Information for patients

Treatment of Amblyopia (lazy eye)

The aim of this leaflet is to provide some information about the treatment of amblyopia. If you have any further questions, please ask an Orthoptist or Ophthalmologist involved in the care of your child.

If your child needs glasses then they will be prescribed, the sight retested and, in most cases, the sight will improve.

In cases where the vision in one eye remains reduced (lazy) further treatment may be necessary to stimulate the development of vision. If glasses are required they should be worn all the time, even when undergoing further treatment.

Amblyopia can be treated using either patches or atropine ointment/drops.

How do I use the patch?

A patch is worn over the better-sighted eye for an agreed number of hours per day (usually between 3 to 6 hours daily) to stimulate the brain to use the lazy eye and encourage the vision to improve.

How do I use atropine?

Atropine ointment or drops work by blurring the vision of the good eye, encouraging the lazy eye to develop better vision. Atropine is put into the good eye twice weekly. You will notice that the pupil of the treated eye becomes much larger. This will reverse when treatment is stopped.
How do I know if the treatment is working?

The only way to know if the treatment is working is by having the level of vision measured in the clinic.

Are there any problems with atropine or patches?

Over-treatment with either method can impair vision in the better-sighted eye. This is rare and usually reversible.

Atropine

Usually there are no problems. Sometimes your child may be aware of increased brightness of light entering the eye. It is acceptable to shade the eyes with sunglasses or a sun hat if this is a problem. Allergic reaction to atropine is possible but rare.

If ointment is used, it is important to only use a tiny amount as any excess can be absorbed by the body. You will be given separate information on how to use the ointment/drops.

Patching

Again usually there are no problems. However, it can be difficult to supervise the use of patches because they can be removed when you are not looking! In cases where the sight is particularly poor in the lazy eye, wearing the patch can initially render your child visually impaired and extra care should be taken until the sight improves to a level where they can cope better and navigate easier. All skin patches are hypoallergenic, minimising skin allergies.

Will treatment affect my child’s every day activities?

This depends on how poor the vision is in the lazy eye and will be discussed with you before treatment begins. When the eyesight is particularly poor, you may be advised to allow your child to sit closer to see things whilst wearing their patch or to use larger print when reading.

Will there be any other treatment?

When the vision has improved, your child may need to be checked routinely until the vision is stable.
If a squint is present an operation to straighten the eyes may be performed. The aim of surgery is to improve the appearance of the squint. In general, surgery will not improve your child’s vision.

Orthoptic Department contact number:

0191 2824434 / 2825415 between 9.00 am – 5.00 pm

Information produced by (Orthoptic Department, Ophthalmology RVI) (December 2012)
Information reviewed (June 2012)
Review date (May 2014)