

Ophthalmology Department

Treatment of Amblyopia (lazy eye) – Patient Information leaflet

Reason for the treatment

Your child has been found to have weak vision in one eye due to amblyopia or 'lazy eye'. The cause of this will have been explained to you, but common causes are a squint (turn) in one eye, or because of a need for glasses with one eye needing a stronger lens than the other.

In order for your child to have the best chance of growing up seeing well with each eye it is essential that we try to make the vision in the weaker eye develop whilst your child is still young.

Doing nothing is an option, however, this would mean that it is very likely that your child would grow up with one eye that is permanently weak. **The treatment becomes less and less successful the older the child is when it is attempted. Having a weak eye can be a bar to certain careers, for example, it may harm your child's chances of learning to drive an HGV, and it would be a major problem if your child lost the sight in his/her better eye due to accident or disease.**

Treatment

The first step is to correct any long sight, short sight and/or astigmatism. If your child has been given glasses it is important they are worn as much as possible to keep clear images falling on the retina (back) of each eye. However, your orthoptist has decided that glasses alone (if needed) are not sufficient to treat your child's weaker eye and treatment to encourage use of the weaker eye is necessary. The aim of this is to help the part of the brain that is used for vision "catch up" on some of the development it has missed out on due to the presence of the squint/need for glasses. This in turn should lead to improvement of the vision in the weaker eye.

Treatment involves preventing use of the better eye using patches, and/or eye drops/ointment (atropine) and each treatment has advantages and disadvantages.

Patches

Patches are straightforward to use and many children settle to wearing them after an initial period of difficulty, however, some children object to the patch stuck on their face and quickly learn to pull them off. Your orthoptist can show you non-sticky fabric patches that your child can use if he/she wears glasses. Patches can be worn part of the time/day so the child can have a break from the treatment. It is important that your child still wears his/her glasses (if worn) as well as the patch.

Atropine

Atropine is a drug that works by blurring the vision in the good eye so that the child then has to use the weaker eye in order to be able to see. It may not be successful if the vision in the weaker eye is very poor. The pupil of the eye you put the atropine in will be enlarged. Once the atropine is in the eye it will be effective continuously and the vision can remain blurred and the pupil enlarged for up to two weeks. This form of treatment may be more successful than trying to patch a child who is constantly taking the patch off, however, the child has no relief from the blurred vision in the better eye, unlike the situation with patches where the child can have periods in the day without the patch. It is important that your child still wears his/her glasses (if worn) as well as using the atropine.

Points to remember – patches and atropine

It is very important that every attempt is made to comply with the recommended treatment. A positive approach usually helps. Your child may need extra encouragement and rewards. Remember that your child is being prevented from using his better eye and so may feel very uncertain to begin with. Take extra care with stairs and when your child is running around.

Make sure your child's teacher knows about the treatment if it is being done at school.

Encourage close activities such as reading, writing, colouring and computer games. Your child may need extra one to one attention from you at least in the early stages of the treatment.

Your child's vision will be monitored using a visual progress chart. If you would like to see this then ask your orthoptist to show you.

Points to remember – atropine

Store the atropine in a safe place out of reach of children. It may be kept at room temperature.

Remember that the atropine has been prescribed for your child only and you must never let other people use it and it is only for use as eye drops.

Be careful not to get the atropine into your own eye – you could have blurred vision and an enlarged pupil for up to two weeks.

Instructions for use – patches

Your child has a

You must therefore patch the..... (better) eye to make the weaker eye work.

Use the patch forhours a day,.....days a week until next visit.

If your child wears glasses he/she must continue to wear them during this treatment.

Your child uses one of the patches names below. If you run out of patches, please let us know which type you use and we will send you some more.

Coverlet junior		Coverlet regular	
Opticlude junior		Opticlude regular	
Ortopad junior		Ortopad regular/medium	
Ezepatch for right eye		Ezepatch for left eye	

If you have any unused patches on completion of treatment please return them to your orthoptist on your next visit.

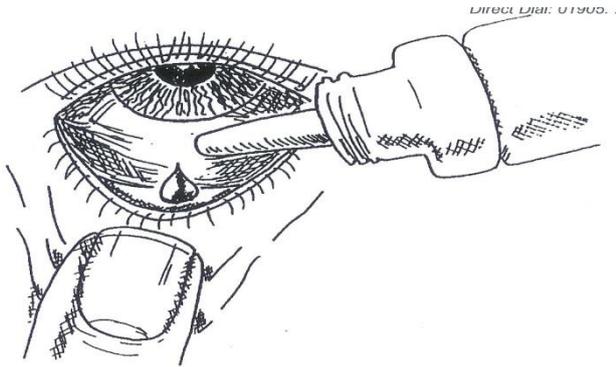
How long does treatment take?

