

Amblyopia

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Amblyopia is the most common cause of unocular (single eye) sight-loss in children and young-to-middle-aged adults. Often referred to as a lazy eye, amblyopia means the sight of one or both eyes is reduced and can remain reduced even when the patient's sight is tested with the correct glasses.

What causes it?

A squint is the most common reason for one eye to be amblyopic, but it can also occur when one eye is longer or shorter sighted than the other or if an obstacle blocks the vision such as a cataract or droopy eyelid.

How is it treated?

Amblyopia can be treated by wearing a patch over the better eye or by using atropine eye drops which blur vision in the better eye. The sight will improve if the child uses the eye more as it is lack of proper use that has caused it to become lazy. A patch is worn over or drops are instilled into the better eye to stimulate the vision in the poorer-sighted eye. To achieve the best results, treatment should be carried out before seven years of age as after this age it may not work.

Which treatment is best for my child?

This will depend on the age of your child, your preference and how reduced the vision is in the lazy eye. The orthoptist will discuss the options with you fully to allow you to choose the treatment that is right for your child.

Patching

An adhesive patch stuck to the skin is a very effective way to treat amblyopia. This will prevent any peeping around the patch. If glasses are needed, these are worn over the patch. Most children tolerate an adhesive patch well with encouragement. For some children when the level of vision in the lazy eye is only slightly reduced, non-adhesive patches worn over glasses are available. However, this makes it much easier for the child to peep around the patch. Therefore this type of patch is only suitable in some cases.

Sometimes a child will refuse to wear the patch or keep removing it. In this situation, treatment with eye drops can be more effective.

How much patching will my child need?

This varies from child to child. The length of time a patch will need to be worn depends on the age of your child and the level of vision in the amblyopic eye. If your child needs glasses then these should be used at the same time as the patch. The patch is usually worn under the glasses.

The orthoptist will see you regularly to monitor progress.

Atropine sulphate 1% eye drops

Atropine drops are a long acting eye drop that blur near vision in the better eye and also cause enlargement of the pupil. Atropine can be a good option for a child who is or is likely to be very resistant to wearing a patch or for a child who is at school and doing a lot of close work.

As atropine also enlarges the pupil the child is likely to be more sensitive to sunlight and therefore may need to wear a peak cap or tinted glasses during treatment when playing outside.

Atropine like all medicines will have the potential to cause side effects although these are relatively uncommon and generally mild. Your orthoptist will provide you with an instruction information leaflet about atropine.

How can I help my child during treatment?

Some children tolerate treatment very well whilst others find it difficult. Your support is vital in helping your child to accept the treatment.

1. In older children explain the reason for the treatment.
2. Consider incentives such as star or reward charts if appropriate to the age of your child.
3. Your child could be encouraged to carry out visual activities such as drawing, colouring and reading, when wearing the patch.
4. If your child is using a patch, they will not be able to see as well when it is on so you will need to take extra care to avoid accidents.
5. If using patches, consider wearing them at nursery or school rather than home.

How effective is the treatment?

The earlier amblyopia is diagnosed and treated, the more successful treatment will be. For most children the vision in their weaker eye will show an improvement if treatment is carried out as prescribed. If treatment is not carried out, amblyopia will not get better and may get worse leaving your child with a life long impairment of their vision. Your child will have regular appointments with the orthoptist to monitor progress and adjust treatment as necessary.

Will the eye become lazy again when treatment stops?

Treatment is usually tailed off gradually and your child will be monitored regularly to ensure that any improvement is maintained. Your child will not be discharged from our care until their treatment is complete and their vision is stable.

Tips

Encourage, persevere, enlist help and support from others, keep the child busy and make it fun!

Further information

If there is anything further you would like to know, please contact the Orthoptic Department on 01271 322469.

Useful website:

British and Irish Orthoptic Society
www.orthoptics.org.uk

Squint Clinic
www.squintclinic.com

PALS

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers questions and resolves concerns as quickly as possible. If you have a query or concern call 01271 314090 or email rduh.pals-northern@nhs.net. You can also visit the PALS and Information Centre in person at North Devon District Hospital, Barnstaple.

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