

What should I do if my child will not keep the patch on?

We understand that patching may not be easy especially in young children or when the vision is poor but it is very important not to give up. The patch is far more effective if worn regularly and from a young age. Distracting a child, encouraging them, enlisting the help of others or offering rewards may help.

Most importantly please do not give up.

Are there any alternatives to patching?

The most controllable way of improving the sight of a lazy eye is by patching, no surgery will help. In some circumstances eye drops may be used and the Orthoptist will advise whether they are appropriate in your child's case.

Please discuss any issues that you have with your Orthoptist to try and find the best solution for your child.

If you are struggling with patching or run out of patches please contact:

The Pilgrim Orthoptists 01205 446474
The Lincoln County Orthoptists 01522 573378

Monday to Friday 9.00am to 5.00pm

References

If you require a full list of references for this leaflet please email patient.information@ulh.nhs.uk
The Trust endeavours to ensure that the information given here is accurate and impartial.



If you require this information in another language, large print, audio (CD or tape) or braille, please email the Patient Information team at patient.information@ulh.nhs.uk



Occlusion Therapy

Orthoptic Department

Pilgrim Hospital: 01205 446474
Lincoln County Hospital: 01522 573378
Monday to Friday 9.00am to 5.00pm
www.ulh.nhs.uk

Aim

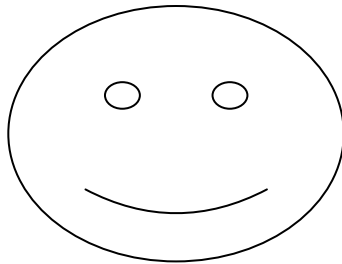
To provide information to carers of children starting occlusion (patching).

Name:

Patch to be worn hours/day

Right eye

Left eye



The patch needs to be worn over the good eye.

What is occlusion therapy?

Occlusion or patching is a way of improving the poor vision of a weak or lazy eye in children. It involves covering the good eye with a patch to make the lazy eye work harder.

Why is it needed?

Poor vision in one eye in a child (which is not due to any disease of the eye and which can not be improved by the wearing of glasses alone) is called amblyopia. Occlusion is usually the first choice for improving amblyopia and treatment can only be carried out while the visual system is still developing, approximately until the age of 7/8 years.

How do I patch my child?

If your child wears glasses: you may have a fabric or a sticky patch. The fabric patch is slotted onto the glasses and the Orthoptist will show you how to do this. This patch can be washed when needed.

If your child does not wear glasses: a sticky patch is used over the good eye. A box of patches will be given to you and the Orthoptist will show you how it is applied. A fresh patch should be used every day.

The Orthoptist will advise how long a child needs to wear the patch for each day. This will vary according to your child's age and the level of vision in the lazy eye. Unfortunately it is not possible to predict how much patching will be required from the start of treatment.

It is extremely important that a child is monitored regularly by the Orthoptists whilst having patching treatment. If you are unable to attend an appointment please contact the hospital as soon as possible.

Patching can take a long time to improve vision in a lazy eye especially if the patch is not worn well. The Orthoptist will continue with patching until either the vision in the lazy eye improves to a normal level or it is felt that the maximum level has been achieved.

When should my child wear the patch?

Patching can be carried out at any time of day. It may be easier for your child if they are distracted when wearing the patch by a favourite activity e.g. computer, watching TV, reading/colouring (if the vision is good enough).

Any supervised, safe play activity is possible with a patch on, although we do not recommend some outdoor activities e.g. riding a bike as this could lead to injury.