

Amblyopia treatment

Information for patients,
parents and carers



Leeds Centre for
Ophthalmology

Amblyopia is a condition where one eye doesn't see as well as normal even when the correct glasses, if required, are worn. Amblyopia is the medical term; some people call it lazy eye.

Amblyopia is most commonly caused by:

- A squint - the brain ignores the image coming from the squinting eye so the vision does not develop properly in that eye
- A difference in the focussing of each eye - if a stronger spectacle lens is needed for one eye than the other, then until your child had glasses, they had constant blurred vision in one eye. This prevents the sight developing normally in that eye
- Something preventing one eye from seeing for a period of time during early childhood. This prevents the eyesight developing normally and leads to stimulus deprivation amblyopia. Examples include congenital (from birth) cataracts or a drooping lid that covers the pupil

My child sees well when both eyes are open so why is treatment needed for an amblyopic eye?

It is much better to have two good eyes than one poor one. If, for example, the good eye is damaged in an accident, your child won't be held back by the poor sight in the remaining eye.

There are also some jobs that require good sight in both eyes so we aim to try to give your child the widest choice of careers for the future.

Treatment at an early age can improve the sight. Usually, we can only help an amblyopic eye 'learn to see' better, up to around the age of 8, so it is important not to delay treatment.

How do you treat amblyopia?

An amblyopic eye does not see well because the part of the brain that responds to that eye has not developed at the same rate as the other eye. Covering the good eye forces the child to use the weaker eye and stimulates the development of the brain. This helps the amblyopic eye to 'learn to see' like the better one.

Treatment involves temporarily reducing the vision of the "good eye" in a variety of ways.

If your child has been prescribed glasses, we do not usually start treatment for amblyopia until your child has been wearing their glasses for about 4 months. This is because the sight may improve with glasses wear alone. Some children who appear to be amblyopic initially, don't need any treatment other than the glasses - especially if they don't squint. If there is a big difference in the sight, we may start treatment sooner than 4 months.

Once treatment is found to be necessary, it is important that it is started straight away. More hours of patching are required in older children than younger ones so starting young makes the treatment easier. We don't often patch after the age of about 8 years as this is often too late to make a difference to the sight.

When is the best time to wear the patch?

Patching is most successful when the child is concentrating on close activities such as colouring, reading, writing, puzzles, hand-held computer (e.g. DS, PSP) or mobile phone games. Computer games can also be helpful. Watching TV and playing outside wearing the patch is much less effective.

In younger children, patching is more successful if it is done when the child is not tired and you have time to play with them. If they are distracted and doing an activity they enjoy, they are more likely to tolerate wearing the patch and will enjoy the extra time spent with you. Star charts can be very helpful. Wearing the patch at nursery can also help your child get into a good routine.

School-age children often do best wearing the patch at school. Here, they are constantly using their near vision and patching can become part of the daily routine.

How long will the treatment take?

This can be very variable. The treatment may be completed in a number of months or may have to continue on and off during the period that sight develops (which is usually up to the age of approximately 7 - 9 years). Unfortunately, children with stimulus deprivation amblyopia are more likely to need treatment for more hours per day and for many years. Your orthoptist will be able to give you more detailed information.

When treatment is done well, we usually find an improvement in the eyesight of the amblyopic eye.

It is very unlikely that the eyesight will improve on its own without treatment.

What types of treatment can I try?

This will depend on the age of your child, the type of amblyopia and how good their sight is. We have some colourful sticky patches that are worn on the face and are suitable for all ages. Sometimes, we use a fabric patch that slips onto the glasses and sometimes, we “fog” one lens of the glasses with some tape. We also offer eye drops to blur the sight of the good eye.

Will the amblyopia treatment cure the squint?

Not usually. Very occasionally, improving the poor sight in one eye helps a child control a squint that is only there intermittently. Usually, amblyopia treatment is completed before other treatment for the squint is considered.

My child cannot see well when wearing the patch so he won't wear it

We understand how difficult this can be but it is often the only way to improve the sight. **Please do all you can to keep the patch on as advised by your orthoptist.** As the patch is worn and the sight improves, your child should become less troubled by wearing the patch. Try to make the time wearing the patch fun.

The treatment doesn't appear to be making my child's sight any better

If there is no improvement after 3 months when treatment has been carried out as asked, further treatment options will be discussed with you and agreed before continuing.

Are there any alternative patches for my child?

Yes. We try to keep a variety of patches in stock for you to choose from but you may wish to explore other alternatives. We stock some fabric patches but if you would like a specific design that we don't have in stock, you might want to look at the following websites. **However, we are not able to refund any money you spend on patches bought elsewhere.**

www.kayfunpatch.com

www.perfecteyepatch.com

www.myipatches.com

Where can I get more information?

If you have any questions, please ask your orthoptist.

Some parents have found the following websites helpful:

www.squintclinic.com

www.eyesite.nhs.uk

www.opticlude.co.uk

We also have leaflets on

- Atropine penalisation treatment for amblyopia in children
- Cataracts in infancy and childhood

Contact number

Orthoptic Department: **(0113) 2064736**

St. James's University Hospital



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