eye needs to be covered. If you are having difficulty with the treatment please contact the Orthoptists for advice. We will do our best to adjust treatment to make it as easy as possible. Treatment options are adhesive eye patches, fabric patches attached to glasses, or atropine eye drops to blur the vision of the stronger eye. You may find that your child will accept one form of treatment more easily than another.

Rewarding good co-operation often helps to make continued treatment easier. Give lots of praise when the patch is worn well and be ready to distract your child's attention to prevent them from taking the patch off.

What are the risks of patching?

Skin irritation – please ask us for alternative patches if this is a problem.

Double vision – we always assess children thoroughly before beginning treatment. We will not advise patching if we feel there is a risk of double vision developing.

Worsening control of an intermittent squint – sometimes patching may make an intermittent squint happen more often, or cause it to be present all the time. We will discuss this with you before starting treatment if this is likely to happen.

Vision may sometimes not improve despite carrying out treatment as advised. If we feel that continued treatment will not be helpful for your child we will discuss this with you before changing the treatment plan.

Reference Source(s):

1. Moorfields Eye Hospital NHS Foundation Trust Paediatric information - Amblyopia: information for parents Feb 2016.

Patient information - Atropine treatment for Amblyopia March 2014.

2. The Royal College of Ophthalmologists Guidelines for the Management of Strabismus in Childhood March 2012.

3. NICE guidelines for the management of squint in children March 2016

Team Work

We are here to help, so please attend appointments even if patching has been difficult.

We are available to discuss any concerns you may have.

Notes

Contact details

Clinic hours are Mon – Thurs 8.30-5.00

Fri 8.30 – 12.30

Direct telephone number: 01483 464810

PALS and Advocacy contact details

Contact details of independent advocacy services can be provided by our Patient Advice and Liaison Service (PALS) who are located on the right hand side as you enter the main reception area. PALS are also your first point of contact for health related issues, questions or concerns surrounding RSCH patient services.

Telephone: 01483 402757

Email: rsc-tr.pals@nhs.net

Opening hours: 9.00am–3.00pm, Monday to Friday

If you would like information documents in large print, on tape or in another language or form please contact PALS.

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