

Is there any treatment other than patching?

All treatment for lazy eye involves covering the good eye to force the lazy eye to work harder. There are no operations to cure a lazy eye. Simply using the eye makes the sight improve.

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.

Tips

- Encourage
- Persevere
- Make it fun
- Enlist support from others
- Keep them busy
- Reward good behaviour



British and Irish Orthoptic Society

THE BRITISH AND IRISH ORTHOPTIC SOCIETY

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LAZY EYE

THIS LEAFLET IS DESIGNED TO ANSWER
SOME COMMON QUESTIONS

What is Lazy Eye?

A lazy eye or amblyopia occurs when the sight of one or both eyes is under developed causing reduced vision.

What causes Amblyopia?

A squint is the most common reason for one eye to be amblyopic but it can also occur when one eye is more long or short sighted than the other.

How do we treat Amblyopia?

Amblyopia can be treated with glasses and/or patching. Glasses help by letting the eye focus properly but patching may also be needed.

How does patching help my child's sight?

The sight will improve if the child uses the eye more since it is lack of proper use that has caused it be lazy. By covering the good eye or putting an eye drop into the good eye we force the lazy eye to work harder. If the child needs glasses then these should be used at the same time as patching.

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

Reading, drawing or playing with small toys are the best activities to encourage the eye to work harder. Your child may like to watch TV with the patch on but may need to sit closer

to see properly. If your child's sight is very poor it is best to play with things that are big and bright so that they can be seen more easily.

How much patching will my child need?

This varies from child to child and depends on their age and how long the eye has been lazy. The orthoptist will see you regularly to monitor progress and will develop a treatment plan to suit you and the visual needs of your child.

Does patching really work?

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 your child's lazy eye and will not improve the squint.

Squints are treated with glasses and/or surgery.

Will it get better on its own?

No. If left untreated the child may have permanently damaged sight which cannot be corrected when he or she is older.

What are long sight, short sight and astigmatism?

LONG SIGHT - is caused by the eye being too small, so that the rays of light entering the eye focus behind the retina (back of the eye) instead of on the retina.

Long sighted children may have reduced vision for near and distance.

SHORT SIGHT - is caused by the eye being too large, so that the rays of light entering the eye focus in front of the retina instead of on the retina. Short sighted children have reduced vision for near and for distance, but it tends to affect distance vision more.

ASTIGMATISM - in addition to being long or short sighted, your child's eyes may be an irregular shape and, as a result, vision is affected at all distances.

How do I find out about my child's eyesight?

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



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WEARING GLASSES

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SOME COMMON QUESTIONS

How does the specialist know my child needs glasses?

When the pupil is enlarged with drops or ointment, the specialist has a good view inside the eye. By moving a line of light across the back of the eye, it is possible to measure what strength of glasses are needed.

Will my child always need to wear glasses?

This will depend to some extent on the age of the child, the strength of the glasses, and on whether they are also required as part of the treatment of squint or lazy eye. Your orthoptist will be able to answer this question.

Should my child wear glasses all day?

In most cases, **yes**. If the glasses are not needed full time, your orthoptist will tell you. Some schools require children to leave off their glasses at playtimes and for PE lessons for safety reasons. Provided the glasses have plastic lenses this is not really necessary, but if the school is insistent, please stress the importance of your child wearing them for the rest of the day.

My child claims to see better without the glasses or the glasses appear misty

This is a very common complaint in the early days of wearing glasses. Your child has been struggling with reduced vision for some time, and now the brain and eyes have got to learn to work together with the help of glasses. This can take some time and initially the glasses may not help the child very much. **Please persevere** - this is a very important stage of the treatment.

The glasses look very strong!

If you do not wear glasses or your glasses are for a different condition, your child's glasses will look very odd to you. We prescribe the glasses that will help your child to achieve the best possible vision.

How long does treatment take?

This varies from patient to patient. The only general rule is that with squint a good result is easier to achieve if treatment is started at an early age.

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

Ask any of the eyecare professionals dealing with your child's eyes. Every case is different and, with your child's records to hand, it is easier to answer any specific questions you may have.



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SQUINTS

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SOME COMMON QUESTIONS**

What is a squint?

A squint occurs when an eye turns and stops working with the other eye. The eye may turn towards the nose or turn outwards, upwards or downwards. The medical term is strabismus.

What causes a squint?

In many cases the squint is caused by longsightedness and the child needs glasses. The strain made by the child to see without glasses causes the eye to turn in. In other cases there may be no obvious reason but there is usually a history of glasses and/or squint in the family.

Will my child grow out of a squint?

No - although some squints improve as the child gets older.

Will my child need treatment?

Usually a squint requires two forms of treatment. By using patches, and any glasses necessary, the sight should develop in the squinting eye. To achieve the best results this form of treatment should be well under way before the child is seven years old. Some squints improve with glasses alone, others need surgery to straighten the eyes.

Are all squints treated the same?

No, there are many different types of squints and therefore many choices of treatment, some being more suitable for certain squints than others. No two squints should be compared.

Who will treat my child's eyes?

There may be up to three people who look after your child's eyes.

The ophthalmologist (eye surgeon) will be responsible for your child's general eye care and will carry out any surgery necessary, and may prescribe glasses.

The orthoptist (a specialist in the treatment of squints and children's eye development) will monitor the development of sight and will advise you of any patching your child needs. The orthoptist may also advise on any exercises needed to help control the squint, and works closely with the ophthalmologist.

The optometrist will test your child's need for glasses (focussing error) and issue a prescription.
The optician: will provide glasses and advise when changes are needed.