



## Patient Information

# Lazy Eye (Amblyopia)

**This leaflet contains information and guidance for parents/carers of children in whom the Orthoptist has diagnosed a 'lazy eye'.**

### What is a lazy eye?

A lazy eye is also known as Amblyopia. It can occur when the vision in one or both eyes is reduced and is diagnosed by an Orthoptist examining your child's eyes and assessing their vision.

Vision develops from birth until approximately eight years of age. During this time the eyes learn to communicate with the brain and mature. Certain eye conditions during these first eight years can affect visual development and lead to a lazy eye. Improving the vision in a lazy eye is more likely to be successful the younger your child is when treatment begins and if compliance with treatment is good.

### Why is it important to improve the vision in a lazy eye?

The most important reason for treating Amblyopia is to ensure that the vision is good enough in the lazy (Amblyopic) eye to enable the person to drive a car, work and live independently if they were to lose the vision in their other eye in later life.

### What can cause a lazy eye?

- **Squint:** This is when an eye turns and the vision in that eye may be ignored. As a result, the eye is not stimulated and the vision in that eye becomes lazy.
- **Unequal focus: (Anisometropia):** one eye which is more long or shortsighted than the other eye may develop into a lazy eye. The weaker eye will see a blurred image, and this may affect the development of the visual system.
- **Bilateral poor focus:** If both eyes are significantly long or shortsighted and this is not corrected the vision may fail to develop normally in both eyes.



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- Opacities: The front of the eye, the lens inside the eye and the jelly (Vitreous Humour) are all clear to allow the image to pass through it. If one of these structures becomes clouded or scarred then the vision may not develop fully.
- Ptosis: (Droopy eyelid): If the lid covers the pupil of the eye, there may not be enough stimulation for vision to develop normally.

### How is a lazy eye treated?

Lazy eyes are treated with spectacles (glasses) and /or patching (occlusion therapy). Patching involves covering the eye with better vision to encourage the lazy eye to work and stimulates regeneration of the nerve pathway between the eye and the brain to improve vision. It will not change your child's need for spectacles as this is caused by the shape of the eye itself. Your child's spectacle prescription will continue to change as the eye grows and changes shape with age. Your Orthoptist will discuss which type of occlusion is the most appropriate for your child.

- Spectacles must be worn all the time if prescribed.
- The patch should be worn over the good eye on the face with the spectacles on top if worn.
- Your Orthoptist will advise you how long your child needs to wear the patch each day, usually one to four hours depending on the age of your child and severity of vision loss.
- Your child will require regular follow up appointments, usually every six to eight weeks. Most improvement takes place in the first four to six months, but patching treatment will continue until either the lazy eye regains normal vision or no further improvement takes place over two to three visits.
- Vision may improve with patching but may reduce once treatment has stopped. In these circumstances the patching will be restarted at your next appointment. You should try not to promise your child that he/she would never need the patch again.
- Patching treatment will normally be discontinued around eight years of age because the flexibility of the pathway that responds to patching matures at about this time and so patching becomes significantly less effective. If your child still has reduced vision in the lazy eye by this age any improvement is very unlikely as insufficient regeneration of the nerve



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pathway has taken place to allow better vision to develop. However, there are certain conditions where patching can still result in some improvement of vision after this age. In all cases your orthoptist will provide advice regarding the most appropriate time to stop treatment.

- If your child requires squint surgery, the best results are when there is good vision in the squinting eye. Patching will be prescribed before surgery is considered if appropriate for your child's condition.
- Patching will not affect the amount the eye turns; it is used to improve the vision of the weaker eye.
- Your child is an individual and each case is different, please discuss any queries or difficulties with your Orthoptist.

### Atropine Occlusion (Penalisation)

- This is an alternative to conventional patching using eye drops to blur the vision in the good eye. See Leaflet 'Atropine Occlusion (Penalisation)' for more information.

### Hints and tips for good patching

- Whilst your child is wearing the patch you should encourage them with detailed visual tasks. For example reading, drawing, or playing with small toys. Where your child's vision is very poor it will be best to play with bigger and brighter toys initially.
- Children do not always understand why they need to wear a patch on their good eye and treatment can be difficult. Give lots of praise when the patch is worn and be ready to encourage and distract their attention. Your support is vital in helping your child to accept this treatment.

Further hints and tips can be found at [www.squintclinic.com](http://www.squintclinic.com). More details can be found at the end of this leaflet.



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## Patch Chart:

Which eye to cover:      Right / Left

Amount..... Hour(s) per day

How long have I been wearing my patch each day?

Week	1	2	3	4	5	6	7	8
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								

If you need advice or more patches (we can post them to you), please contact us:

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

**Telephone/answerphone: 01793 604702**

Monday to Friday 8am – 5pm

**Useful websites:**

NHS Choices [www.nhs.uk/conditions/lazyeye](http://www.nhs.uk/conditions/lazyeye)

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

Follow the menu links to Visual development and Amblyopia (Lazy Eye) – for video transcripts and further hints/tips on Patching, Patching FAQ, Atropine penalisation.



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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](mailto:gwh.pals@nhs.net)**

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