

# Information for patients and carers

## Amblyopia ‘lazy eye’

What is amblyopia and patching treatment



## What is amblyopia?

Amblyopia ('lazy eye') is a childhood condition when the vision of one or both eyes is under-developed causing reduced vision.

## Vision development

Vision is a learnt process, where the brain learns to use the eyes in order to see. The majority of visual development happens from birth until around the age of 7. For vision to develop normally, the eyes need to work together as a pair and receive a clear image of what you are looking at.

If the eyes and brain do not receive a clear image during the development period, the vision may not develop fully, resulting in poor vision (amblyopia).

## What causes amblyopia?

- A squint
- When one eye has more glasses prescription than the other
- A physical barrier which affects vision development such as a cataract (cloudy lens) or a ptosis (droopy eyelid)
- A significantly high glasses prescription in both eyes (less common)

## How will my child be diagnosed with amblyopia?

The orthoptist has been trained to test your child's vision and will have detected a difference in vision between your child's eyes. If the eyes are healthy and a glasses prescription is found by the optometrist, a period of a few months will be given to allow the eyes to adapt to the glasses. Following this settling-in period, if the vision is still reduced, a diagnosis of amblyopia may be made.

## What are the treatment options?

- Patching
- Atropine eye drops (please see the 'Atropine treatment for amblyopia' leaflet for more information)

## How does amblyopia treatment help my child's vision to improve?

By blocking out the vision in the good eye through using a patch or an atropine eye drop, the weaker eye is forced to work harder.

## How should the patch be worn?

The patch should be worn over the stronger 'good' eye (with any glasses, if needed, worn over the top). If your child struggles with the stick-on patches, fabric patches that slide on over the glasses, may be an alternative option. However, it is important that there is no 'peep-hole', as this prevents the treatment from being effective.

To start with, your child may dislike wearing the patch as they may be aware that they can no longer see as well as they usually can. This will become easier as the vision starts to improve with treatment, however, they may need extra supervision whilst wearing the patch initially.

## What should my child do when wearing the patch or having the atropine eye drop?

Activities such as colouring in, reading or playing with computer games are a good idea to help encourage the vision to improve. Reward systems are also a nice incentive for children who are patching. The patch should not be worn when running around or playing outside.

## How long does my child have to wear the patch?

The length of time that the patch needs to be worn per day depends on your child's level of vision. The poorer the vision in the weaker eye, the longer the patch may need to be worn. This will be prescribed by the orthoptist, who will regularly monitor your child's progress. If you are struggling to reach the amount of time advised, you may find that you need to build up to the full amount. Don't give up!

Amblyopia treatment is different for each child, but it is a gradual process and usually takes many months for the vision to improve.

## Does patching really work?

The success of treatment usually depends on how well the patch is worn and the age of your child. Patching treatment is more effective when started at a young age. The vision in the weaker eye may not improve to equal the vision in the good eye. After the age of 7, patching becomes more difficult and, in some cases, not possible, as the brain and eyes become more mature and less responsive to treatment. Patching is only to improve what your child can see with their weaker eye; it will not change their squint or need for glasses.

## Will it get better on its own?

No. If left untreated the child may have permanently reduced vision, which cannot be corrected when your child is older. There is no surgery to improve the vision in a lazy eye.

## How can I find out more about patching?

Ask any of the eye care professionals involved with your child's treatment and they will be able to answer any specific questions you may have.

It is important that your child is closely monitored in the Orthoptic Department whilst on patching or atropine treatment. If you are unable to attend an appointment, please contact our appointments team on telephone number: **01772 524010**.

## Contact details

Should you require further advice or information please contact the Orthoptic team on telephone number: **01772 522417** (Monday to Friday between 8.30am to 4.40pm). If the Orthoptists are not available when you call, there is a 24-hour answerphone where you may leave a message.

Orthoptic Department:  
Broughton Suite (near the main entrance),  
Royal Preston Hospital,  
Sharoe Green Lane,  
Preston.  
PR2 9HT

## Sources of further information

[www.lancsteachinghospitals.nhs.uk](http://www.lancsteachinghospitals.nhs.uk)

[www.nhs.uk](http://www.nhs.uk)

[www.accessable.co.uk](http://www.accessable.co.uk)

[www.patient.co.uk](http://www.patient.co.uk)

[www.squintclinic.com](http://www.squintclinic.com)

[www.orthoptics.org.uk/patients-and-public/](http://www.orthoptics.org.uk/patients-and-public/)

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**Department:** Orthoptic and Optometry

**Division:** Surgery

**Production date:** November 2023

**Review date:** November 2026

**JR 1045 v1**