



Team for Children with Vision Loss

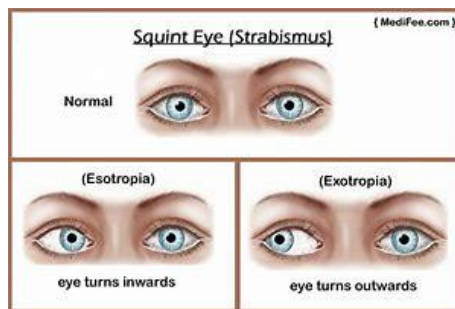
Eye Patching- Patches and Atropine Drops

Why does a child need to wear an eye patch?

A patch may be used when a child has one eye that is 'lazy'. This may be because there is a large difference in the prescription needed between the two eyes or a squint (esotropia or exotropia). The stronger (good vision) eye is patched to encourage the weaker eye to work harder and strengthen the eye muscles.

Why does a child have atropine drops?

Atropine drops are used as an alternative to patching, usually when the child has tried patches, but has not been successful in wearing them (taking them off after a few minutes).



How long should the eye patch or atropine drops be worn for?

The child's Orthoptist will inform you how long the child needs to wear the patch or use the atropine drops for.

Patches- daily- it is usually between 2- 8 hours every day.

Atropine drops- daily- they naturally wear off gradually, which can take between 3-8 hours depending on the child.

The impact of the patching or atropine drops can take between 6 and 18 months depending on the severity of the reduction in vision or turn in the eye and the success in wearing the patch/atropine drops daily, as well as any other underlying visual conditions that may impact.

How does this affect how the child sees?

When the **patch is worn over the good eye**, or the **atropine drops** are used in the **good eye**, the child's brain is forced to use the vision from the lazy eye, squinting eye. Initially this will result in visual problems during the time that the patch is on/drops are in, vision may be severely reduced.

However, **the child needs to be encouraged to use vision and not have enlarged print as this will not encourage the eye to work hard enough.** Patching will only work when the child is young enough to be developing vision, usually before 7-8 years of age, so it is important that this treatment is carried out as early as possible.



What can be done to help?

- It is very important that the 'lazy' eye is stimulated in order to improve the vision. It is recommended that whilst the patch is worn, the child should do lots of close work e.g. drawing, reading, schoolwork etc.
- The child will not need larger print than normal, as this will stop the vision from improving as the eye will not be encouraged to work hard enough.
- However, initially they may struggle to see their work, and this may cause frustration or distress. They need to continue to be encouraged as it will be short-term for a long-term gain.

How can parents, family, friends and teachers make a difference?

- Ensure that the child wears their patch/has their atropine drops every day.
- Ensure the patch/drops are used for the prescribed length of time every day.
- If vision is severely reduced, the child may be unsure or distressed. Help the child to find their way around by giving extra support.
- Stimulate the vision in the poor eye, by giving the child lots of near vision tasks such as reading, writing etc, but do not enlarge the work, as the eye needs to work hard (and the enlarged work will not make the eye work as hard as its needed).
- Allow the child to get near to things so that he/she can make the eye work hard, and also make sense of what the activity is.
- Encourage and reassure the child when the patch is on/drops are in, as they may find tasks difficult when using the weaker eye.
- Allow extra time for them to complete tasks/school work.
- Teachers should be tolerant of untidy presentation of work/writing or a dip in general performance particularly at the start of patching treatment.
- Be aware that the child's field of vision (peripheral vision) may be reduced on the side of the patch/atropine drops and that they may bump into objects when wearing their patch.
- As the vision improves, the child will find things easier.

What happens if the child does not wear their eye patch or atropine drops as prescribed?

If the weaker eye is not encouraged to work harder (through the patch wearing over the good eye or atropine drops in the good eye) the weaker eye can stop working altogether (known as amblyopia).

Please note the font used in this information leaflet is called Verdana and is used because it is one of the most visually friendly fonts for people with vision difficulties and is also Dyslexia friendly too.

Further information for support for children and young people with vision loss can be found on the Birmingham Local Offer website:

[Sensory Support Vision - Local Offer Birmingham](#)

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