**Information for parents/carers and schools**

**Visual Impairment Support**

Guidance relating to children wearing an eye patch

This information explains the extra support that is often required for a child who is wearing an eye patch. It was produced by the visual impairment service, in association with the Orthoptics Department, Russell’s Hall Hospital.

# Why does the child’s eye need to be patched?

Patching may be used when a child has one eye that has not developed properly, most commonly this is due to a squint (turn in the eye), or anisometropia (a difference in the glasses prescription between the two eyes). The term used to describe when one eye has not developed properly is ‘amblyopia’. In these cases, a patch is put over the good eye to encourage the visual development of the weaker eye.

# How does this affect the way a child sees?

When the patch is worn, the child is forced to use their weaker eye, and this may result in visual problems during the time that the patch is on. Vision may be severely reduced. Patching will only work when the child is young enough to be developing vision, usually before seven or eight years of age, so it is important that this treatment is carried out as early as possible.

# What can be done to help?

It is very important that the weaker eye is stimulated in order to improve the vision. It is recommended that whilst the patch is worn, the child should do lots of close work e.g. drawing, reading, schoolwork, etc.

The child should not usually need larger print than normal, as this will stop the vision from improving as quickly. Initially however, they may struggle to see their work, and this can cause frustration or distress.

# How can parents, family, friends and teachers help?

1. Ensure the child wears their patch for the prescribed length of time.
2. If vision is severely reduced, the child may be unsure or distressed
3. Help the child find their way around by giving extra support
4. Encourage and reassure the child when the patch is on, as they may find tasks difficult when using the weaker eye
5. Let the child sit at the front of the group at school and let them move nearer to the board if they are having temporary difficulty
6. Allow extra time, for them to complete tasks and schoolwork
7. Teachers should be tolerant of untidy presentation of work/writing or a dip in general performance particularly at the start of patch treatment
8. Be aware that the child’s field of vision may be reduced on the side of the patch and that they may bump into objects when wearing their patch
9. At the beginning of treatment, they may need extra supervision around steps and stairs and in the playground
10. As the vision improves the child will find things easier. If there appears to be no improvement after a few weeks or if you have any concerns, contact your Orthoptic Department.