

Patient Information Leaflet
Lazy eye (Amblyopia)

The Eye Care Team

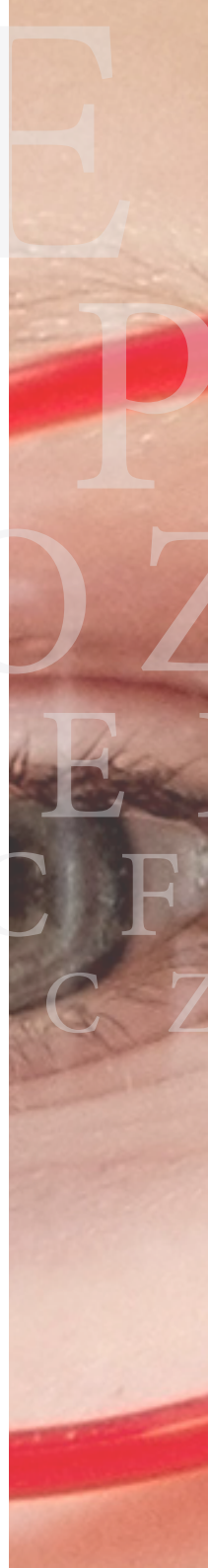
Your child may be seen by an Orthoptist, Optometrist or Ophthalmologist.

The orthoptist will be the person most closely involved in your child's treatment. They will discuss the treatment options and regularly monitor your child at the clinic while undergoing amblyopia treatment.

What is a lazy eye?

A **lazy eye (amblyopia)** is an eye that despite being normal in structure does not see clearly. The condition is common, affecting about 4 out of every 100 people. In most cases, only one eye is affected.

Until the age of 7-9 years old, a child's vision remains in a changeable state and if a lazy eye is detected early and treated effectively, the sight can improve. The treatment of a lazy eye is described later and involves a great deal of help from parents. After the ages of 7-9, the development of the visual system is almost complete and vision is less likely to change thereafter .



Causes of a lazy eye

If a child's eye does not receive a clear image of the outside world, the child's brain will "ignore" the unclear sight in this eye. The brain will "switch off" its signals to and from this eye, instead preferring the clear sight produced by the other eye. By not fully using the sight in the blurry eye, the vision in this eye is not stimulated to develop to its full potential, and can deteriorate – this is the cause of a lazy eye.

The most common causes of amblyopia are:

1) Squint

Most commonly it occurs with a squint. When a squint is present in childhood the child may stop using the squinting eye which then becomes a lazy eye.

2) Glasses need

A lazy eye can also occur when one eye is out of focus with the other because of short-sightedness, long-sightedness or astigmatism. The most out of focus eye 'turns off' and becomes lazy and the child depends on the better eye to see.

Any factor that prevents a clear image from being focused inside the eye can lead to the development of a 'lazy eye'. An example of this would be a cataract (clouding of the lens of the eye).

Treatment

A lazy eye can only be treated in early childhood. It is important to remember that treating the cause of a lazy eye does not always cure the weak sight in the lazy eye. Therefore, after wearing glasses or straightening a squint or removing a cataract, the lazy eye must then be treated separately.

To treat a lazy eye the child must be forced to use the weak eye. There are two treatment options available:

- Patching - this is done by covering the good eye with a patch
- Atropine eye drops - using an eye drop in the good eye.
Atropine blurs the vision for close work only, thereby encouraging the child to use their weaker eye to focus.

Both treatments are continued until the maximum amount of vision is achieved.

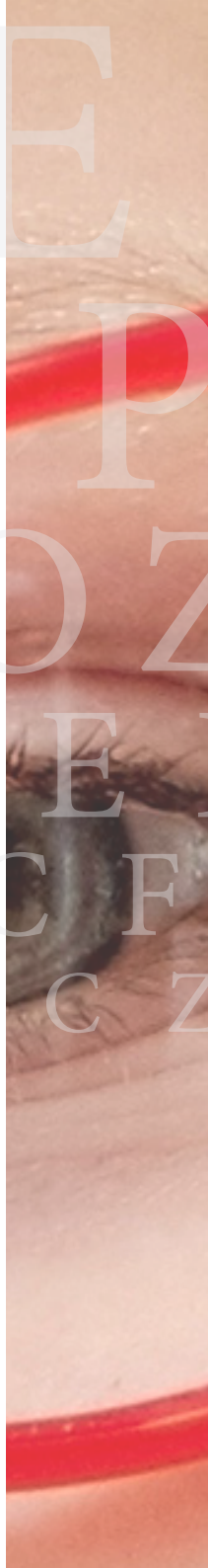
However, the use of atropine eye drops is not advisable for some patients. Your orthoptist will discuss this with you and advise you if use of drops is not recommended for your child.

The orthoptist can instruct parents about how to treat a 'lazy eye' but it is the responsibility of the parents to carry out this treatment. No child likes to have a good eye patched or use eye drops, but parents should encourage their child to do what will be best for them. Successful treatment depends a great deal on parental interest and involvement.

Patching

How much patching should be done?

The number of hours patching will be guided by the level of vision in your child's lazy eye. The eye should be patched only for the number of hours per day recommended by the orthoptist. Overpatching may cause the vision to drop in the good eye.



Atropine eye drops

How often are the drops used?

The orthoptist will instruct you on the use of the eye drops. Initially, the drops will be used twice a week (Sunday and Wednesday).

Possible side effects of Atropine 1%

Flushed cheeks, dry mouth, fast heartbeat, hyperactivity, vomiting, fever, stomach upset.

There is a low risk of side effects. If a child presents with any of the above side effects Atropine 1% will be stopped and conventional patching treatment will be recommended.

Treatment

Throughout your child's treatment the orthoptist will be liaising with the optometrist, for their spectacle prescription, and the wider eye care team as required. Each child's treatment will vary; It is important that you attend all appointments to monitor changes in your child's vision. Once vision has improved in the lazy eye there is a small chance that it can worsen again once treatment has stopped, and close monitoring is required. If vision does not improve after a reasonable period of treatment, it will be discontinued after discussion with you and your child's clinician.

Unfortunately for some children amblyopia treatment does not result in complete improvement in vision. The orthoptist will discuss all options with you including swapping or stopping all treatment.

Why is treatment important?

If a lazy eye is not treated it can develop serious and permanent visual loss. Some occupations are not open to individuals who have good vision in only one eye. Furthermore, should the vision in the good eye be lost in later life from an accident or illness, it is important that the lazy eye has useful vision.

If you have any questions which are not answered in this leaflet, please do not hesitate to ask the staff in the Eye Department who will be happy to try and answer them for you.



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