Amblyopia

Amblyopia, sometimes known as 'lazy eye', is decreased vision that is caused by abnormal visual development in childhood. It is usually unilateral (in one eye), but can affect both eyes.

What causes amblyopia?

Anything which causes reduced vision in childhood may cause amblyopia. The most common causes are:

- Refractive error (where glasses are needed to focus the eyes e.g. long or short-sightedness, or astigmatism)
- Strabismus (misaligned eyes, also known as 'squint')
- Stimulus deprivation (when something obstructs the line of sight of the eye e.g. cataract or droopy eyelid).

A child with amblyopia in one eye may appear to see very well with both eyes open. Unless there is a visible problem, such as a squint or droopy eyelid, amblyopia is often only detected during a formal vision assessment.

Will my child need glasses?

Your ophthalmologist will assess if glasses are necessary. If your child has a 'refractive' type of amblyopia, they will be prescribed glasses to wear full time. This means they need to wear glasses more than 90% of waking hours. This will assist visual development.

How is amblyopia treated?

Not all amblyopia and vision loss can be corrected with glasses alone. Any remaining reduced vision must be treated. There are currently only two proven and effective treatment methods for amblyopia. Both of these work by forcing the brain to use the 'weaker' eye.

- **Patching therapy** – sometimes referred to as 'occlusion therapy'. The 'stronger'/better-seeing eye is covered for a period of time on a daily basis to improve vision in the weaker eye. You can use adhesive patches bought from pharmacies or make your own. The orthoptist/nurse can advise you further on this.
- **Atropine therapy** – sometimes referred to as 'atropine penalisation'. Atropine is an eye drop medication that goes in the 'stronger' eye on a regular basis, as prescribed by your Ophthalmologist. It dilates the pupil in that eye and blurs near vision. This blur forces the weaker eye to be used and therefore aims to improve vision.

Please be aware that if your child is wearing patches, or using atropine, glasses **must** also be worn at all times. Otherwise, treatment is unlikely to be effective in improving vision.

Is treatment effective?

Research has shown that the earlier treatment begins, the quicker the response. While we aim to treat the majority of a child's amblyopia by seven to eight years of age, there are circumstances where treatment is possible later, and treatment does not necessarily stop when a child turns eight.

If amblyopia is not treated while the child is young, your child's vision will almost certainly remain permanently reduced and may continue to deteriorate until around age eight. Treatment can be very challenging, but with our support and your patience and perseverance, the benefits will last a lifetime.

Will my child need surgery for amblyopia?

No. Sometimes surgery will be required to treat the underlying cause of amblyopia. However, full-time glasses wear and any patching or atropine is still required before and after any operation.

For more information

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