

Patient Information

Patches or drops: which treatment is best for your child?

Introduction

Your child has been found to have a condition called amblyopia or “lazy eye”. This is when the eyes are healthy but the vision in one eye is lower than the vision in the other eye. Two common causes of amblyopia are a turn (squint) in one eye or different strength lenses if the child requires glasses. The vision in one eye has been found to be reduced compared to the other eye. It may also be a combination of both these causes.

Treatment for amblyopia involves preventing the child from using their good eye by either covering this eye with a patch or blurring its vision by using drops. This means that they have to start using their lazy eye to see. Amblyopia treatment is most effective in young children whose visual system is still developing (the critical period), therefore it is vital that you encourage your child to follow whichever treatment you decide upon.

Evidence shows that both methods of treatment are effective in treating mild to moderate levels of amblyopia, but that if no treatment is given, the vision in the weaker eye will remain reduced which can have implications in later life.

Patching

There are two types of patch:

- A colourful adhesive patch put directly onto your child's face with glasses over the top if worn.
- A fabric patch designed to fit on your child's glasses.

This patch has to be worn for at least two hours daily and possibly up to six hours a day depending on how reduced your child's vision is. The amount the patch is worn is regulated entirely by you, and when it is removed treatment stops directly. Some children will not tolerate a patch and may try and peek around or will remove it themselves which will limit any success.

The patch is visible to others and may cause some children embarrassment, whilst others enjoy being a pirate! The skin may become sensitive to the patch, but there are anti-allergy options available.

This treatment usually has fairly quick results and treatment only continues until there has been no change in the vision for two visits.

Atropine 1% eye drops

On the first day of treatment, a drop of Atropine is put into the child's good eye morning and night, and then a single drop is instilled Wednesday and Saturday mornings by the parent throughout the treatment period. The Atropine will dilate or enlarge the pupil to prevent the eye focusing on near objects. This will blur the vision in that eye for 24 hours a day. The effect of the drop is long-lasting, continuing to work for up to two weeks once the Atropine treatment is stopped.

Some children have an allergic reaction to the drops, which should then be stopped. Possible symptoms of an allergic reaction include skin rashes and red, swollen watery eyes. If this occurs, patching can be reconsidered. This treatment can take longer to work compared to wearing a patch, so you may need to attend more often and for a longer period of time. Unlike the patch, there are no obvious signs of treatment to others and the child cannot interrupt treatment once the drop is in.

Glasses

If your child is prescribed glasses, it can take up to 18 weeks for vision to improve. When glasses are prescribed for the first time, your child's vision will be monitored during this time to allow full adaptation to the lenses to occur before considering if any patches / drops are recommended.

Patches or drops?

Please consider the information and options as described in this leaflet, and at your next attendance your orthoptist will be happy to discuss them further and guide you on making the best choice for your child. Once you have decided, you will be given further and more detailed information on your choice of treatment.

If you wish to change your choice of treatment at any time, please discuss this with your orthoptist at your next appointment, or if you have any questions please contact the Orthoptic Department to discuss your concerns.

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 Department** 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. If after reading this leaflet you still have concerns or questions, please call the department on **01384 456111 ext. 3636**.

Author

Claire Smith

Clinical lead orthoptist

For further information visit:

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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