The Consultant Ophthalmologist/Optician (Optometrist) has found that your child needs glasses. This fact sheet contains some of the questions that we are regularly asked.

Your child’s registration details are: -

Please use this number when contacting the department.

**1) HOW DOES HE/SHE KNOW MY CHILD NEEDS GLASSES?**

When the pupil is enlarged with drops/ointment the Consultant/Optician (Optometrist) has a good view of the back of the eye. By moving a line of light across the back of the eye and trying different strength glasses, he/she is able to judge what strength of glasses are needed.

**2) WILL MY CHILD ALWAYS WEAR GLASSES?**

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

**3) SHOULD MY CHILD WEAR THE GLASSES ALL DAY?**

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

**4) MY CHILD SAYS HE/SHE CAN SEE BETTER WITHOUT THE GLASSES OR THAT THEY LOOK STEAMED UP.**

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 his/her eyes have been attempting to clear the blurred image resulting from a need for glasses. Your child will have to relax their focusing to allow the glasses to do their work. This can sometimes take as long as 6 months.

**5) THE GLASSES LOOK VERY STRONG.**

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

**6) WHAT ARE LONG AND SHORT SIGHT AND ASTIGMATISM?**

**a) 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) rather than on it . Long sighted children have reduced vision mainly for near but sometimes for distance as well.

**b) Short sight** - is caused by the eye being too large, so that rays of light focus in front of the retina. Short sighted children have reduced vision mainly for distance, but it may affect near vision as well.

**c) Astigmatism -** instead of the eye being round like a football, it is shaped like a rugby ball, needing a lens at a certain angle to correct vision. Vision is affected at all distances.

**7)**  **REPAIRS, REPLACEMENT & REFITTING**

If your child’s glasses are lost or need repairing, return to the

Optician who sold you the glasses, who will deal with the problem using form GOS 4.

If you have a query regarding your child’s treatment, please contact the Orthoptist Department on:

Worcester Royal Hospital 01905 760430

Alexandra Hospital 01527 503030 Ext 44124

Kidderminster Hospital 01562 823424 Ext 53637

**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**

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**Urdu**

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**Portuguese**

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**Polish**

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**Chinese**

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