

Patient Information

Children wearing a patch for the first time

Introduction

Child's name.....

Place the patch on your child'seye for.....hours
each day.

Patching treatment is used to treat a condition called **amblyopia**. This is when the eyes are healthy, but the vision in one eye is lower than the other eye. The eye with the weaker vision may also be called a **lazy eye**.

What causes it?

Two common causes of amblyopia are a turn in one eye (squint) or different strength lenses if the child requires glasses. Another cause could be an obstacle which blocks the vision from developing, e.g. a cataract or a droopy eyelid.

What is patching?

Patching involves covering the good eye to encourage the child to use their lazy eye. It has been proven to be a very effective treatment for lazy eye / amblyopia.

Important to consider

- Patching treatment is for improving **vision only**. It will **not** straighten a turned eye or stop a child from needing glasses.
- Treatment works best in young children because their visual system is still developing. This time is called the **critical period**.

- Treatment after the critical period is less likely to be successful. It is therefore very important to encourage the child to wear the patch exactly as the orthoptist asks, even if the child is very young.
- The length of time that the patch needs to be worn depends on the level of vision and the age of the child. As a guide, the **minimum** recommended time is **at least** two hours. If the vision is very poor, the patch may have to be worn for up to six hours or longer. This will be decided by the orthoptist.
- If your child wears glasses, it is essential that these are worn as usual, even when they have the patch on.

During patching treatment, your child's vision will be monitored regularly by the orthoptist. The treatment will be stopped when the vision is no longer improving two visits in a row or the vision has improved to within normal limits for their age. The length of treatment time will be different for each child, but as an estimate, most cases will take around six months.

Pointers for successful treatment

- Encourage your child by praising them when the patch is worn well. Activities like making a sticker chart and letting the child put on a sticker for each time the patch is worn, or giving a small reward for good co-operation can be very helpful.
- Make sure that the patch is worn for the full number of hours prescribed by the orthoptist. Using the patch for fewer hours will reduce the success of the treatment. It is also important that you do not use the patch for longer than asked.
- Encourage your child to do plenty of near work when the patch is worn. Activities could include reading, writing, colouring, jigsaws and computer or tablets.
- Be firm with your child during the treatment. Many children do not like wearing the patch, but this is a recommended way to improve the vision in the lazy eye. **If the problem is not treated early in childhood, then the vision in the lazy eye can remain reduced for life.**

- Attend all hospital eye appointments so that we can keep a close watch on your child's vision. Missing appointments can delay the treatment and have an impact on vision.

Possible problems

Please be aware that because your child is wearing a patch, they will have a reduced area of vision. Therefore, be extra vigilant with your child near roads, when playing and when going up and down stairs.

Some children can have an allergic skin reaction to the patch. If this happens, please contact the department and we can give a different type of patch.

If you notice a change to your child's turn / squint after patching, tell the orthoptist at your next visit.

Sometimes, when the patch is removed, a child can notice double vision. If this happens, **stop patching** and contact the Orthoptic Department as soon as possible.

Rarely, patching can reduce the vision in the good eye. For this reason, it is important to attend all appointments and wear the patch **exactly** as the orthoptists advise.

Note: the information in this booklet is provided for information only. The information found is **not** a substitute for professional medical advice or care by a qualified doctor or other health care professional. **Always** check with your orthoptist if you have any concerns about your condition or treatment. This is only indicative and general information for the procedure. Individual experiences may vary and all the points may not apply to all patients at all times. Please discuss your individual circumstances with your orthoptist.

The **Orthoptic Clinic** at Russells Hall Hospital: **01384 456111 ext. 3636**
(8.30am to 4.30pm, Monday to Friday)

Eye emergency, out of hours

In case of an eye emergency after the closing hours of the Eye Clinic (including weekends and bank holidays), please contact the eye doctor on call by ringing the switchboard at:

Birmingham and Midland Eye Centre on 0121 507 4440

The doctor on call is usually based at the Eye Centre, City Hospital, Dudley Road, Birmingham. They may need to call you back, and if necessary, they will arrange for you to visit them.

We are always happy to answer any questions regarding your child's treatment, and if after reading this leaflet you still have concerns or questions, please call the department on **01384 456111 ext. 3636**.

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Highly specialist orthoptist

Some useful websites:

www.orthoptics.org.uk

www.theeyefive.nhs.uk

www.eyepatchuk.org

www.3m.com/uk/opticlude

www.ortopad.net

www.kayfunpatch.org

www.orthoptics.org.uk/patients-and-public/

This leaflet can be downloaded or printed from:

<http://dgft.nhs.uk/services-and-wards/ophthalmology/>

This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.

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