Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Children undergoing treatment for Amblyopia (lazy eye) Information for Schools

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Children Undergoing Treatment for Amblyopia (Lazy Eye)

Information for Schools

Orthoptic Services

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This leaflet has been devised jointly with the Orthoptic Department and Wigan Specialist Sensory Education Team.

Introduction

The aim of this leaflet is to give your child's school/nursery information regarding your child's treatment and to allow them to have the necessary advice to limit the impact the treatment will have on your child.

Your child's school can use the advice in this leaflet to understand your child's condition and treatment.

Information for Schools/Nurseries

What is amblyopia?

Amblyopia (lazy eye) is when a child can see better with one eye than the other.

Treatment of amblyopia

This can be treated by wearing glasses, wearing a patch or using eye drops. These treatments can be used alone or in combination.

How long will the treatment last for?

This will vary for each child and depends on their age, level of vision and how quickly the vision responds to treatment.

How are glasses worn?

In most cases children are asked to wear their glasses all the time. This normally includes outdoor play and P.E.

How is the patch worn?

The patch is placed over the good eye to make the brain see with the lazy eye. The amount the child needs to wear the patch will depend on the level of vision in the lazy eye. For the majority of children it is advised to wear the patch during school time to stimulate the vision.

How will wearing a patch affect the child?

The child will have blurred vision whilst wearing the patch over the good eye. The level of vision will vary with each child. Some children will have much worse vision than others and therefore may struggle more than others. Children may struggle to read, see the whiteboard or experience difficulty with P.E. or outdoor play.

Once the patch is removed the child will be able to see with the good eye again.

Some children may feel self-conscious about wearing the patch and it has been known that other children may say hurtful things. It may affect the child's confidence and social interaction. It is important to be aware of this as it can affect compliance with the treatment.

With patching and the use of eye drops, as the vision in the lazy eye starts to improve the amount of difficulty experienced by the child should reduce.

How are the eye drops used?

An eye drop (atropine) is placed in the good eye once a day. In most cases this is done twice a week but may vary depending on the vision and response to treatment. The effect of this is to blur the vision of the good eye to make the brain see with the lazy eye.

How may the eye drops affect a child?

The aim of this treatment is to blur the vision of the good eye to make the brain look with the lazy eye. The pupil in the good eye will be dilated (large). The effect of the drops does not wear off until the treatment has been stopped, so until that time the vision in the dilated (large pupil) eye will be blurred.

The child may struggle to read, see the whiteboard or experience difficulty with P.E. or outdoor play.

Other possible side effects that you may notice are light sensitivity, restlessness and hyperactivity. Side effects are not very common although on sunny days children may complain of having difficulty seeing in bright daylight. You may find that allowing the child to wear a hat on these days may help as will ensuring the child is not sitting in direct sunlight. If you are concerned about any side effects please speak to the child's parents.

Useful strategies for schools to use

Social Impact

The child may find it difficult to find their friends in the playground, especially if they are playing fast games that are already in progress. Strategies may need to be put into place to offer opportunities for the child to find their friends.

Environment

Peripheral vision will be affected and the child may not see bags or clutter on the floor. Classroom and access corridors should be kept clear with good lighting. Depth perception may also be affected and children should be reminded to use hand rails where available when using stairs.

P.E.

The child may become more apprehensive about playing games that involve catching a ball or a lot of movement. You may also notice deterioration in the child's balance during P.E. lessons. Use verbal prompts to reassure the child and brightly coloured equipment which will be easier to see.

Reading

Depending on the sight loss the child may require work adapting to a larger print. Early reading books are usually large print and may be suitable for younger children. However, if the child is struggling to access reading books then a Vision Support Teacher can assess the child and advise on the appropriate print size required. Please ask the Orthoptist for a referral to this service. Worksheets and font on the board may also need to be enlarged. A sloping board may aid posture whilst reading as the child may need to read at a closer distance than normal.

Distance viewing

The child may find it difficult to view displays or the Interactive White Board across the classroom and consideration may need to be given as to the seating position within the

class room for board work or looking at displays. A central position, away from windows and the possibility of glare may be appropriate.

Further information

If you would like any further advice please contact

Specialist Sensory Education Team at Leigh Town Hall, 01942 404586

SSETadmin@wigan.gov.uk



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