

## INFORMATION FOR PATIENTS

# Why does my child need glasses?

Your child has been tested for glasses and it has been decided that they need to be prescribed.

This leaflet will explain the different types of spectacle correction a child may have.

It will also answer the most common questions parents ask regarding the wearing of glasses.

### Why are glasses necessary?

In most cases glasses are prescribed for children to improve their vision.

They may also be given to prevent poor vision from developing or to treat a squint.

Glasses are not always ordered, even if the child is found to be long or short-sighted.

There are various factors that may influence the decision as to whether or not to prescribe glasses, which include:

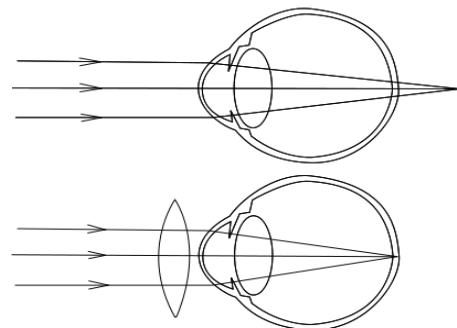
- The age of your child
- The strength of the glasses
- Whether your child has a squint
- The vision in each eye.

### What does long-sight (hypermetropia) mean?

This means the light focuses better on distant objects than near ones.

Hypermetropic eyes are usually too short, or the focusing powers of the eye are too weak, so that light focuses behind. Normally infants are a little long-sighted.

By using a convex (magnifying) lens, objects are brought into focus on the retina at the back of the eye (see below).



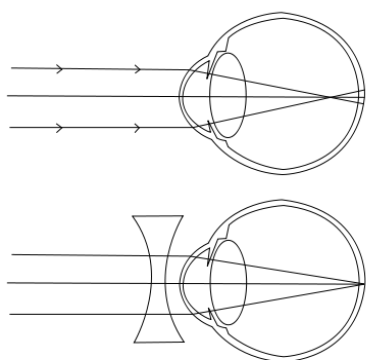
Some children are too long-sighted and/or astigmatic, in which case they need glasses for constant wear.

The first sign of hypermetropia is often a convergent squint when one eye turns towards the nose. Otherwise, it may be picked up by a vision check of the child at three to four years of age.

All children must have the vision of each eye tested separately at this age as part of a developmental check.

### **What does short-sighted (myopia) mean?**

This means the eye cannot focus on distant objects but can focus on near objects. Myopic eyes are usually too long, so the light focuses in front of the retina. By using a concave lens, objects in the distance are seen clearly as the light focuses on the retina at the back of the eye (see below).



Short sight **usually** starts after the age of a developmental check. Short sight **usually** starts after the age of ten, but it can be present from birth.

### **What does astigmatism mean?**

Astigmatism can be present at the same time as short or long sight. It means the shape of the cornea is not even (rather like a rugby ball), so light is bent more sharply by one direction of the cornea than another. Light cannot then be focused to a point.

### **Where do we get the glasses?**

If glasses are necessary a voucher, HES(P), will be issued which will state the strength of the glasses required.

This can be taken to any optometrist (previously called an optician).

The voucher entitles you to a set amount of money towards one pair of glasses.

Many optometrists can supply the glasses frame and lenses required for the value of the voucher.

If you find a pair of frames that are slightly more expensive than the voucher covers, you can add some money of your own in order to make up the cost. Prices vary. It pays to shop around before purchasing.

### **Can my child have a spare pair of glasses?**

The voucher given by the hospital will only be for one pair of glasses. If you feel your child needs a second pair, you are able to purchase these from your optician. Check if you pay into a health scheme which may contribute towards the cost of your child's glasses.

### **Should my child wear glasses all day?**

Yes, the glasses should be worn at all times unless you are specifically told otherwise. Some schools require children to take off their glasses at playtime and in PE lessons for safety reasons. If this is the case, it is important to stress to the teacher that the glasses must be worn at all other times. Your child's teacher plays an important role in helping your child comply with glasses.

### **Will my child always need glasses?**

This will depend on the strength of the glasses and also whether they are required as treatment for a squint. Whether your child will always require glasses may only become clear after they have worn them for some time. The orthoptist, optometrist and/or ophthalmologist will be able to advise you on your child's condition.

