

AMBLYOPIA

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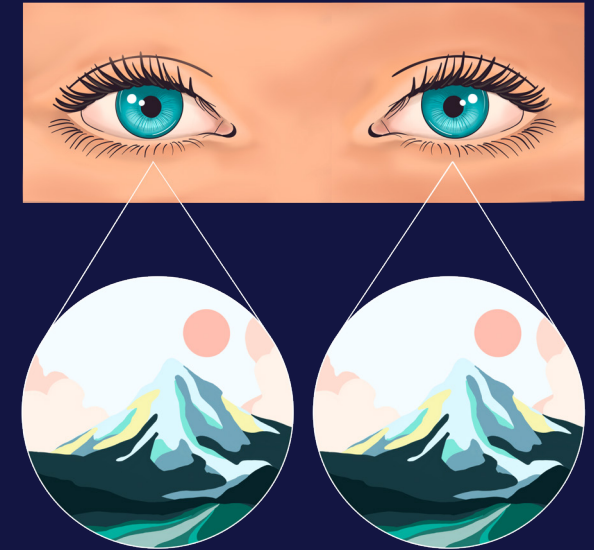
Amblyopia, commonly known as lazy eye, is the most common cause of poor vision in children. Amblyopia occurs because the part of the brain that deals with vision for that eye has failed to develop normally.

The vision centre in the brain is constantly developing during the first 7-8 years of a child's life. If the vision is interfered with in any way, the brain will start to prefer one eye over the other, and the vision in the other eye will suffer. To reverse the process and correct the vision in the poor eye, it is necessary to make the brain use this eye again.

WHAT CAUSES AMBLYOPIA?

1. The most common cause of amblyopia is poor focusing due to:
 - Hyperopia (far-sightedness).
 - Myopia (near-sightedness).
 - Astigmatism (which is an imperfection in the curvature of the eye's cornea) that can distort vision for both near and far objects.
2. Strabismus is sometimes a **cause** of amblyopia. Commonly known as a squint or turning-eye, strabismus is where the eyes do not look in the same direction. If, for example, one eye in particular turns in, it is likely this eye will become amblyopic.
3. Another cause of amblyopia could be a disruption to the passage of light into the eye, such as:
 - A scar on the cornea (the surface of the eye),
 - A cataract (an opaque lens in the eye).
 - A very droopy eyelid.

Amblyopia, where the brain has started to prefer one eye over the other, and the vision in the other eye suffers.



This illustration is a guide only; individual symptoms may vary.

TREATING AMBLYOPIA

Treating amblyopia relies on making the patient use the poorer eye, in order to improve its vision. Patching or covering the good eye is the mainstay of amblyopia treatment.

Amblyopia treatment only treats the vision and does not make a turned eye become straight.

Patching can be done part-time for a certain number of hours a day, depending on the degree of amblyopia. It is easier to treat amblyopia successfully if the treatment is started while the child is young. Beyond the age of 5 years, it becomes increasingly difficult to reverse amblyopia.

TIPS ON PATCHING

Commercial patches (Opticlude/Ortopad) and Micropore tape can be used for patching. These can be purchased from Auckland Eye, as well as some pharmacies.

Some children will experience irritation when the patch is attached. If this occurs, it is important to treat this early. Often this is a minor allergy to the adhesive, and changing tape or patch brands will help to alleviate the problem.



If your child wears glasses, then a patch over the spectacle lens is sometimes useful. The patch must extend back to the forehead from the top of the glasses and along the side of the frame, to ensure the child cannot see around it.

Fabric patches, called Funpatches, are available for purchase from Auckland Eye.



HELPING YOUR CHILD TO KEEP THE PATCH ON

Patching can be difficult, with many children objecting to the patch or even falling asleep when it is on. However, there are some strategies that can help. If your child is old enough to understand the reason for the patch, a simple explanation for why it is necessary can be helpful. A reward system may also be effective, as may providing interesting and supervised activities to distract the child from the patch. If your child continues to struggle, your orthoptist can give you information about other strategies to try.

If treatment becomes very difficult, it is reasonable to take a few weeks break before trying again. As long as the child is still young, there should be time to reverse the amblyopia.

ALTERNATIVES TO PATCHING: EYE DROPS

Atropine eye drops can be used on a regular basis, in the good eye, to blur the vision. The drops can be used on their own, or in conjunction with glasses and patching. These drops act by relaxing the focusing system of the eye. They also dilate the pupil and can make the eye light-sensitive.

These drops will work only for certain degrees of amblyopia, as they rely on blurring the good eye enough to make it worse than the amblyopic one. The drops can be given every day, or just twice a week, depending on your child's eyesight.



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