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.

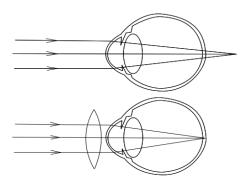
What does long-sight (hypermetropia) mean?

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 the retina.

Most infants are a little long sighted to start with and may grow out of this over time. If there is enough long sight to affect the visual development glasses will be prescribed for full time wear.

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



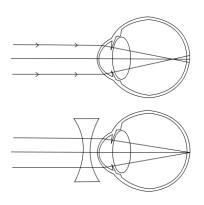
The first sign of hypermetropia is often a convergent squint when one eye turns towards the nose. Otherwise, it may be picked up by a finding of reduced vision on an eye test

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.

Children usually become short sighted after the age of ten, but it can be present from birth.

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).



What does astigmatism mean?

Astigmatism can be present at the same time as short or long sight. This is the term given when there is an irregular curvature of the eye. Rather than being shaped like a football it is shaped more like a rugby ball. This causes blurred or distorted vision in all directions.

Where do we get the glasses?

A voucher also known as HESP will be issued which will state the strength of the glasses required. This can be taken to any optician where the dispensing optician will help you choose a frame which best suits your child.

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. Money can be put towards this by yourself if the frame you have chosen is more expensive. We do not recommend putting too much of your own money towards the glasses as we may need to alter the prescription depending how your child responds to the glasses.

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. 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.

A small number of children qualify for a second set of glasses on a HESP voucher. This is usually if they have a very high prescription that they cannot cope without and if they have a condition where they are more likely to break the glasses. Vision with the glasses needs to be assessed before a second voucher can be given.

Should my child wear glasses all day?

Yes, the glasses should be worn at all times unless you are specifically told otherwise. It is important to let your child's teacher know that the glasses must be worn at all times. It is not usually necessary to remove the glasses for playtime or PE.

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. Longsight can reduce over time as your child has growth spurts. Short sight and astigmatism tend to progress over time. The orthoptist and hospital optometrist will advise you on whether it is likely that glasses will be needed long term.

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

This is very common in the early days of wearing glasses especially for children who are long sighted. Before having glasses your child will have had to put in a lot of effort to focus. Now the glasses are doing part of or all of the job for them and this can take a little while for them to get used to. Research has shown it can take up to 18 weeks for this to happen so please persevere with this it is a very important stage of the treatment.

How often will my child need a glasses test?

While your child is a patient at the hospital and until they are 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 optician who supplied the glasses. They should provide as many repairs or replacements are necessary for the year.

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 dispensing optician for advice, they are responsible for making any necessary adjustments to them to make sure they fit well.

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 and reward good behaviour. Distracting your child as much as possible may help. Glasses wear can be built up gradually, for very young children this might mean they tolerate just a few minutes per day and gradually build up to wearing most of the time. If your child is old enough, involve them in choosing their 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: <u>Sfh-tr.orthoptics@nhs.net</u>
- 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: <u>www.nhs.uk/conditions</u> Our website: <u>www.sfh-tr.nhs.uk</u> BIOS website: <u>www.orthoptics.org.uk</u>

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 <u>sfh-tr.PET@nhs.net</u>.

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