



## **INFORMATION FOR PATIENTS**

# **Occlusion (patching treatment)**

This leaflet explains what occlusion is and what to expect during treatment.

#### What is it?

- It involves your child wearing a patch over one eye for a certain amount of time, usually every day
- Your orthoptist will discuss the amount of time your child needs to wear the patch. Suitable patches will be given to you before you leave the department.

# Why does my child need it?

There are many reasons a child may have poor vision in one eye (a lazy eye).

These include a squint (where one eye turns in or out) and/or the need for glasses with one lens stronger than the other.

If it is possible, we will try to improve the poor vision with a course of occlusion.

If patching is not carried out, the vision in the lazy eye will not improve and may deteriorate.

#### **Patches**

 There are different types of patches which can be used. Most children are given patches, which are worn on the face underneath the glasses. These patches are hypoallergenic and so, in most cases, do not cause any skin problems. However, there are other types of patch to try if your child will not wear these, including sticky tape or material patches which can be put over one lens of the glasses.

 It has been found that the more close work - for example reading, drawing, jigsaws and so on - the child does while wearing the patch, the better the response to the occlusion. If your child needs to wear a patch for long periods of time each day, it is not advisable that they do these activities for the whole time.

#### Does it work?

- Patching improves the vision in the lazy eye in the majority of cases.
- Not all children with a lazy eye can be treated with occlusion; this may be because they are too old for the patch to work. There is a critical period for visual development after which vision will not improve. Usually occlusion treatment is completed by the age of seven to eight years
- Occasionally, children who have worn their patch well do not show an improvement in their vision.

For the vast majority of children referred to the hospital with a "lazy eye", there will be some improvement in the vision and it is always worth trying some occlusion.

## **Important**

It is important to carry out the amount of patching instructed by the orthoptist, and no more.

It is also very important to keep all followup appointments when possible, so the orthoptist can monitor the vision regularly and adjust the amount of patching accordingly.

If you are unable to keep an appointment, please ring the receptionist on 01623 622525, extension 3795, to rearrange.

## Some extra points to remember:

- Do supervise your child while the patch is being worn
- If the patch is worn at school, explain to the teacher that your child's vision will not be as good as normal when wearing it
- Do ensure your child cannot peep around or over the patch.
- Do not let others tease your child about the patch
- Do not leave your child unattended while wearing the patch if the vision in the lazy eye is low
- Do not stop using the patch, unless your child has an eye infection or another illness
- Patching does not correct the squint but is used to improve vision; it does not replace the need for glasses.

#### **Contact details**

If you have any queries please ring the Orthoptic Department:

## King's Mill Hospital

01623 622515, extension 3365 or 6655

Monday to Friday, 9am-4pm.

# **Newark Hospital**

01636 681681.

#### **Useful contacts**

www.orthoptics.org.uk

#### **Further sources of information**

NHS Choices: <a href="https://www.nhs.uk/conditions">www.nhs.uk/conditions</a>

Our website: www.sfh-tr.nhs.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.

King's Mill Hospital: 01623 672222 Newark Hospital: 01636 685692

Email: sfh-tr.PET@nhs.net

If you need this information in a different language or format, please contact the PET (as above).

This document is intended for information purposes only and should not replace advice that your relevant health professional would give you.

External websites may be referred to in specific cases. Any external websites are provided for your information and convenience. We cannot accept responsibility for the information found on them.

If you require a full list of references for this leaflet, please email <a href="mailto:sfh-tr.patientinformation@nhs.net">sfh-tr.patientinformation@nhs.net</a> or telephone 01623 622515, extension 6927.

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