

Patching

Dr. Lockhart or Dr. Hyde may need to prescribe patching for your child. This is recommended for the treatment of amblyopia. Amblyopia is a form of vision loss, usually occurring in one eye only. The amblyopic eye starts out in some way compromised. It might be working with a blurry image because it needs a strong glasses prescription, or it may be out of alignment with the other eye and cause your child to see double. Rather than accept the blurry or double image, the brain tends to suppress or ignore the worse image and concentrate on the better image from the other eye. This suppression can worsen to the point that the bad eye can have permanent visual loss. If amblyopia is detected at an early age, and the earlier the better, it can be treated.

First, the compromised eye needs a clear, focused image coming in. Often this can be done with glasses. Then the eye may “turn back on” spontaneously. If vision doesn’t improve with glasses alone, then patching may be necessary. The good eye is patched. This forces the bad eye to pay attention, and vision can improve. Depending on the condition, your child may need glasses or patching, or both. Ultimately, if there is strabismus (misalignment of the eyes), then eye muscle surgery may be necessary.

The amount of patching needed can vary from child to child. In general though,

- Younger children respond to treatment faster than older children.
- Amblyopia that has been present for a long time is harder to treat than amblyopia that recently developed.
- Treatment can be effective up to 9 years of age in most conditions, longer than that with a few conditions.
- The amount of patching needed varies from one hour per day to all day long.

The question that often arises is “How in the world am I going to keep a patch on my five-year-old, or two-year-old, or ten-month-old?” For some parents it’s easy. They have that laid back kind of kid that doesn’t care if you patch them all day. But, much more often there is resistance, and some kids protest by immediately dozing off after the patch goes on.

Here are some hints:

- Make sure the patch is as comfortable as possible.
There are two main types of patch:
 1. Adhesive patches stick to the skin.
Advantages
 - hard to peel around
 - come in 2 sizes
 - various brands have different types of adhesive (some stickier than others to suit individual needs)
 - available in most pharmacies and various websites on the internet.Disadvantages
 - can irritate the skin
 - can hurt coming off
 - may be the more expensive option
 2. Felt patches are made to slip on over glasses.

Advantages

- rarely irritate the skin
- washable, reusable, overall cheaper than adhesive patches
- available in many optical shops and various websites on the internet

Disadvantages

- sometimes easier to peek around
- can only use these if the child is wearing glasses

- Design your initial approach to patching according to your child's temperament. Some children will wear the patch the full time on the first day. Others need to have the length of patching built up gradually. Just don't take forever to build up to the recommended time.
- In the first days of patching set aside time to introduce patching to your child. Find something fun, distracting or stimulating to do. You know better than anyone else what will keep your child's mind off the patch. Sometimes it is best to do close-up work such as:
 - coloring
 - play-dough
 - fine motor skills such as putting beads on a string
 - reading a book
 - board & card games
- Use positive reinforcement or rewards.
- If resistance to patching persists, consider the tag team approach, with help from your spouse or other responsible adults or older children.
- If you get behind on the number of hours patched because of a busy weekday schedule, use the weekend to catch up.
- Patching hours need not be totally consecutive, but a regular schedule improves your child's compliance.
- Remember that patching is most difficult at first. At the time, vision in the amblyopic eye is the worst that it will ever be. As vision improves, patching often becomes much easier to do.
- Don't stop patching cold turkey unless recommended by the doctor. Sometimes tapering off of the patch is necessary to assure that the eye doesn't lose vision again.
- Whenever patching becomes difficult, remember that months and years from now, it will feel good to know that you've had an active and critical role in the improvement of your child's vision.

This information and more can be found on our website @ childrenseyecenteraustin.com