



Orthoptic Department

A guide to patching - treatment for a lazy eye

Information for parents and carers

Why does your child need a patch?

Your child has been found to see better with one eye than the other. This is known as having a lazy eye or amblyopia. There are a number of causes, but the most common are:

- Squint. This is when an eye turns, and if this occurs in childhood, that eye 'switches off' and the vision becomes blurred or lazy.
- Unequal focus. When a child has a significantly different glasses prescription in either eye, he/she will use the eye that is easiest to focus and the eye needing the stronger lens will receive a blurred picture. This prevents the vision developing properly in the unfocused eye and it becomes lazy.

How is this treated?

Your child will have seen an Ophthalmologist (eye doctor) or Optometrist (optician) who will have examined their eyes to see if glasses are required. If one eye remains lazy after a period of time wearing the glasses then a course of occlusion (or patching) treatment may be given under the care of the Orthoptist (a specialist treating squints and vision problems in children).

Patching the 'good eye' encourages the lazy eye to work harder and this should improve the vision of the lazy eye. There may be instances where a child does not need glasses but one eye is lazy and will still require patching treatment.

How should the patch be worn?

The Orthoptist will explain to you which eye is to be patched and the length of time each day it needs to be worn. The patch should be worn on the face, over the good eye, with the glasses on top.

We do not encourage children to wear the patch over the top of the glasses. Children will often find a peep-hole or look over the glasses to use the better eye.

Most patches are hypoallergenic and should not cause a reaction, but if your child has sensitive skin, cream may help any soreness / redness when the patch is removed. Alternatively, speak to your Orthoptist, as in some circumstances fabric patches can be supplied to fit over the glasses.

When should the patch be worn?

The Orthoptist will have discussed the best time for your child to wear the patch. Encourage your child to use their lazy eye by reading, colouring, watching TV or playing computer games during this time

School is often a good place to wear the patch as much close-work activity is done there. It is important to tell the teacher why your child is wearing a patch in school. The teacher may be able to help by moving your child nearer the front of the class.

Your child's vision will be monitored every six to eight weeks at the hospital or clinic that your child attends.

How will the patch affect my child?

As your child is using the weaker eye when wearing the patch, they may find some tasks more difficult. They may need extra supervision, especially in the early stages before their vision has started to improve. It is not advisable to let your child play out or ride a bike when wearing a patch.

Your child may be upset or embarrassed wearing a patch. Lots of reassurance and encouragement from friends and family can help, and reward charts and stickers may be useful.

How long will my child need to wear a patch?

Patching will only work if worn as instructed by the Orthoptist.

A child's lazy eye cannot usually be treated after the age of seven to eight years.

There is no set time frame for wearing the patch. Treatment is individual to each child and may last months or even years. Good compliance with the patch will help treatment to be completed effectively and as soon as possible

Vision may improve but can go back when treatment is stopped. Patching will be re-started if this occurs. It is advisable not to promise your child that they will never need to wear the patch again.

For further information

If you have any concerns during your child's treatment, their Orthoptist will be happy to offer you support and advice.

The Orthoptic Department telephone number is: 0151-252-5215
Monday to Friday
9.00am to 5.00 pm

This leaflet only gives general information. You must always discuss the individual treatment of your child with the appropriate member of staff. Do not rely on this leaflet alone for information about your child's treatment. This information can be made available in other languages and formats if requested.

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