How should one care for a child wearing a patch?

When the child is wearing a patch, one should be careful not to involve him or her in activities that can lead to injuries. It is best to keep the child under supervision. Activities that are safe include reading, coloring, watching TV, playing video games, doing homework, etc.

How long does patching therapy take to work?

Although vision improvement frequently occurs within weeks of beginning the patching treatment, optimal results may take several months. Once the vision has improved, part-time (maintenance) patching or periodic use of atropine eye drops may be required to keep the vision from slipping or deteriorating. This maintenance treatment may be advised for several months or even years.

What if my child refuses to wear the patch?

Many children will resist wearing a patch initially. Successful patching may require persistence and plenty of encouragement from family members, neighbours, teachers, etc. Children will often throw a temper-tantrum, but eventually learn not to remove the patch. Another solution is to offer rewards to the child to keep the patch on for the prescribed time period. Atropine eye drops can also be used as explained above.



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Amblyopia





What is amblyopia?

Amblyopia, commonly known as a lazy eye, is an eye condition that sets in during early childhood. The vision is reduced, but it cannot be corrected with glasses or contact lenses. Nor is it due to any eye disease.

How common is amblyopia?

Amblyopia is the most common cause of visual impairment in childhood. The condition affects approximately 2 to 3 out of every 100 children. Unless it is successfully treated in early childhood, amblyopia often persists into adulthood, and is the most common cause of monocular (one eye) visual impairment among children and young and middle-aged adults.

What causes amblyopia?

Amblyopia may be caused by any condition that affects normal visual development or normal use of the eyes. It can be caused by squint (crossed eyes) or when the difference between the spectacles' power of both the eyes is too large or there are conditions that do not allow light to pass into the eye, such as cataract.



How is amblyopia diagnosed ?

Often parents and children are unaware of the condition. Most parents do not take their children for an eye examination early in life and many children go undiagnosed until they have their eyes examined by an ophthalmologist at a later age.

The most important diagnostic tool is the visual acuity test. For young children special methods of vision testing are used.

How is amblyopia treated in children?

Treating amblyopia involves persuading the child to use glasses if required. Constant wear of glasses alone can lead to a significant improvement in vision.

It is necessary to encourage the child to use the weak eye. Currently, two ways are used to do this:



A. Patching

An opaque, adhesive patch is worn over the stronger eye for a period lasting from a few weeks to several months. This therapy forces the child to use the eye with amblyopia. Patching stimulates the vision in the weaker eye and helps the part of the brain that manages vision to develop more completely.



Earlier it was thought that treating amblyopia in older children would be of little benefit. However, studies have shown that many children, aged 7 through 17 with amblyopia may benefit from treatments that are more commonly used on younger children.

B.Atropine

A drop of a drug called atropine is placed in the stronger eye once a day to temporarily blur the vision so that the child will prefer to use the eye with amblyopia. This helps the part of the brain that manages vision to develop more completely.

