

## AMBLYOPIA AND ORTHOPTIC TREATMENT

*AMBLYOPIA* is the scientific name given to reduced vision due to some form of interruption to the normal development of the visual system.

You will most likely hear it referred to as “lazy eye”.

Visual development occurs from birth up until the age of about 8- 10.

### WHAT CAUSES THIS?

It can be one or some of the following reasons:

- a turn in the eye (strabismus/squint)
- A large difference in short/long sightedness or astigmatism between the two eyes.
- An obstacle that blocks visual stimulation
  - for example: congenital cataract or a droopy eyelid.

### WHAT CAN BE DONE?

#### **PATCHING:**

- This is the most common form of treatment and may be combined with the need for wearing glasses.

This is how it works...

- A patch covers the better eye, forcing your child to use their “bad” eye.
- Your child may find it difficult at first, especially if the vision is quite poor. However persistence, encouragement and support are pivotal from parents/guardians.
- With forced stimulation, the vision in the lazy eye has a chance to gradually improve.

Wear PATCH ON:	
( RIGHT )	( LEFT )
Wear GLASSES:	FOR: <input type="text"/> HOURS PER DAY

#### **REMEMBER:**

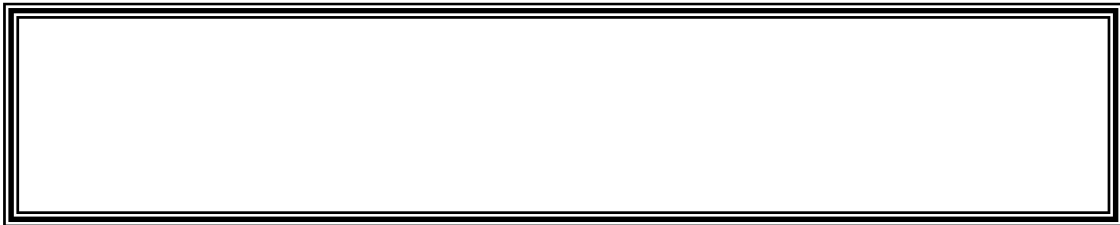
- Only cover the good/better eye as directed
- Wear glasses well
- Come to follow up appointments – this is important as patching needs to be monitored. Too much can cause problems with the good eye.
- Please call Kristen if you have any questions at all.



# ATROPINE OCCLUSION

- Atropine is used as an alternative to patches for amblyopia treatment.
- It is designed to dilate the pupil and paralyse focus in the good eye.
- This allows forced use of the amblyopic (lazy) eye.
- If your child wears glasses, sometimes the doctor may request the lens be made plain glass in front of the good eye to further encourage use of the bad eye.

The drop should be instilled as per the following instructions:



Things you should know...

- the pupil will be dilated *all the time*.
- The child may be sensitive to glare or bright lights when first using the drops. A hat or sunglasses can help with these symptoms.
- The drops will not cause long term changes or damage to the pupil.

Allergic reactions are rare but can happen.

Signs to look for include:

- Flushed/red cheeks
- Headaches/fever
- Heart palpitations
- Vomiting

Tips if you find it difficult to get drops in:

- Put the drop in whilst your child is still asleep in the morning. Do this by gently pulling up their eyelid.
- If your child is co-operative, ask them to put their head back and close their eyes.
- Pull up their top lid/or pull down their bottom lid (whichever you find easiest) and put the drop in.
- Allow your child to sit with their eyes squeezed shut for 20-30secs to try and avoid them feeling the sting.

If you have any questions or concerns please phone Kristen at the clinic.