Successful patching may require persistence and constant encouragement from family members, neighbours, teachers, etc. Children are likely to throw temper-tantrums, but will eventually learn not to remove the patch. Another way to help is to provide a reward to the child for keeping the patch on for the prescribed time period.

Discuss with your ophthalmologist to find a solution that offers minimal interference and explain clearly to your child the reasons behind the treatment, as well as the benefits it has to their vision. A child that accepts the patch easily is more likely to have their successful rehabilitation of their sight.
An eye that has not been used adequately during early childhood can lead to a condition where vision in that eye is reduced, known as amblyopia or “lazy eye”.

Amblyopia is not an eye disease and cannot be corrected directly by glasses or contact lenses. This is because it is related to the way that the brain is developed and is trained to receive images.

Amblyopia almost always affects only one eye, although it can affect both eyes. It is estimated that three per cent of children under six years have some form of amblyopia.

What is amblyopia?

During the critical period of early childhood from birth to six years of age, anything that interferes with clear vision in either eye can result in amblyopia. Both eyes must receive clear images during this period to stimulate the brain, prompting it to develop fully.

For example, if a young child has severe astigmatism, the images the eyes see are blurred. When these images are sent to the brain, the images received are also blurred. Without the stimulation of sharp images, the brain fails to develop the adequate apparatus to correctly interpret and process the images that are received from the eyes. It is almost as though the brain doesn’t learn how to “see” clearly, and even if the visual problem of the eye is corrected later in life, the image interpreted at a neural level may still be unclear.

Causes of amblyopia are:

- Strabismus (crossed eyes)
- A difference in image quality between the two eyes (one eye focusing better than the other)
- High degrees of astigmatism, far-sightedness or near-sightedness
- Visual deprivation due to rarer causes such as cataracts or droopy eyelids

What symptoms should I be looking for in my child?

The only way to detect a lazy eye early is to have sight tests regularly throughout childhood. Children should be checked at birth, at six months, and then annually until they are seven or eight years old. In Singapore, there is an eye screening programme where all children are screened at the age of four. However if there is any suspicion of poor vision or crossed eyes it is advisable to bring your child to an optician, GP or eye surgeon earlier.

But my child doesn’t seem to have a problem with vision. Is screening necessary?

Yes. A lazy eye can go unnoticed if only one eye is affected. If one eye sees clearly and the other sees blurred images, the good eye and brain will suppress the vision of the impaired eye, compensating for one by using the other. This can result in a permanent decrease in the vision of the impaired eye.

My child has amblyopia. How high is the risk of vision loss?

With early diagnosis and treatment, the sight in the lazy eye can be restored. The earlier the treatment, the better the opportunity to correct the vision loss. Amblyopia is most successfully treated up to the age of seven but treatment in older children up to the age of 14 can be attempted and may sometimes be successful.

What treatment options are available?

Before treating amblyopia, it is necessary to first treat the eye for the underlying cause:

- Glasses are commonly prescribed to improve focus or misalignment of the eyes.
- Surgery may be performed on the eye muscles to straighten the eyes. This works by allowing the eyes to work together better.

Once the condition of the eye has been corrected, follow up treatment for amblyopia can be administered in the following ways:

- Occlusion therapy: Patching or covering one eye may be used to blur the vision of the good eye in order to induce the weaker eye to work.

Treatment children with amblyopia successfully

If not detected and treated early, amblyopia can lead to a permanent loss of vision with associated loss of stereopsis (three-dimensional perception). Treatment by patching has a high success rate, and is inexpensive and non-invasive.

However, patching may seem very invasive to a young child with amblyopia. They may have trouble understanding the long-term benefits for patching – what they experience instead is the immediate inconvenience of covering their good eye and being forced to use their “lazy” one. It is therefore important for your child to feel comfortable with their treatment.

Medication in the form of eyedrops or ointment may be used to blur the vision of the good eye in order to induce the weaker eye to work.