

# Patching of the Eye to Treat Amblyopia

## What is patching?

Patching is a technique for treating amblyopia (lazy eye). The good eye is patched to encourage the development of good vision in the lazy eye. Amblyopia can be caused by unequal refractive errors, crossed eyes, misaligned eyes (strabismus), or other abnormalities.



Patch:            Right Eye    Left Eye

With glasses

\_\_\_\_\_ hours a day for \_\_\_\_\_ weeks

## When should treatment begin?

Patching should begin as early as possible. If the child is old enough to understand, explain the reason the patch is being used. It may be helpful to demonstrate the patching on a doll.

If the child attends school or preschool, explain the patching treatment and schedule to the child's teacher. Enlist the teacher's help in encouraging the child to perform his usual tasks, while making allowances for added difficulty. The teacher can also help explain the child's situation to classmates.

## How long will the child need to wear a patch?

The time will vary for different children. As a general rule, the younger the age of the child and the shorter the time the eye has been lazy, the less time it will take for treatment. In young children, vision may change rapidly.

Occasionally, vision in the good (patched) eye may be decreased when the patch is removed, but will usually return to normal as soon as that eye is used again.

To ensure that a child is given the best possible chance to develop normal vision, patching may be continued for a few weeks or months after vision stabilizes. Once vision has improved in the lazy eye there is a small chance that it can worsen again, and close monitoring is necessary throughout childhood.

If the vision does not improve after a reasonable period of effective patching, your ophthalmologist may recommend that this treatment be discontinued.

## Will patching correct misaligned eyes?

No. Usually patching improves vision in an amblyopic (lazy) eye but does not change misalignment of the eyes. Once vision is

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good in each eye, your ophthalmologist can recommend treatment for realigning the eyes.

## What kind of patch should be used?

The patch should be comfortable, should remain firmly in place, and should not allow the child to "peek" around the edges. Commercial patches come in "regular" and "junior" sizes and are available at most drug stores. A gauze pad held firmly in place with hypoallergenic tape can also serve as an adequate homemade patch.

Black eye patches with elastic or ties are not recommended, as they are too easy to remove or peek around. The patch should be attached directly to the skin around the eye for best results. Sometimes, a cloth or plastic patch attached to the child's glasses can be effective, but peeking is occasionally a problem.

## What should be done if the skin becomes sore or irritated?

Leave the patch off at night and try a different type of patch. Change the shape of the patch by reversing its position on the eye. Switch to a gauze pad and hypoallergenic tape. Special skin preparations can also be useful.

## What if the child removes the patch?

For infants and toddlers, applying extra tape over the patch is often enough to secure it. If your child still succeeds in dislodging the

patch, you may need to cover his or her hands with mittens. Tube socks that extend over the elbow under a long-sleeved T-shirt work well. Distraction is often helpful for younger children and positive reinforcement may be effective for older ones. As a last resort, your ophthalmologist may recommend specially designed plastic elbow restraints.

Older children may feel self-conscious about wearing a patch to school. Wearing the patch only when not in school or on week-ends may achieve good results, but the improvement may take longer.

## Will exercises help?

The best exercise is wearing the patch! Fine, detailed work which holds the child's interest will also encourage use of the lazy eye and speed visual recovery.

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