

## What is Amblyopia? - Information for Parents

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If your first language is not English, we can arrange for an interpreter to be available. Please let us know in advance if you require this service.

### Amblyopia treatment for:

Child's name: \_\_\_\_\_ Patch the \_\_\_\_\_ eye for \_\_\_\_\_ hours per day.

#### What is Amblyopia?

Amblyopia is an early childhood condition where the vision does not develop properly. It usually occurs in one eye, but it can occur in both. Sometimes referred to as lazy eye, amblyopia affects about 1 in 25 children.

Amblyopia is not due to a disease of the eye but is the name given to describe poor vision which does not improve by wearing glasses. It occurs when normal visual development is prevented or disrupted in early childhood.

#### What causes it?

A squint is the most common reason for one eye to be amblyopic, but it can also occur when one eye is more long or short sighted than the other, or more rarely if an obstacle blocks the vision such as a cataract or droopy eyelid.

#### Will it get better on its own?

**No** – if left untreated, your child may have permanently damaged sight which cannot be corrected when he/she is older.

#### How is it treated?

Occlusion (patching) is used to treat amblyopia. The sight will improve if your child uses the eye more, as it is the lack of proper use that has caused it to become lazy. A patch worn over the good eye will stimulate the vision in the weaker eye. If your child has glasses it is essential that these are worn as usual, including the time during which the patch is worn. To achieve the best results, treatment should be carried out before seven years of age. Treatment may be less effective after the age of eight.

#### Are there any alternatives?

Atropine eye drops may be prescribed for use in the stronger eye. Atropine is a cycloplegic drug that dilates the pupil and blurs the image in the non-amblyopic eye. Your Orthoptist will discuss and decide with you, which method of amblyopia treatment is most suitable for your child.

## What should your child do when wearing a patch?

Drawing, reading, colouring, computer games or any other detailed activity: these are all things that will encourage the eye to work hard. If your child's sight is very poor, it is best for him/her to play with things that are big and bright, so they can be seen more easily at first.

## How much patching will your child need?

This varies from child to child. The length of time a patch will need to be worn depends on the age of your child and the level of vision in the amblyopic eye. The patch should be worn under the glasses (if worn). The Orthoptist will see your child regularly to monitor progress.

## Does patching really work?

Patching will only work if your child wears the patch as instructed. If started at an early age, patching is usually successful.

Patching will help your child's amblyopia (lazy eye) but **will not** improve a squint or lessen the need for glasses. Squints are treated with glasses and/or surgery.

## Different kinds of patches

Various kinds of patch are available, and your child may need to try a few to see which one suits him/her best. Your Orthoptist will advise you on this.

## A quick summary

- Check you are certain which eye to patch.
- Use a clean patch every day.
- Should you run out of patches, contact the Orthoptist for some more; please do not wait until your child's next appointment.
- Do make sure that your child cannot peep around the patch.
- If your child wears glasses, these must still be worn. Usually the patch is worn directly on the face with the glasses on top.
- To encourage the vision to improve, it helps if your child does close work such as reading writing or colouring.
- The patch should be worn as directed, unless your child is ill or has an eye infection.

## Tips

**Encourage, persevere, enlist help and support from others. Keep your child busy, reward good behaviour and keep it fun!**

## Useful contacts if you have any queries:

Orthoptic department: 0300 131 4500 Ext: 734783 Monday to Friday 8.30am -5pm

Appointment queries: 0300 131 4600 option 1 8AM – 6PM Monday to Friday and 9AM – 12PM Saturday

## Safety Notice:

When your child is wearing the patch, he/she will not be able to see things to the side of the patch. In addition, what he/she **does** see, may not be very good at first. Therefore, please make sure that your child is **properly supervised** while the patch is worn and that all necessary people are informed of this e.g. teachers at playgroup, nursery or school and other family members.

If your child misses or cannot attend an appointment while he/she is being patched, it is **extremely** important that you contact the eye department to make a new appointment for your child.

## Other sources of information

This leaflet is based on information from the British and Irish Orthoptic Society who have given permission for it to be reproduced. It is adapted from their patient information leaflet.

British and Irish Orthoptic Society - [www.orthoptics.org.uk](http://www.orthoptics.org.uk)  
[www.theeyefive.nhs.uk](http://www.theeyefive.nhs.uk) [www.3m.com/uk/opticlude](http://www.3m.com/uk/opticlude) [www.eyepatchuk.org](http://www.eyepatchuk.org)  
[www.squintclinic.com](http://www.squintclinic.com)

## Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

## Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the patient experience team on 0300 131 4784 or [esh-tr.patientexperience@nhs.net](mailto:esh-tr.patientexperience@nhs.net).

## Hand hygiene

We are committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

## Other formats

**If you require any of our leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department on 0300 131 4434 or [esh-tr.AccessibleInformation@nhs.net](mailto:esh-tr.AccessibleInformation@nhs.net)**

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

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## Reference

Reviewed by: Paul Russell (Ophthalmology Staff Nurse)

The directorate group that have agreed this patient information leaflet:  
Ophthalmology Department, Diagnostic, Anaesthetic and Surgery division (DAS)

The following clinicians have been consulted and agreed this patient information:  
Lorraine Manklow – Head Orthoptist  
Samantha Aitkenhead – Orthoptist

Next review date: March 2026  
Responsible author: Ophthalmology Department (ESHT)

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