FAQs about Amblyopia and Patching

What is amblyopia?

Amblyopia is caused when the brain favors one eye and refuses to use the other. Simply stated, amblyopia occurs when the brain blocks vision from one eye because it can't use the two eyes together. Because the eye is "turned off," clear vision does not develop in the lazy eye. Amblyopia affects 2 to 3 percent of the population.

Children with normal vision learn to use both eyes together in the first few months of life. Their brains have thus developed the ability to take the pictures coming in from both their left and right eyes and fuse the two pictures into a single image. This is called binocularity, or normal two-eyed vision.

In children who have a lazy eye, however, the brain has not learned to use the two eyes together. From an early age, these children have only used one eye, and their brain "turned off" or blocked the incoming picture from the other. Turning off an eye is called suppression. Because the brain suppressed the lazy eye very early in life, normal sharpness of vision, called acuity, did not have a chance to develop. This means that the child has lost the ability to see clearly out of the lazy eye even with the best pair of glasses or contacts the eye doctor can prescribe. How poor the vision is in the weak eye depends in part upon how early in the child’s visual development the brain turned the eye off.

What is Patching?

Patching is a therapy to strengthen the weak or amblyopic eye. A patch is placed over the “good” eye, in order to force the brain to use the weak/amblyopic eye.

A doctor has recommended patching for my child. What could happen if we do not patch consistently?

The consequences of not patching consistently are that the improvement in the vision of the “weak” eye will be slowed, and patching will take longer to complete overall. The chances of restoring normal vision in children with amblyopia diminish as they get older. When left untreated, amblyopia may lead to a permanent reduction in sight of the affected eye, plus a loss of depth perception. This permanent reduction in sight may be significant enough that the eye is functionally blind. In fact, untreated amblyopia is a leading cause of low vision in one eye.
How long does patching usually last?

The situation of each child is different and therefore the duration of patching therapy recommended is specific to each child. Typical durations range from several weeks to up to one year.

What are some tips for getting my child to patch their “good” eye?

Getting your child to patch their “good” eye and forcing them to use their “bad” eye can be very challenging. Here are some tips for making the process more productive.

Provide information

The more your child and the people around him or her know about the patching as a treatment for amblyopia, the more successful the treatment is likely to be.

Talk to your child before treatment begins. Explain that the patch is needed to help make vision in the affected eye stronger. Explain to family and friends why your child is wearing the patch and how important it is that the patch stays on. Ask them to be supportive. Enlist the help of day care providers and teachers. Often they will be glad to explain to your child's peers and classmates why he or she is wearing the patch and how they can help your child's treatment be successful. This can help your child feel more comfortable about wearing the patch at day care or in school.

Set clear ground rules

Set clear guidelines and establish realistic expectations for wearing the patch. These will help you and your child avoid a power struggle or a battle of wills over wearing the patch. Children do better if they understand when and how long the patch must be worn.

Your child’s doctor will tell you when your child must wear the patch and for how long. Explain the schedule to your child, and stick with it. Be clear about what the consequences will be if he or she removes the patch, and tell your child about the rewards for keeping the patch on without complaints or difficulties. You may wish to set up a rule that only parents (or caregivers and teachers) can touch the patch when it is on. If your child is to wear the patch only part of the time, use a timer to mark when the patch is put on – and when it can come off. This will give your child some well-defined limits and help her resist the temptation to blame you for making sure the patch stays on for the required time. Use a day planner or a calendar to show your child when and how long to wear the patch and to keep track of his or her progress. Let your child mark each time a patching session is completed. This can provide a visual map of the treatment and how much of it he or she has accomplished.

Be supportive

Wearing a patch can be difficult and uncomfortable. By giving support and reassurance, you can help your child comply with the patching treatment.

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Amblyopia is commonly called "lazy eye." Reassure your child that despite the nickname, an eye with amblyopia is not actually lazy and that he or she has not done anything wrong. People with amblyopia often don’t realize they are using only one eye. Ignoring the image from the weak eye is the brain's unconscious response, not the child's decision. Your child has no control over this process.

Schedule the times when your child will wear the patch. It may be possible to wear the patch only at home. Then your child can avoid any hurtful comments or teasing that may happen because of the patch. Comfort your child, and remind him or her why it is important to keep the patch on.

**Try to have some fun**

Wearing an eye patch is not always enjoyable. But there are some things you can do to make the times your child is wearing the patch more fun and to help make the treatment more effective.

Spend time with your child just after the patch is put on. It takes a short time – about 10 or 15 minutes – for the brain to adjust to having the dominant eye covered. Doing something fun during this time can make the transition easier. Give your child as much one-on-one attention as possible while he or she is wearing the patch. Your child will enjoy the time you spend together, and this will help take his or her mind off the patch. Try to find games and activities that capture your child's attention and make the affected eye work harder.

**Make the weak eye work**

Patching treatment for amblyopia will be more effective if your child's weak eye has to work harder while the normal eye is patched. Games and activities that require visual acuity and hand/eye coordination work well. Hand-held video games are also excellent ways to train the amblyopic eye.

Start with simple activities. At first, your child's coordination may not be good because the brain is still learning how to use the weaker eye. Easy activities will help build your child's confidence. Coloring books, paint books, and crafts such as cutting and pasting are all fun activities that require good hand/eye coordination. Tossing beanbags or small balls (such as ping-pong balls) into buckets or other containers can be a fun and challenging activity. Keep in mind that with one eye patched, your child's depth perception will be reduced, and he or she may have some difficulty with toss games. Picture books and reading require close visual attention. Even if your child is not reading yet, looking at the pictures in children's books is a good way to make the weak eye work during patching. Spend time reading and looking at books with your child. Have your child look at the details of the pictures. If he or she is learning to read, help the child work through the text.