

LAZY EYE / AMBLYOPIA

What is amblyopia?

Amblyopia, also known as a lazy eye, is characterised by poor vision in an eye that is otherwise physically normal. This usually occurs in childhood when the brain “turns off” the visual processing of one eye, to favour the other eye.

Vision improves from birth as newborn infants use their eyes. In order to have normal vision, both eyes need to work together with equal vision. After the first 7 - 9 years of life, vision has fully developed and usually cannot be changed.

Why does it occur?



- It occurs most frequently when the eyes are misaligned by a squint (strabismus). One eye is ‘turned off’ to avoid double vision. The misaligned eye then fails to develop good vision.
- A refractive error (far-sightedness or near-sightedness) occurs when the light is not properly focused on the retina and the vision is blurred. If a child has a different refractive error in each eye, the brain ‘turns off’ the vision from the weaker eye in favour of the better-seeing eye.
- Sometimes an eye disease such as a cataract may cloud the eye’s vision. Any factor that prevents a clear image from being focused on the retina can lead to amblyopia.

How is it treated?

Amblyopia is treated with patching, where the good eye is covered to encourage the ‘lazy’ or amblyopic eye to develop good vision. Patching should begin *as early as possible*.

It may be helpful to show the child what you are doing on a doll, and to explain to them why you need to patch. If the child is attending a pre-school or school, it will be helpful to explain the importance of patching to the teacher.

FAQs about patching:

How long will the child need to wear the patch?

This will vary with each individual child. As a general rule, the *younger* the child and the *shorter* the time that the eye has been amblyopic, the *less time* it will take for treatment to be effective. In young children, vision may change rapidly.

To ensure that a child is given the best possible chance to develop normal vision, patching may continue for weeks or months after vision stabilises. Once vision has improved in the lazy eye, there is a small chance that it can worsen again. Close monitoring throughout childhood is therefore necessary.

Occasionally, vision in the good (patched) eye may be decreased when by patching, but will usually revert to normal as soon as that eye is used again. Close monitoring by the ophthalmologist or orthoptist is required.

If the vision does not improve after a reasonable period, your ophthalmologist may recommend that the patching is discontinued.

Will patching correct the squint?

No. Patching usually improves the vision in the lazy eye. Once the vision is good, the ophthalmologist can recommend surgery for re-aligning the eyes.

What kind of patch should be used?

The patch should be comfortable and remain firmly in place. It should not allow the child to

‘peek’ around the edges. Eye patches with elastic or ties, or occluders that fit onto glasses are not recommended as they allow peeking.

Commercial patches come in ‘regular’ and ‘junior’ sizes and are available at some of the local pharmacies. A gauze pad held firmly in place by some hypo-allergenic tape can serve as an adequate home-made patch.

What should be done if the skin becomes sore or irritated?

Leave the patch off at night and try a different type of patch. Change the shape of the patch by reversing its position on the eye. Switch to a gauze pad with hypoallergenic tape.

If the child wears glasses, make a ‘wrap around’ patch on the glasses until the skin heals.

What if the child removes the patch?

For babies and toddlers, it is often sufficient to secure it by applying extra tape over the patch. You may need to cover the child’s hands with mittens. Older children may feel self-conscious wearing a patch at school. Wearing the patch only at home in the afternoons and weekends can obtain good results, although the improvement may take longer.

Do exercises help?

The best exercise is the patch. Fine detailed work that holds the child’s attention will also encourage use of the lazy eye and speed up recovery.

Please note that these are general guidelines. If in doubt, consult your ophthalmologist.