**Why do the glasses look so strong?**

If you do not wear glasses yourself, or your glasses are for a different condition, your child's glasses will look very odd to you if you look through the lenses. We prescribe the glasses that will help your child achieve the best possible vision.

**Why does my child claim to see better without the glasses?**

This is very common in the early days of wearing glasses. Your child may have been struggling with reduced vision for some time, and now the brain and the eyes have to learn to work together with the help of the glasses. It can take some time for children to adapt to them, so please encourage your child to persevere. This is a very important stage of the treatment.

**How often will my child need a glasses test?**

While your child is a registered patient at the hospital and until he/she is discharged, regular refraction tests for glasses will be performed at the hospital, usually once a year. These will indicate whether any change in the strength of the lenses is necessary.

**What do we do if the glasses are broken or need replacing?**

The HES(P) voucher provided is valid for one year. If your child's glasses need repairing or replacing within a year of issue, return to the optometrist who supplied the glasses.

He/she should provide a repair and replacement voucher GOS4(R) which entitles you to a set amount of money for the repair or replacement.

**Is my child entitled to a spare pair of glasses?**

Although nobody is automatically entitled to a second voucher, in some circumstances a second voucher can be issued, depending on your child's individual needs and strength of prescription. This would not normally be considered until the orthoptist has assessed your child with their new glasses.

If your child is not eligible for a second voucher and you feel they need a spare, you are able to purchase these from your optician. We would not recommend purchasing additional pairs until your child has been assessed with their new glasses as sometimes the prescription will need to be adjusted.

**How do I choose a suitable frame?**

Frames come in a variety of shapes and sizes, so it is important you choose one which will fit your child's needs. Ask your optometrist to recommend the most suitable frame style for your child's facial features, age, prescription and activities. Ask about the quality and expected lifetime of the frame and the frame guarantee, if there is one.

Try not to choose a very narrow/shallow frame, particularly if it is your child's first pair, as it is very easy for the child to look over the top and this may delay the treatment.

**Why is a proper fit important?**

Infants and children have relatively flat nasal bridges and glasses can easily slide down a child's nose. To prevent this, special attention is required when fitting the frames.

For young children, glasses are available which have curly sides around the ears. Flexible hinges allow some outward bending of the side arms, which is particularly useful for a child. Fixed bridges rather than nose pads often suit children with a small or flat nasal bridge. Your optometrist will be able to show you these options.

### **How can I encourage my child to wear the glasses?**

We recognise it may be difficult at times to persevere with glasses for young children.

It is important you encourage your child to wear the glasses, as treatment is more effective the earlier it begins. So make it fun, reward good behaviour and enlist support from others to encourage and distract your child to wear the glasses as much as possible.

If your child is old enough, let him/her choose their own frame. But be sure to follow your optometrist's advice about the proper size and fit because these are often more important than the appearance of the frame.

Be positive about the glasses and your child's appearance in them. Children's glasses can frequently be damaged and bent out of shape, which can make them uncomfortable to wear. If the glasses appear to be out of alignment, or poorly fitting, take your child and the glasses back to the optometrist.

### **Contact details**

If you have any queries about your child's treatment please contact the Orthoptic Department:

- **Email:** [Sfh-tr.orthoptics@nhs.net](mailto:Sfh-tr.orthoptics@nhs.net)
- **Urgent orthoptic queries:**
  - Telephone: 07768615247, Monday to Wednesday, 8am-4pm
  - Telephone: 07825866704, Thursday to Friday, 8am-4pm
- **For appointment booking/cancellation:**
  - Telephone: 01623 672383

### **Further sources of information**

NHS Choices: [www.nhs.uk/conditions](http://www.nhs.uk/conditions)

Our website: [www.sfh-tr.nhs.uk](http://www.sfh-tr.nhs.uk)

BIOS website: [www.orthoptics.org.uk](http://www.orthoptics.org.uk)

### **Patient Experience Team (PET)**

PET is available to help with any of your compliments, concerns or complaints, and will ensure a prompt and efficient service.

If you would like this information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call the Patient Experience Team on 01623 672222 or email [sfh-tr.PET@nhs.net](mailto:sfh-tr.PET@nhs.net).

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To be completed by the Communications office  
Leaflet code: PIL202302-05-WCNG  
Created: November 2015 / Revised: February 2023 /  
Review Date: February 2025