



## Occlusion Therapy

### A guide to patching treatment for Amblyopia

#### 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 called Amblyopia commonly known as a “lazy eye”. There are several causes, but the most common are:

- Strabismus (Squint). Strabismus is when one eye is not aligned with the other eye. The eye may turn inwards, outwards or even vertically. If this occurs in childhood, the affected eye may ‘switch off’ and result in poor or blurred vision.
- Unequal focus. When a child has significantly different glasses prescription in one eye compared to the other eye, he/she will use the eye that is easiest to focus with. The fellow eye may receive a blurred, defocused image. This prevents the vision developing properly in the defocused eye.
- Cataract. Cataracts may affect the ability for light and visual information to enter the eye fully.

##### How is amblyopia treated?

Your child will have seen an Ophthalmologist (Specialist Eye Doctor) or an Optometrist (Optician) who will have examined your child’s eyes to see if glasses are required.

If glasses are prescribed, they will need to be worn full time. Your child’s vision will be monitored to ensure vision is improving in either eye.

If your child’s vision does not improve fully in one eye, following a period of time wearing the glasses, a treatment plan of occlusion therapy (patching) will be advised.

Occlusion therapy is usually provided under the care of an Orthoptist, Optometrist and/or Ophthalmologist.

Wearing a patch over your child's "good eye" will encourage the weaker eye to work harder and therefore should help improve the vision of the weaker eye.

Some children do not require glasses but may still need occlusion therapy to improve vision in one eye.

### **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. Different options for occlusion therapy are available; adhesive patches, fabric patches or atropine drops.

This leaflet describes the use of adhesive and fabric patches. A separate leaflet is available describing the use of Atropine drops.

The adhesive patch should be worn on the face over the good eye. If your child wears glasses, the glasses should be worn on top of the patch.

We do not encourage children to wear adhesive patches over the top of the glasses as many children will try to peep around the patch.

Most patches are hypoallergenic and should not cause a reaction, but if your child has sensitive skin please discuss this with an Orthoptist.

Fabric patches are available which can be attached to glasses frame.

### **When should the patch be worn?**

Your child can wear the patch any time of the day. The hours of occlusion (patching) required will be discussed at your child's clinic appointment.

Many families find that school is often a good place to wear the patch as the child is distracted by school activities and therefore is more likely to keep the patch on. It is important to tell the teacher why your child is wearing a patch in school.

Your child's vision will be monitored regularly by the Orthoptic team.

### **How will the patch affect my child?**

As your child will be using the weaker eye when wearing the patch, he/she may find some tasks more difficult.

If your child's vision is very poor in the weaker eye, he/she may need extra supervision in the early stages of wearing a patch. Once vision starts to improve your child will become more confident with the patch on and will find tasks easier to achieve.

Your child may find wearing a patch difficult therefore will need reassurance and encouragement. Reward charts and stickers can be helpful in maintaining motivation.

### **How long will my child need to wear a patch?**

There is no set time frame for completing occlusion therapy.

Treatment is individual to each child and can be a long process. Good compliance with the patch will help treatment to be completed effectively and as soon as possible.

### **Stopping occlusion therapy**

Your child's vision will be monitored on a regular basis. Occlusion therapy will be stopped when your child's vision has improved and has remained stable.

If your child wears the patch well and is compliant with treatment, occlusion therapy is usually stopped when the vision has improved and then remains stable over 3 consecutive visits.

Once the patch has been stopped your child's vision will be monitored to ensure it does not reduce again. In some children, vision will regress but this can be rectified by re-introducing the patch for a short period of time.

Occlusion therapy may also be stopped if your child has been compliant and has worn the patch well but there has not been a significant improvement in vision. In this case further tests will be arranged by the Ophthalmology team.

Poor compliance with treatment is often the reason why some children's vision does not improve in the weaker eye. Patching treatment can be difficult for children and their families, so we do advise families to persevere with the treatment and encourage and praise children undertaking this treatment.

### **For further information**

If you have any concerns during your child's treatment, please contact the Orthoptic team for advice and support on 0151 252 5215

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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