**Amblyopia (lazy eye) in children**

**Parent information**

**What is amblyopia?**
Amblyopia is often referred to as ‘lazy eye’. This is usually as a result of an interruption in the visual development during early childhood, from birth to seven years. It is, therefore, extremely important that any treatment for amblyopia occurs during this time. Amblyopia is a reduction in vision of one or both eyes which persists even after glasses (if necessary) have been worn.

**The causes of amblyopia**
Amblyopia can be caused by:

- A turn in the eye, which is known as a squint (or strabismus).
- A difference in the long sightedness (hypermetropia), short sightedness (myopia) or astigmatism between the two eyes. Astigmatism is when the front surface of the eye curves more in one direction than the other. This may be described as being more the shape of a rugby ball than a football.
- An obstacle blocking visual stimulation to the eye. For example, a droopy eyelid or cataract (a cloudy lens within the eye).

**Treatment of amblyopia**
Glasses will be prescribed if there is any significant long or short sightedness or astigmatism.

**Occlusion or patching treatment**
The usual treatment for amblyopia is to wear a patch over the good eye that will, in turn, stimulate the poorer sighted eye. If your child wears glasses, the adhesive patch is usually worn directly on the face with glasses on top. Alternative patches include colourful fabric patches worn over glasses. These are usually introduced once patching is progressing well. It is important that the child does not peep around the patch.

Occlusion does not replace the need for glasses, nor does it eliminate any squint.

The length of time the patch will need to be worn will depend on the amount of amblyopia present. The poorer the vision, the more hours each day the patch will need to be worn.

If the amblyopia is left untreated the vision will be permanently impaired. Amblyopia treatment will need to be continued until your child’s vision is considered no longer at risk.
Unfortunately, children do not always understand why they need to patch their good eye and so the treatment can sometimes be difficult. Give lots of praise when the patch is worn well and be ready to distract their attention to prevent the patch being removed.

**Atropine occlusion**

Occasionally atropine drops/ointment may be used in the good eye instead. This blurs the vision in the good eye and encourages the weaker eye to work harder. This treatment is usually only used if patching fails. Glasses will still need to be worn. It is only suitable with certain levels of vision. Your orthoptist (a healthcare professional who specialises in assessing and treating visual conditions in children and adults) will advise you whether this is an option with your child and explain how to carry out the treatment effectively.

**Risks/complications**

Occasionally children are allergic to the patches. If the skin around the eye becomes sore, you should mention it to your orthoptist, who may be able to suggest other patches (please see the contact numbers below).

In older children there is a very small risk of them developing double vision when the patch is removed. If this happens, you should discontinue using the patch and contact the orthoptic department. The orthoptist will monitor the risk of this happening and will stop any treatment if the risk becomes too high.

**Benefits**

To support your child to develop the best vision they can.

**Activities and patching**

Doing detailed work is good for your child whilst wearing the patch. Activities could include reading, drawing, colouring, dot-to-dots or any other fun activity that requires focus and concentration. In school-age children it can often be a good idea for your child to wear the patch at school. Parents usually find that teachers are very supportive of our treatment, but you would need to discuss this with your child’s teacher.

When one eye is patched, the child has no 3D vision, may struggle to judge distances and will have a reduced field of vision. It is important to remember that your child is relying on the poorer eye to see. Care should be taken for situations where a child may not be closely supervised by an adult.

If you have any questions or concerns regarding the treatment, or have run out of patches, please contact the orthoptic department on the numbers below.

**Contacts/further information**

Please contact any of the following between 08:30 to 16.45, Monday to Friday:

- **Orthoptists:** 01223 216528
- **Clinical nurse specialist for paediatric ophthalmology:** 01223 596414
  The above have a 24-hour answer machine service.
- **Clinic 3:** 01223 256691
References/ sources of evidence
Royal College of Ophthalmology and British and Irish Orthoptic Society guidelines for the treatment of amblyopia.

We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site.
For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:
If you would like this information in another language, large print or audio, please ask the department where you are being treated, to contact the patient information team: patient.information@addenbrookes.nhs.uk.
Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.

Document history
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