

Lazy eye (Amblyopia)

What is a lazy eye?

Lazy eye is when one eye doesn't see as well as the other one.

What causes a lazy eye?

The most common causes are when one eye is more long-sighted or short-sighted than the other one, or when there is a squint (turn) in one eye.

What are the symptoms?

There are no symptoms and therefore the problem can easily go undetected unless there is an obvious squint present.

How is it treated?

The treatment usually consists of wearing glasses and sometimes an eye patch. The glasses need to be worn full time when the child is young but in some cases they are needed only part time when the child is older.

How does patching work?

By putting a patch over the good eye the lazy eye is forced to work harder. If a child needs glasses these are also worn along with the patch to improve the vision of the lazy eye. Patching works best when the eye is made to work harder, for example when reading, colouring and playing computer games.

Does patching work?

Patching can be very effective in many cases especially younger children. During the treatment, the orthoptist will monitor your child very closely and advise you of any changes to the treatment, as well as offering you support and encouragement!

It is important to realise that wearing a patch will not make a squint better. The squint may need to be treated separately with glasses or possibly surgery.



How long does the patch need to be worn for?

This depends on a number of factors including the level of vision and the child's age.

Studies have shown that the greatest improvement in vision occurs within the first 400 - 500 hours of patching. That works out at approximately 10 weeks if the patch is worn for 6 hours a day.

Your orthoptist will be able to discuss this with you in more detail.

Is the patch stopped after 500 hours?

If the vision is still improving after the 400 - 500 hours of wear, then patching will be continued until no further improvement is seen. The daily wear will then be reduced slowly while the vision is monitored. This reduces the risk of the vision dropping. Sometimes a second course of patching is needed later on.

Are there any risks?

For a small number of children, there is a risk that the vision will reduce in the good eye, or that double vision will be noticed. These side-effects are very rare and usually only temporary. These will be carefully monitored by your orthoptist. If any of these side-effects occur please contact the Orthoptic department for advice

How often would I have to attend the orthoptic clinic?

We would ask you attend between 4 and 8 weeks during the first stages and these visits can be increased when patching is being reduced.

What if my child won't wear a patch?

Even if your child only wears the patch for a short time every day this may still help their vision, it will just take longer to reach the 400 - 500 hours. Often nursery and school can help with encouraging your child to wear their patch.

Is there any treatment other than patching?

The gold standard for treatment is a patch over the good eye but other methods can be adopted if the child is unable to tolerate this. Such methods can be discussed with your orthoptist.

If you have any queries, or require further information
please contact the Orthoptic Department on 01332 785659.

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