

Occasionally the skin may develop a rash around the eye. If this happens, stop the patch and contact your Orthoptist.

Will it get better on its own?

No. If left untreated your child may have permanently reduced eyesight which cannot be corrected when they are older.

What can I do to help?

- Be positive!
- Build it up gradually if you need to.
- Have realistic goals. Very few children will wear the patch for the prescribed amount of time straight away.
- Praise your child when the patch is worn.
- Star/sticker charts are a good idea to encourage your child to wear the patch.
- Distract them and take their mind off the patch.
- Small detailed tasks, e.g. computer games, reading, colouring etc can help the vision to develop quicker.
- Always attend your follow up appointments.



Western Sussex Hospitals
NHS Foundation Trust

Contact numbers

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Orthoptic Department Information Sheet

Occlusion Therapy (Patching)

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This leaflet is intended to answer some of the questions of carers of children undergoing occlusion therapy for amblyopia under the care of Western Sussex Hospitals NHS Trust.

What is occlusion therapy?

Occlusion therapy is a treatment for amblyopia (reduced vision). It may be used in children who have a strabismus (an eye which deviates) which is causing amblyopia but the aim of treatment is to improve vision not the strabismus itself.

Why does my child need a patch?

The Orthoptist has found that your child sees better with one eye than the other. This is known as a lazy eye or amblyopia. This is because the brain has not received clear information for vision to develop normally, possibly due to a strabismus or a need for glasses.

How does the patch work?

The patch covers the better eye forcing the 'lazy' amblyopic eye to be used. This will stimulate the brain, making the sight in the 'lazy' eye improve. Simply using the eye improves the eyesight. In most cases patching will only be effective up until the age of seven or eight years old but can be tried in some cases at a later age.

How is the patch worn?

The patch is placed on the face, over the better seeing eye. If your child wears glasses, these **must** be worn over the patch. The Orthoptist will give you a supply of patches that should last until your next appointment. Your Orthoptist may also give you a material patch which is attached to the glasses to use instead. Together you, your orthoptist and your child can decide which is the most suitable option.

How long is it worn each day?

This is different for everyone. This depends on the age of your child and how poor the vision is. The poorer the vision the longer the patch time each day. Your Orthoptist will suggest a suitable length of time to aim for. This may include school time. Please talk to your child's teacher about this if appropriate. In most cases the maximum time will be six hours each day. With your orthoptist you can devise a plan for patching which works for you and your child, it may be breaking the patching up into smaller chunks throughout the day or wearing it more on weekends.

How long will the treatment last for?

Children will patch until the vision has stabilised. This may take many months and in some cases treatment can continue for several years.

The more the patch is worn the quicker the vision will improve. The orthoptist usually prescribes patching for between 6 and 12 weeks at a time and after this period your child will be reviewed and if necessary the treatment plan adjusted.

The aim of the patching treatment is for the two eyes to see equally. Once the best level of vision is reached the length of patch time will be gradually reduced. The older your child gets the more stable the vision will become, if patching is stopped too early the vision may deteriorate. The treatment for this is to re-start the occlusion therapy. This is why it is important to attend follow up appointments even if your child is no longer using the eye patch.

How will the patch affect my child?

At first, your child may be unhappy. They are not used to using the amblyopic eye. As the vision improves, this will get easier. Your child may need extra supervision for example playing outside or crossing roads as they will not be able to see as well as they usually do with both eyes together. Your child may need to sit closer to the TV or to board in school. They may need more time for their school work. You should make your child's teacher aware of this if appropriate.