Treatment may take a number of months. Your orthoptist will keep you informed of your child's progress.

Instructions for use - atropine

Wash your hands before and after putting the atropine in. Insert one drop of atropine eye drops or approx. ½ cm of ointment (about the size of an orange pip) inside the lower lid of the eye as instructed by your orthoptist until the next visit.

With your child lying down and looking up to the ceiling, hold the eye open and use as shown.



Squeeze the upturned dropper bottle/tube to release a drop/ointment into the eye. Try not to let the nozzle touch the eye. Close the eyes. If the child is frightened, try putting the atropine in when he/she is asleep. A routine will soon be established.

Does the atropine hurt?

No, unlike other eye drops/ointment they rarely sting.

Are there any side effects from using atropine?

It may rarely cause an abnormal systemic or allergic reaction.

Systemic reactions: The child becomes restless, hot and flushed, has dry skin and is very thirsty.

Allergic reactions: The eyelids become swollen, red and itchy.

If either happens please discontinue the atropine and contact your doctor or the eye department.

How long does atropine treatment take?

Treatment may be continued for a number of months. (use a fresh bottle every 28 days).

Important:

If your child requires any other medical treatment please ensure that the doctor/dentist is aware that atropine eye drops/ointment is being used. Make sure they are aware it is only being used in one eye and that they should expect to see only one dilated pupil.

What if I miss an appointment?

Rearrange as soon as possible by telephone. This treatment must be carried out only under strict supervision.

If you have any problems please contact your orthoptist who will be please to help you.

Your child's registration number is.....Please tell us this number when contacting the department.

Contact details

If you have any query regarding your child's treatment please contact the Orthoptic Department on:

Worcestershire Royal Hospital: 01905 760430

Alexandra Hospital: 01527 503030 Ext 44124

Kidderminster Treatment Centre: 01562 512388

Evesham Community Hospital: 01386 502437 Tues only

Princess of Wales Community Hospital, Bromsgrove: 01527 488087

We would value your opinion on the content of this leaflet, based on your own experience and would appreciate receiving your comments in the space provided below.

Please return your completed comments to the Eye Department you attended.

Patient Services Department

It is important that you speak to the department you have been referred to (see the contacts section) if you have any questions (for example, about medication) before your investigation or procedure.

If you have any concerns about your treatment, you can contact the Patient Services Department on 01527 512177 or extension 42177. The Patient Services staff will be happy to discuss your concerns and give any help or advice.

If you have a complaint and you want it to be investigated, you should write direct to the Chief Executive at Worcestershire Acute Hospitals NHS Trust, Charles Hastings Way, Worcester WR5 1DD or contact the Patient Services Department for advice.

Please contact Patient Services on 01527 512177 if you would like this leaflet in another language or format (such as Braille or easy read).

Bengali

“আপনি যদি এই লিফলেটটি বিকল্প কোনো ভাষায় বা ফরমেটে (যেমন ব্রেইল বা সহজ পাঠ) চান, তাহলে এই নম্বরে 01527 512177 প্যাশেন্ট সার্ভিসের সাথে যোগাযোগ করুন।”

Urdu

“اگر آپ کو یہ دستی اشتہار کسی متبادل زبان یا ساخت میں چاہیے (جیسے کہ بریل / ایزی ریڈ) تو پبلیشمنٹ سروسز سے 01527 512177 پر رابطہ کریں۔”

Portuguese

“Por favor, contacte os Serviços de Apoio ao Paciente através do número 01527 512177, caso precise deste folheto numa língua alternativa ou formato (como Braille / fácil de ler).”

Polish

“Jeżeli pragniecie Państwo otrzymać tę broszurę w innym języku lub formacie (Braille / duży druk) proszę skontaktować się z Obsługą Pacjentów pod numerem 01527 512177.”

Chinese

“如果您需要此份傳單的其他語言選擇或其他版本

(如盲人點字版/易讀版容易的閱讀),請致電 01527 512177 與病患服務處聯繫。”

Comments

We would value your opinion on this leaflet, based on your experience of having this procedure done. Please put any comments in the box below and return them to the Clinical Governance Department, Finance Department, Worcestershire Royal Hospital, Charles Hastings Way, Worcester, WR5 1DD.

Name of leaflet: _____ Date: _____

Comments:

Thank you for your help.