

What is Amblyopia?

Amblyopia, commonly known as lazy eye, means poor vision in one eye (rarely both). Amblyopia occurs when the area responsible for vision development in the brain has failed to develop and does not develop normal sight during early childhood.

The vision centre in the brain continues to develop during childhood. If during this time the vision is interrupted for whatever reason, the brain starts to favour one eye over the other.

Common causes of amblyopia are:

Focusing Error One eye being more longsighted (hypermetropia), short sighted (myopia), or having more astigmatism than the other.

Strabismus (Squint) If one eye is constantly turning, then the brain favours the straight eye, ignoring the turning eye, resulting in amblyopia.

Visual Deprivation Something that obstructs the light entering the eye preventing normal visual development, such as a droopy eyelid or a cataract.

Visual development in children starts from birth and continues during childhood. It is important that any treatment to improve vision occurs within this time. As the age increases, it

becomes more difficult to improve vision, so the earlier the treatment the better.

How do we treat amblyopia?

Glasses may be needed to help the eyes focus properly and this alone may improve the vision. However, sometimes glasses are not needed, or glasses alone are not enough and further treatment may be needed to encourage visual development. Treating amblyopia can be difficult because you are forcing the child to use an eye with poor vision. The child may not understand why they are wearing a patch. Once your child is old enough to understand explain why he/she needs to wear a patch.

The mainstay of amblyopia treatment is patching the good eye to make the child use the eye with poor vision.

Occlusion-patching

Amblyopia is treated by patching the good eye. As a result the weaker eye is encouraged to work harder. Glasses must be worn if prescribed.

The treatment of amblyopia is a long process. Your Orthoptist will advise you how long your child needs to wear the patch each day and when your child needs to return for a check.

Patching will only work if your child wears the patch as instructed. If started at an early age, patching is usually successful.

Patching will only help the vision of the lazy eye and will not improve a squint. A lazy eye can **not** be treated with laser, surgery or in adulthood.

The patch must be worn on the face, with no gaps that allow peeping. If your child wears glasses they must be worn over the top of the patch or there are special fabric patches that may be suitable for over the glasses. Your Orthoptist will discuss these options with you.

Try to keep your child occupied during patching. Positive reinforcement or rewards for patching will help to encourage them further. Above all persevere; it will get easier once the vision improves.

Your child should patch the eye

The patch should be worn for

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Alternative for patching

Atropine eye drops can be instilled on a regular basis into the good eye. This will blur vision in the good eye, mainly for close up. This encourages the use of the amblyopic eye and improves the vision in the amblyopic eye.

The drops can be used on their own or together with glasses and/or patching. These drops act by relaxing the focusing system of the eye. They also dilate the pupil and can make the eye light sensitive. These drops can be given, every day or only several times a week, depending on your child's vision.

The large pupil may last up to two weeks after the last dose. Focusing may be affected up to one week after the last dose.

Do not put the drops into your own eyes; the drops are for your child's eye only.

Like all drugs children can be allergic to atropine. If you notice any change in health, like fever, flushing of the skin, light headedness or mood change, stop using the eye drops and notify your Orthoptist or your GP.

Please notify any healthcare practitioner that your child has had these drops if you are attending any other clinics.

How to put the drops in:

Wash your hands before and after putting the drops in. You should gently pull down the lower eyelid and put the drop into the space between the lid and the eye.

Drops may cause a stinging sensation as they are put in but this will quickly disappear.

The drop should go into the eye

When to put the drop in

How do I find out more about my child's eye condition?

Your child and his/her lazy eye are individual, no two children should be compared. If you have any questions or difficulties with your child's eye and the treatment do not hesitate to ask your Orthoptist or Ophthalmologist for advice. With your child's records at hand, it is easier to answer any specific questions.

Orthoptist name:
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Contact details:
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New Zealand Orthoptic Society Inc.



Amblyopia (Lazy eye)

Patient information Leaflet