



Mersey and West Lancashire
Teaching Hospitals
NHS Trust

PATIENT INFORMATION

Amblyopia

Lazy Eye

WHAT IS AMBLYOPIA?

Amblyopia is a childhood condition where vision does not develop properly. It usually occurs in one eye, but can occur in both eyes. Amblyopia can be corrected if it is treated early but if left the visual impairment can become permanent. There is often no outward sign or symptom of the presence of amblyopia.

WHAT CAUSES AMBLYOPIA?

Vision develops gradually from birth and both eyes need to receive clear images. The images are passed along nerves to the part of the brain responsible for vision. Cells in this part of the brain are stimulated causing vision to develop. Visual development takes place up until about the age of 7 years. Any disorder that interrupts or prevents the brain receiving a clear image during these early years of life may lead to Amblyopia. This could be:-

- Squint – a turning eye. If the eyes are not straight, they do not work together. This causes the brain to ignore the image from the squinting eye and, as a result, does not learn to see as well with that eye.
- Anisometropia – unequal glasses prescription (unequal refractive error). If one eye is more longsighted, short sighted or has more astigmatism than the other eye, then the image it receives will be more blurred. The brain will favour the eye that sees more clearly and ignore the eye that is more blurred.
- High glasses prescription (high refractive error) in both eyes. Both eyes may be significantly longsighted, short sighted or may have a high degree of astigmatism. This

results in amblyopia in both eyes because of the blurred image received by each eye.

- Any other condition that prevents an eye receiving a clear image. This can include a droopy eyelid (ptosis) or cataract (cloudy lens).

All of the above can run in the family, or occur spontaneously.

HOW DO WE TEST FOR AMBLYOPIA?

Your child will have a full Ophthalmological assessment which will include an Orthoptic examination to test vision, eye alignment and if the eyes work together. The Ophthalmologist (Eye Doctor) or Optometrist will examine the back of the eye and perform a glasses test. In order to do this, your child will require eye drops which will dilate the pupils.

WHAT IS THE TREATMENT FOR AMBLYOPIA?

This may involve one or more of the following treatments. Your Health Professional will advise which are appropriate for your child.

- Glasses – to correct any refractive error and allow the eye to receive a clear image. Glasses should be worn all the time, and are usually needed long term. An initial period of adaptation occurs as the vision improves gradually; this can take up to 22 weeks. In some cases the amblyopia will resolve fully with glasses wear alone.

- Patching – by using a patch to cover the better eye in order to stimulate the brain to make more use of the lazy (amblyopic) eye, thus enabling the vision to develop in that eye.
- Eye drops (Atropine) – drops are instilled into the better eye to blur the vision. Blurring the vision of the good eye then stimulates the brain to make more use of the amblyopic eye to improve the vision. This treatment is only used in certain circumstances.

If amblyopia is not treated in childhood it will result in permanently reduced vision.

TIPS FOR SUCCESS WITH PATCHING

How successfully amblyopia is treated often depends on how well a child wears their glasses and patch. We do understand how difficult it can be to implement as a parent/ carer. Your Orthoptist will offer support and advise you on the number of hours the patch needs to be worn each day and will help you select which type of patch suits your child best.

To help your child succeed with wearing their patch, here are some useful tips:-

- Be positive. Give an explanation about why they need to wear the patch and use words of encouragement from the beginning.
- When you first start patching, choose a time when you can spend it together and be prepared to distract them with a variety of activities. This can be reading a book

together, drawing, painting, jigsaws, Lego, playing games on a tablet / smart phone, watching a favourite programme on TV or playing with favourite toys. NB- If using games on a tablet/smart phone it is best to use 'search' type games to ensure as much visual stimulation as possible is achieved.

- Plan a routine for patch wearing that your child can understand. This could be that the patch goes on after breakfast and comes off at lunchtime, or split into shorter time periods throughout the day.
- Wear the patch at nursery/school. Children will often wear their patch better when at nursery/school as they are kept busy and forget they are wearing the patch. They also do lots of close activity which is good for stimulating vision.
- Praise and reward. Tell your child they have done well for any amount of time they have worn their patch. Use star charts to motivate and record success. Treats as a reward may also help.

How long your child will need to wear their patch will vary depending on their age and the level of vision. The Orthoptist will see you regularly to give you advice and to monitor progress and adjust patching treatment as necessary.

During your contact with us, it is important that you are happy with your care and treatment. Please speak to a member of staff and/or the ward/department Sister/Charge Nurse if you have questions or concerns.

MATRON

A Matron is also available during the hours of 9am to 5pm Monday to Friday. During these periods, ward/department staff can contact Matron to arrange to meet with you. Out of hours, a Senior Nurse can be contacted via the ward/department to deal with any concerns you may have.

INFECTION CONTROL REQUEST

Preventing infections is a crucial part of our patients' care. To ensure that our standards remain high our staff have regular infection prevention and control training and their practice is monitored in the workplace. We ask patients and visitors to assist us in preventing infections by cleaning their hands at regular intervals and informing staff of areas within the hospital that appear soiled.

As a patient there may be times that you are unsure whether a staff member has cleaned their hands; if in doubt please ask the staff member and they will be only too happy to put your mind at ease by cleaning their hands so that you can see them.

SPECIAL INSTRUCTIONS

ANY CONDITION SPECIFIC DANGER SIGNALS TO LOOK OUT FOR:

CONTACT INFORMATION IF YOU ARE WORRIED ABOUT YOUR CONDITION

- Your own GP
- Southport Orthoptic Department – 01704 705213
- Ormskirk Orthoptic Department – 01695 656690

OTHER USEFUL TELEPHONE NUMBERS/CONTACTS:

NHS 111

Stop Smoking Helpline (Sefton) – 0300 100 1000

Stop Smoking Helpline (West Lancashire) – 0800 328 6297

www.orthoptics.org.uk

**Please call 01704 704714 if you need
this leaflet in an alternative format**

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We would welcome your feedback about your experience
at Southport and Ormskirk Hospital NHS Trust.
Please access the Friends and Family Test at the following
link:

[https://www.southportandormskirk.nhs.uk/patients-and-
visitors/fft/](https://www.southportandormskirk.nhs.uk/patients-and-visitors/fft/)

Thank you

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