

Amblyopia (Lazy Eye)

Patient information leaflet — for parents

What amblyopia is

Amblyopia means that one eye has not learned to see clearly, even though the eye itself is healthy. During the first years of life the brain learns to interpret the images each eye sends. If one image is blurred, crossed or blocked, the brain begins to favour the better eye and the weaker one falls behind. The eye is not damaged; the connection between eye and brain has not fully developed.

Why it is so easily missed

A child with one weaker eye sees perfectly well through the other and has no reason to say anything is wrong. This is why amblyopia is usually found at a routine check rather than noticed at home, and why an examination between three and four years of age is recommended even when nothing seems wrong.

The three common causes

- A refractive difference. One eye needs a much stronger prescription than the other, so its image is blurred.
- A squint. One eye turns in or out, and the brain suppresses its image to avoid double vision.
- An obstruction. Something blocks the visual axis early in life, such as a droopy eyelid or a childhood cataract.

Why time matters

The visual pathway responds to treatment only while it is still developing, broadly until the age of seven or eight. Treated before school age, amblyopia is usually corrected completely. Treated at ten, often it cannot be. This is the reason treatment is started promptly rather than watched.

Treatment

- Glasses first. An accurate prescription alone improves vision in a proportion of children, and is always the first step. It is measured with drops that relax focusing, because a child's own focusing power can hide a significant prescription entirely.
- Patching. The stronger eye is covered for an agreed number of hours each day so the weaker eye is forced to work. The number of hours is set individually and reviewed.
- Atropine drops. A drop that blurs near vision in the stronger eye, used instead of patching where a patch is not tolerated.
- Squint treatment where an eye turn is present — exercises, prisms or surgery as appropriate.

Making patching work at home

- Attach patching to an activity your child enjoys and does with their eyes: reading, drawing, screen time, puzzles.
- Keep to the same time each day. Consistency matters more than long sessions.
- Expect resistance in the first two weeks. It is the better eye being covered; frustration is normal and usually settles.
- Keep a simple record of hours. Progress is measured at every visit, usually every six to twelve weeks.

Please arrange an earlier appointment if

- Your child's eye turn becomes constant or noticeably worse
- Your child complains of double vision
- A white or unusual reflection appears in the pupil in photographs
- Your child no longer tolerates the patch at all, so treatment has stopped

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Notes for you from today's consultation