

Patching Counselling

for Amblyopia (“Lazy Eye”)

This Q&A aims to address some common questions about amblyopia and patching.

Question: What is amblyopia (“lazy eye”)?

Answer: Amblyopia (“lazy eye”) is reduced vision in one or both eyes caused by abnormal visual development early in life. It is NOT the same as a misalignment of the eye (“squint” or strabismus), though a squint may cause a lazy eye. Amblyopia can also be caused by eye degree that is not corrected by glasses, significant difference in degree between the two eyes, or anything that blocks the vision of one eye (e.g. eye opacities, droopy eyelid).

Question: What is the purpose of patching?

Answer: Patching aims to stimulate and improve your child’s vision and visual pathway development in the weaker eye. Without timely treatment, your child’s brain will learn to ignore the image that comes from the weaker eye, leading to permanent vision loss.

Question: Is there an ideal age to start patching treatment?

Answer: The younger the age when patching treatment is started, the better. There is a critical period (usually before the age of 6 to 8 years of age) where deprivation of vision is most effective in causing amblyopia, and the same period where vision recovery from amblyopia can be obtained, due to plasticity of the brain. Therefore, it is important to start patching early the moment when any amblyopia is detected. This is not to say however, that patching will not work for older children – if patching has never been attempted before, patching may still help to a certain extent.

Question: Which eye should my child patch?

Answer: You need to patch your child’s *better/stronger* eye (with the *better* vision), NOT the weaker one. The eye to be patched as advised by the doctor is often based on your child’s point of view – “to patch RIGHT eye” means to patch your child’s right eye as viewed from his/her perspective, not that of your own.

Question: When is the best time in the day to patch?

Answer: Patching is most preferably done when your child is most visually alert. Do avoid patching when he/she is sleepy/tired. It is also good for you as parents or main caregiver to be patching your child, as they would be most familiar with the eye to patch, and could elicit better adherence to patching. Should your child need to wear patch in school, it would be preferred that parents or main caregiver are the ones putting the patch on before sending him/her to school and getting the teacher to remove the patch at the time indicated. Patching is encouraged to be done continuously for the entire indicated duration. If patching is missed for a day, do NOT “double patch” the next day. Please avoid patching more than the duration prescribed as the good eye may become weaker instead.

Question: How long will patching therapy take?

Answer: Patching therapy may take months or even years, and is more effective when started at a younger age. Patching will taper/stop once vision is good and equal in both eyes over a few visits.

Question: What are the different types of patches available?

Answer: There are different patches of different sizes available in the market, the one commonly recommended is an adhesive eye bandage (see photo below) available in our hospital’s pharmacy.



If for some reason, your child is allergic to the sticky patch, you could try a fabric patch which covers the specific lens of the glasses your child is wearing. For best coverage and to prevent your child from peeping, patching is always recommended to be done with a sticky patch.



Question: How do I apply the patch?

Answer: Choose the patch based on the size of your child's eye (for reference, junior size is for babies, regular size is for older children). The narrower part of the patch (see photo below) should be pointed towards the nose of your child, and the broader part should be facing away. Glasses if needed, should be worn over the patch.



Question: What activities should my child do when patching?

Answer: Activities that require visual attention should be performed during patching. Duration of patching should ideally include at least 1 hour of near work (especially if patching is prescribed for longer than 1 hour daily), together with a mix of distant activities such as watching television. Your child should avoid running around when patching as patching reduces depth perception and he/she may trip more easily.