



York Teaching Hospital
NHS Foundation Trust

Your Child's eyes

Information for parents and carers

Department of Ophthalmology

① For more information, please contact:

Orthoptic Service Manager

Tel: 01904 726749

The York Hospital, Wigginton Road, York, YO31 8HE

Caring with pride

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Introduction

Children are not born with good eyesight it is something that develops. Most of this development happens during in the first three years of life, but it can continue up to about eight years of age. The level of vision that a child has at around age eight will be the vision that they have as they become an adult. Many things can affect how a child's vision develops. The most common of these are a need for glasses and or the presence of a squint. This leaflet is designed to give you a little more information about these conditions.

Why does my child need glasses?

A need for glasses can prevent a child's vision from developing normally in one or both eyes, so that the vision is out of focus in one or both eyes. Glasses are given to correct this focussing problem. This also encourages the vision to develop properly.

What are the different types of glasses for refractive error?

There are three types of refractive error:

- Hypermetropia
- Astigmatism
- Myopia

Hypermetropia

Hypermetropia or long sight is very common in children. When an eye is long sighted more effort is required to focus for both close and distant objects. Long sight in childhood tends to affect the vision for all distances.

Astigmatism

Astigmatism is simply to do with the shape of the front surface of the eye, called the cornea. This is where there is more curve in one direction than in the other. People often liken the shape of the eye to that of a rugby ball. Many children will have hypermetropia together with some astigmatism.

Myopia

Myopia or short sight is where the vision is clear when looking at things close to. The vision becomes out of focus when looking at something in the distance.

What are the benefits of wearing glasses?

- Glasses are an important aspect in the treatment of certain visual problems.
- Glasses encourage vision to develop, which has lifelong implications.
- Children will often see better with their glasses which can have significant bearing on a child's life and education.
- Glasses can correct certain types of squints.

What are the risks of wearing glasses?

- The main risks are related to children not wearing their glasses and are the opposite of the benefits.
- If glasses are badly fitting they may be uncomfortable or cause irritation.

What is a squint?

Squint is a term used to describe a condition where the eyes are out of alignment, for example one eye is straight and the other is pointing in a different direction.

Sometimes people use the term squinting to mean screwing up the eyes, as in bright sunlight. This meaning does not apply here.

Strabismus

Strabismus is the medical name for a squint.

A strabismus may be:

- Intermittent, there some of the time or
- Constant, there all of the time and it may affect one or both eyes.

The presence of a squint is not normal and requires assessment.

Why do children squint?

- In many cases it is associated with a child being long sighted.
- In some cases a squint develops because the vision is poor in one eye.
- In some cases we do not know why some children develop squints.

Why can long sightedness cause a squint?

For a long sighted eye to see clearly, more effort has to be put into focussing. This focussing is called accommodation.

Accommodation normally happens when we look at near objects, for example when we read. This is associated with the movement of both eyes inwards, which is called a convergence.

In some children the focussing effort required is so great that the eyes are put under strain and one eye over converges causing the squint.

What is a lazy eye?

We use the term lazy eye to mean an eye that does not see well. The medical term for this is amblyopia.

What causes a lazy eye?

A lazy eye happens when a child's brain prefers to use just one eye, the good eye. For vision to develop properly both eyes must be used to same extent.

What causes the brain to favour one eye?

The commonest causes are:

- **A squint.** If a child has a squint the brain will ignore the squinting eye. This eye becomes lazy due to the lack of use.
- **A need for glasses.** If one eye requires a stronger lens than the other, the brain will choose to use the less affected eye, as it will see well. The other eye will then become lazy through lack of continued use.

What can be done about it?

If required glasses will be prescribed and should be worn at all times. However, this is not always enough to help a lazy eye to see well.

Treatment of a lazy eye involves patching the good eye. This is called Occlusion Therapy.

How does this work?

By covering the good eye for a time each day you are forcing the brain to use the lazy eye; this encourages the vision to develop.

If your child requires patching, your orthoptist will explain the treatment to you in more detail and provide you with the relevant information booklet.

What are the benefits of patching?

The aim is to give your child the best possible sight in both eyes. It is better to have two good eyes, just in case something should happen to their good eye later in life.

Improving the vision can improve how a child uses their eyes as a pair.

What are the risks of patching?

- Wearing a patch can visually hinder a child particularly if the vision is very poor in the lazy eye. This can increase the chance of children being clumsy and bumping into things. This effect reduces as the vision improves. The Orthoptist will advise you what precautions to take and when and where is the best time for your child to wear a patch.
- Double vision is an extremely rare risk usually associated with older children who have squints. The Orthoptist will assess your child in great detail to determine if there are any risks of your child developing double vision.
- If an allergic reaction to the patches happens we will supply you with a different brand of patches.

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:
Patricia McCready, Orthoptic Service Manager, The York Hospital, Wigginton Road, York, YO31 8HE or telephone 01904 726749.

Teaching, Training and Research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email pals@york.nhs.uk.

An answer phone is available out of hours.

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01904 725566

email: access@york.nhs.uk



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