

## **TREATMENT FOR AMBLYOPIA**

Amblyopia is poor vision in an eye that did not develop normal sight during early childhood. It is sometimes called a “lazy eye.” Patching is one technique for treating amblyopia. A patch is placed over the better-seeing eye to make the child use and develop good vision in the “lazy eye.” Using eyedrops is another technique for treating amblyopia. One drop of the medication Atropine is placed in the better-seeing eye daily. This medication blurs vision in the better eye, making the child develop good vision in the “lazy eye.”

### **WHEN SHOULD TREATMENT BEGIN?**

Treatment of amblyopia should begin as early as possible. If your child is old enough to understand, explain the reason for using the patch or eyedrops. It may be helpful to demonstrate patching on a doll. If your child attends school or preschool, discuss the amblyopia treatment with the teacher. Enlist the teacher’s help to encourage your child to perform his or her usual tasks, while also making allowances for any difficulties from the treatment. The teacher can also help explain your child’s situation to classmates.

### **HOW LONG WILL THE TREATMENT TAKE?**

Treatment time will vary for different children. As a general rule, the younger a child is, the shorter is the duration of treatment. In young children, vision may improve rapidly. To ensure that a child is given the best possible chance to develop normal vision, the patching or eyedrops may be continued for a few weeks or months after vision stabilizes. Once vision has improved in the “lazy eye,” there is a chance that it will worsen after the discontinuance of patching or drops. Therefore, close observation of the eye is necessary throughout childhood. If vision does not improve after a reasonable time period, your ophthalmologist may recommend stopping treatment.

### **ARE THERE ANY SIDE EFFECTS FROM TREATMENT?**

Because the better-seeing eye is not used during treatment, occasionally vision in that eye may decrease. But it will generally return to normal as soon as that eye is used again. The skin at and around a patched eye may become irritated. Trying a different type of patch or changing the shape of the patch may help relieve skin irritation. To prevent irritation, leave the patch off at night while the child is sleeping. There is also an increased risk of accidents while the child is wearing a patch. To prevent accidents, the child should be monitored closely while wearing a patch and not engage in hazardous activities such as bicycling, climbing gym sets, etc.

### **WILL EXERCISE HELP?**

No; the best exercise is wearing the patch or using the eye drops as instructed by your ophthalmologist. Fine, detailed work that holds the child’s interest will also encourage the use of the “lazy eye” and help speed visual recovery.

### **WILL THE TREATMENT CORRECT MISALIGNED EYES?**

No; patching or eyedrops improves vision in an amblyopic eye, but will not realign the eyes. Once vision is good in each eye, your ophthalmologist can recommend further treatment.

## **WHAT KIND OF PATCH SHOULD BE USED?**

The patch should be comfortable, remain firmly in place, and not allow the child to “peek” around the edges. Commercial patches are available at most drug stores and come in regular and “junior” sizes.

***The patch should be attached directly to the skin around the eye for best results.*** A gauze pad held firmly in place with hypoallergenic tape, or a dark cloth cut in an oval shape, can also serve as an adequate homemade patch. Black eye patches that are held on the child’s head with elastic or ties, such as a pirate-type patch, should not be used; they are too easy to remove or peek around. Patches that slip over eyeglasses are also available and can be an alternative for children already accustomed to patching. However, since these patches can slip and allow “peeking,” they are not a good choice for children who are just beginning treatment.

## **WHAT IF THE CHILD REMOVES THE PATCH?**

For infants and toddlers, try applying extra tape over the patch to secure it. Thin, cellophane-type tape may make it more difficult to remove the patch. If your child is still able to remove the patch, try covering his or her hands with mittens or socks. Distraction is often helpful for younger children. Also, using a reward system is a very effective strategy to encourage the child to wear the patch. When you first start treatment, it may be very difficult for both you and your child.