



Patient Information

Atropine Occlusion

This leaflet contains information and instructions for parents/carers of children who have been recommended by the Orthoptist to use Atropine Sulphate 1% eye drops for the purpose of occlusion.

What is Atropine occlusion?

It is an alternative way of improving the vision in a lazy eye, using drops to blur the vision in the good eye (when viewing close objects) to promote the vision in the weaker one.

When is Atropine Occlusion used?

- When conventional occlusion treatment using an eye patch is unsuccessful or not tolerated by your child.
- For the management of Latent Nystagmus (eyes wobble when one eye is covered) which makes conventional patching less successful.
- Parental preferred choice.

What are the effects of Atropine Sulphate 1% eye drops?

When instilled in the eye it has two effects:

- The eye with Atropine in will have a dilated pupil - it enlarges the black part of the eye.
- Stops the eye from focusing normally so the vision will be blurred in the eye with the large pupil when looking at near objects or reading.

How long do the effects of Atropine last?

Once the Atropine has been discontinued, the blurred vision may continue for up to 10 days and the large pupil may remain for up to 14 days.



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Additional Information:

- You need to inform school/carers of Atropine occlusion being the cause of one large pupil so that they can advise medical staff if your child needs urgent medical attention whilst not in your care.
- You must wash your hands both before and after instilling Atropine – if you accidentally get some in your own eye it will have the same effect.
- Your child may feel a little discomfort when the Atropine is initially instilled.
- The dilated eye may be sensitive to bright light.
- The squint may swap to the other eye because the drops will temporarily encourage the lazy eye to be used for looking at everything. This is nothing to worry about.
- If the atropine is not blurring the vision in the good eye enough your child may also temporarily have their glasses altered to help encourage the lazy eye to work.

How do I obtain the Atropine Eye drops?

- The Orthoptist will give you a prescription signed by an Ophthalmologist which you can only take to the Boots Pharmacy (GWH Ground Floor) for dispensing.
- A box of 20 small individually wrapped plastic tubes called 'minims' containing the 1% Atropine Sulphate solution will be provided.
- This is sufficient to last 10 weeks as you will use a new tube each time you instil the drops.
- Please return any unused drops to the Orthoptist or take them to your local pharmacist who can dispose of them safely.

How often should I use the Atropine?

- Atropine drops should be instilled in the **good** eye once a day on Wednesdays and Sundays. They can be instilled when your child is asleep.
- It is important to instil the drops as instructed to maintain the maximum effect.



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How should I instil the Atropine drops?

1. Wash your hands.
2. You are more likely to find it easier to instill the drops accurately with your child lying down on their back.
3. Gently pull down the lower eyelid of the good eye with your finger.
4. Instil one drop of Atropine into the area between the eyeball and the lower eyelid.
5. Release the eyelid.
6. Press gently on the inner corner of your child's eye for 1 minute. This will avoid the solution draining away into the nose and being swallowed.
7. Wash your hands after instilling Atropine.
8. Repeat the procedure at approximately the same time both days.
9. If you should run out of the Atropine drops, contact the Orthoptic Department who can arrange for you to collect another box. It cannot be posted to you.
10. Continue instilling as instructed until your next appointment unless your child has an adverse reaction. See 'possible side effects'.

How often does my child need to be seen by the Orthoptist?

- It is important that your child attends for review every 4-6 weeks whilst using Atropine drops so that the Orthoptist can carefully monitor the treatment. Over-use without monitoring may cause deterioration of vision in the good eye.
- **If you do not receive an appointment or miss an appointment please contact us as soon as possible using the telephone number at the end of this leaflet.**
- Most improvement usually occurs in the first 4 to 6 months.
- Treatment usually continues until either there is no further improvement in vision in the lazy eye or 6 months whichever is the soonest.
- Atropine occlusion treatment may be recommenced after a short break of 4 weeks if required for a further 6 month period of treatment.



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Important Information:

- Do not use Atropine if your child has congenital heart problems or Down's Syndrome.
- Do not use Atropine if your child has a high fever.
- Inform the Orthoptist if your child is taking any other medication.
- **Keep the Atropine in a dry place, away from light at room temperature and locked out of reach of children**
 - **Atropine is poisonous if eaten.**
- Do not use Atropine beyond the expiry date.

Possible side effects:

- Inflamed skin on the eyelids and surrounding skin.
- Temperature, sore throat, rash, headaches, nausea, vomiting, irritability.

If your child reacts adversely in any way to the Atropine, stop using it and seek medical advice as soon as possible from your GP or Eye Clinic or call 999 in an emergency.

Contact us

Orthoptic Department, Great Western Hospitals NHS Foundation Trust, Swindon.
SN3 6BB

Telephone/answerphone: 01793 604702 Monday to Friday 8am – 5pm

Useful website: NHS Choices: www.nhs.uk/conditions/lazyeye

Smoking will not be permitted on any NHS site in England. Smoking will not be permitted within any of our buildings or anywhere outside on our sites. Smoking facilities will not be provided. Please be considerate of others when vaping in hospital grounds.

This information sheet is available to order in other languages and formats. If you would like a copy, please contact us on 01793 604031 or email gwh.pals@nhs.net

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