



Wearing an Eye Patch
(Occlusion Therapy)

Authors: Alison Bruce / Lalita Khela
Date of publication: December 2010
Review date: December 2012
MID Ref: 10102141

Why must my child wear an eye patch?

Occlusion or patching therapy is carried out in order to improve the vision in an eye with poor sight. This is sometimes known as a "lazy" eye. Patching the better eye promotes the use of the "lazy" eye, stimulating the vision cells and improving the vision.

What causes a lazy eye?

Reduced vision is known as amblyopia ("lazy" eye) and is caused by disruption to the normal development of vision. Amblyopia may be caused by one or a combination of the following:

- The need to wear glasses, especially when there is a difference between the strength of lens required for each eye.
- A squint (strabismus), where one eye is straight and the other turns in a different direction (inwards, outwards, upwards or downwards).
- An obstacle preventing normal visual development, e.g. a droopy eyelid (ptosis) or a cloudy lens inside the eye (cataract).

At what age is patching treatment most effective?

Patching treatment is most effective when your child is ideally under the age of 7 years. At approximately 7-8 years of age the visual pathway (nerve connections between the eye and the brain) has fully developed, which makes it difficult to improve the vision in older children. Patching treatment is therefore more likely to be successful if started sooner rather than later.

No Smoking Policy

Bradford Teaching Hospitals NHS Foundation Trust operates a "No Smoking" policy anywhere within its hospitals, buildings, grounds and car parks.

Contact Information

Bradford Teaching Hospitals NHS Foundation Trust
The Orthoptic Department
Ophthalmology - Eye Outpatients
Bradford Royal Infirmary
Duckworth Lane
Bradford BD9 6RJ

Monday - Friday: 9am- 4.30pm

Phone: 01274 364175

Fax: 01274 364175

By Textphone

We use the BT Text Relay service for patients who are deaf or have hearing difficulties.

To contact us ring: 18001 01274 364175.

Orthoptic Appointments: 01274 364111.

When is the best time for the patch to be worn? How long does the treatment last?

The eye is most likely to get the best stimulation when your child is carrying out detailed, close activities, where the child must concentrate. Such activities include:

- Reading
- Writing
- Drawing
- Colouring
- Jigsaws
- Playing on the computer
- Playing with toys

Tips for successful patching

- Make it fun
- Give encouragement
- Persevere
- Give lots of praise and reward good behaviour
- Distract your child's attention and keep him/her busy to prevent them from pulling the patch off. If this happens immediately replace the patch.
- Make patching a daily routine where it is worn everyday at the same time.
- Be supportive: wearing a patch is not enjoyable, especially if they have very poor vision. When the patch is first worn your child will notice the difference in his/her vision, therefore spend time with your child.

The rate of improvement varies with each child; it is therefore difficult to predict how long patching treatment will take. Improvement depends on factors such as the level of vision in the "lazy" eye, the age of your child and how well the patch is worn. The patch will need to be worn for a number of hours each day as advised by the Orthoptist.

Research has shown that the biggest improvement is achieved in the first 400 hours of wearing the patch, therefore the more the patch is worn the better the chance of obtaining an improvement.

It is very important to monitor your child's vision regularly, as the amount of time the patch needs to be worn will change as the vision improves and should be reduced as improvement occurs. If you are unable to attend, please contact the appointments clerk to rearrange your appointment.

How to wear a patch correctly

- The patch should be worn as instructed by the Orthoptist, over the good eye. If you are unsure of which eye to patch then ask the Orthoptist to write this down for you.
- A clean fresh patch should be worn everyday. If you run out of patches please contact the Orthoptic department and ask for more (please do not wait until your next appointment unless advised by the Orthoptist).
- Make sure the good eye is completely covered so that your child cannot peep around the patch.
- If your child needs to wear glasses then the patch is worn directly over the good eye with the glasses on top.

Is there an alternative to patching treatment?

There is an alternative to wearing a patch, it is an eye drop called Atropine sulphate. Atropine is put into the better seeing eye to blur the vision and to encourage the "lazy" eye to be used.

Atropine however has a long lasting effect and children will have their vision permanently blurred whilst having this treatment. If you wish to consider using atropine please discuss this with either the Orthoptist or the Consultant Ophthalmologist.

Will wearing a patch help straighten the eyes?

Patching will not eliminate a squint or replace any glasses that are needed.

- If your child has a squint, patching will not straighten the squinting eye but it will promote the use of that eye and improve the vision. If your child is undergoing squint surgery to straighten the squinting eye, you should be aware that this will not improve the vision of the "lazy" eye and patching may still be required after surgery.
- If your child needs to wear glasses then these will need to be worn full time even when patching. When patching treatment is no longer advised, glasses may still need to be worn to prevent future reduction in vision.

What are the complications and risks of patching?

- Occasionally children may be allergic to a certain type of sticky patch. If the patch causes some irritation/soreness around the eye, then consult the Orthoptist who can provide you with hypoallergenic patches for sensitive skin, or other suitable means of patching.
- In older children there may be a small risk of double vision when the patch is removed. This risk will be assessed by the orthoptist prior to the start of treatment. If double vision occurs then patching should be stopped immediately and the Orthoptist should be contacted.

At your child's next appointment the Orthoptist will advise you on whether it is safe to continue with patching.

- When your child is wearing a patch, those supervising (parents, carers, teachers etc) should be made aware that your child's vision will be reduced and he/she will not be able to see things to the side of the eye patch.

To prevent any accidents or injuries your child needs to be supervised carefully, especially if the vision in the "lazy" eye is very poor.