

Patient information

Lazy eye (amblyopia) in children

Lazy eye in children

This leaflet tries to answer the questions you may have about your child's lazy eye. If you have any further questions please ask your orthoptist or eye doctor.

What is a lazy eye?

A lazy eye is an eye with reduced vision caused because the vision did not develop normally in the early years of life. The medical term for lazy eye is 'Amblyopia'.

The term lazy eye can be confusing. You may hear it used to describe a droopy eyelid or an eye that turns. These conditions are not what we mean medically by a lazy eye.

What causes a lazy eye?

A child's visual system develops from birth until about eight years of age. During this time the eyes learn to communicate with the brain. The optic nerves that connect the eyes to the brain gradually mature. This development is a vital part of achieving good vision. Eye problems during the first eight years of life can affect this development and cause a lazy eye.

Children who have one eye which is more long-sighted or more short-sighted than the other eye may develop a lazy eye. The weaker eye will see a blurred image and this may affect the development of the visual system.

A squint (a turn in one eye) is the other main cause of a lazy eye. The vision from the eye with the squint may be ignored, affecting the development of the visual

Source: Eye Treatment Centre

Reference No: 5322-3 Issue date: 21/10/21 Review date: 21/10/24 Page 1 of 4 Putting you first

system. So squints and lazy eyes are closely linked and are often found together.

How is a lazy eye treated?

The first step in treating a lazy eye is to check if the child needs glasses. In some cases wearing the glasses will improve the vision in the lazy eye and this may be the only treatment needed.

If the vision in the lazy eye is not improved by wearing glasses, or if glasses are not needed, then eye patching may be required. The eye with the better vision is covered to encourage use of the lazy eye with the poorer vision. The aim is to make the lazy eye work harder to try to catch up on the development it has missed.

When should patching start?

Patching should start as soon as possible. The younger the child, the more quickly the vision improves. After the age of about eight the visual system is fully developed and a lazy eye cannot usually be corrected.

What sort of patches will my child need?

There are several different types of eye patch. Some are stuck over the eye and some stick or fit onto the glasses. The orthoptist will discuss with you the best type of patch for your child and show you how to use the patches.

How long should the patch be worn for each day?

This will depend on the level of the vision in the lazy eye and the age of your child. Most children need to wear the patch for several hours each day. Your orthoptist will advise you on this.

How long will the patching go on for?

This will depend on how well the patch is worn, the level of vision and the age of the child. Your orthoptist will check the vision regularly and advise you when the patching can be reduced or stopped. Patching may be needed for many months.

Should the glasses be worn with the patch?

If your child has glasses, they should be worn when the patch is on. This ensures that the eye can see as clearly as possible and gives the patching the best chance of strengthening the vision.

What should my child do when the patch is on?

Doing detailed visual tasks with the patch on helps to improve the vision and acts as a distraction. If your child is old enough, encourage them to read, write, draw, use the computer or watch television when the patch is on.

What should my child not do when the patch is worn?

Your child will not be able to see as well as usual when the patch is on, so you will need to take extra care to avoid accidents. Running around, particularly outside, should be avoided with the patch on.

Should the patch be worn at school?

Many children tolerate the patch better at school than at home and the detailed schoolwork can help the vision to improve. However some children prefer not to wear the patch at school and you and your orthoptist will decide what is best for your child. If the patch is being worn at school you should speak to the teacher before starting the patching to explain that your child may find schoolwork more difficult with the patch on and to ensure that their progress is carefully monitored. You should also discuss whether the patch can be kept on at break times.

How can I encourage my child to wear the patch?

Some children tolerate patching well whilst others find it difficult. Your support is vital in helping your child to accept the patching. In older children, explain the reason for the patching. For younger children, try to make the patching into a game. Try to keep your child occupied when the patch is on. Consider patching at nursery or school rather than at home. The orthoptic department has charts for you to take home to record the days when the patch is worn.

Is there any other treatment for a lazy eye?

The main treatments for a lazy eye are glasses and patching. In some children eye drops to blur the vision in the eye with better vision can be used instead of patching.

Will the patching help my child's squint?

The patching will only treat the reduced sight in the eye; it will not stop the eye from squinting (turning). Some squints are treated with glasses and some squints need an operation on the muscles that move the eye. If an operation for a squint is needed, this is done after the vision has been improved as much as possible with patching.

Will the eye get lazy again when the patching stops?

Usually patching is stopped gradually once the sight in the lazy eye has improved. In many children the improvement will last but in some children some laziness of the vision can return. The orthoptist will monitor the vision and advise you if patching is needed again. As children get older the vision will finish developing so that the sight stays stable when patching is stopped. Most children will need to continue wearing their glasses after the patching has stopped.

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