

Tips

- Give an explanation to your child about why they need to wear the patch. This prepares them for questions and comments from others, teach them to give a positive response e.g. "It's helping to make my eye see better."
- Playgroup, nursery and school are in a good position to support the child.
- It is important to make patching part of the daily routine.
- Encourage your child's involvement when patching. You may need to distract them and encourage activities initially.
- Star charts help to motivate children and record success.
- Children often become more accepting of wearing the patch as their vision improves.
- Be aware that the vision may be quite limited with the patch on initially.
- Sometimes despite good patching, the vision does not improve to the vision of the better eye. Your orthoptist will advise you if it's appropriate to continue with treatment.

Ortopad sticky patches may be suggested for your child. If you run out and need more, please call the department, leave a message and we can send more in the post.

Kay fun patches are material patches that fit on the glasses. One will be issued to your child. Extra patches can be purchased- see packaging for details. If you lose your patch please call the Orthoptic Department and leave a message and we can send out a replacement.

Orthoptic Department B29
Royal United Hospital
Combe Park
Bath
BA1 3NG

**For help or advice, contact:
Orthoptic Department:
01225 824614**

Royal United Hospitals Bath
NHS Foundation Trust
Combe Park, Bath BA1 3NG
01225 428331 www.ruh.nhs.uk

Please contact the Patient Advice and Liaison Service (PALS) if you require this leaflet in a different format, or would like to feedback your experience of the hospital.

Email: ruh-tr.pals@nhs.net or telephone 01225 825656 or 826319.

Patching



What is Amblyopia (lazy eye)?

Amblyopia is reduced vision that results from abnormal visual development in infancy and early childhood. Although amblyopia usually affects only one eye, it can affect both eyes.

Amblyopia develops when nerve pathways between the brain and the eye are not properly stimulated. As a result, the brain favours one eye. This can be due to a number of reasons - a squint (turning eye), one eye requiring a stronger glasses lens, more astigmatism correction in one eye, or a history of decreased stimulation to the weaker eye.

Vision develops very rapidly in the first three years and continues until we are about seven or eight years old. If amblyopia is not treated during this time period, the vision will never reach its full potential. The earlier we treat amblyopia, the better the visual prognosis.

Will my child need glasses?

Any child found or suspected of having amblyopia will have a glasses check. If your child is found to have a refractive error, glasses will be given to allow vision to develop properly.

Some squints, particularly those which are caused by longsight, respond well to wearing appropriate glasses. Wearing glasses will not make the eyes weaker. It is possible that a mild degree of long sight in a child may be overcome with time and glasses may be discontinued when older. Short sight usually increases with age and so glasses will always be needed. A child with astigmatism usually has to continue to wear glasses in order to obtain clear vision.

What are the symptoms of amblyopia?

Because it usually causes no symptoms, amblyopia often goes undetected. Unless the child has a squint or other obvious abnormality, there is nothing to suggest the presence of amblyopia to even the most perceptive of parents. The child accepts having one good eye and one poor eye as being a normal situation. Amblyopia must therefore be detected by testing vision in both eyes independently.

Why does my child need to wear a patch?

Occlusion (patching) is used to make a lazy eye work on its own and so improve the vision by encouraging the development of the nerve pathways from that eye to the brain.

The patch is worn over the good eye and the amount of time the patch must be worn is decided by the orthoptist and relates to the extent of the visual problem. If patching is implemented early on, a good level of vision can be achieved. When patching is started in an older child, it is more difficult to achieve good vision.

Vision often cannot be improved by patching after the age of eight as the development of the eyes has then reached its mature level.

In some cases an eye drop can be used as an alternative to the patch. Atropine drops dilate the pupil and blur the vision in the good eye. This will hopefully encourage the amblyopic eye to work and improve the sight. This will be suggested by your orthoptist if appropriate for your child.