

AMBLYOPIA

INTRODUCTION

Amblyopia (or lazy eye as it is sometimes called) is where the eyesight in one eye is worse than in the other and correcting the eyesight (with spectacles or contact lenses) does not improve the vision to that of the good eye in the absence of any eye disease process causing the reduced eyesight.

Amblyopia is generally due to one of the following reasons:

1. Due to a large refractive error in one or both eyes eg longsighted, short sighted, astigmatism.
2. Due to a lack of light reaching the back of the eye because of congenital cataracts or cloudy media.
3. Due to an eye turn where the turned eye is constantly turned off (suppressed) by the brain.

SYMPTOMS

Generally the patient experiences no symptoms apart from the possible awareness of poor eyesight in that eye when they cover up the good eye.

THERAPEUTIC CONSIDERATIONS

A: Management

Age should not be a deterrent at an attempt to improve visual acuity. Research has demonstrated that there is no critical period as such, but rather it becomes more and more difficult to improve visual acuity as the child gets older. In the case of amblyopia due to an eye turn, the amblyopia has to be treated before the eye turn can be treated.

B: Treatment

1. Correct any refractive error, which has caused the amblyopia. In a small percentage of cases, this is all that is needed.
2. Optometric visual therapy. This usually requires the use of patches. It is important however that you realise that patching the so-called good eye to make the "lazy eye" work needs to go beyond just improving eyesight. Therapy needs also to incorporate the following:
 - Focusing therapy to improve the ability to sustain and change focus quickly in the poor eye.
 - Eye movement therapy.
 - Improving spatial awareness and localisation in the poor eye. In other words, letting the brain know where things are in space using that eye.
 - Integration of the visual skills with information from the other sensory systems.

- Integration of both eyes to work together in information processing (Eg in depth perception decisions, figure-ground discrimination, etc).

DURATION OF TREATMENT

It generally takes between 3-6 months to achieve the above goals in most cases of amblyopia. Visual therapy will need to be monitored, and the patient reassessed in-office, every 2 weeks. In severe cases of amblyopia, normal eyesight may not be fully achieved or will take a longer length of time, with some cases taking up to 18 months.

In Office Optometric Visual Therapy – *Fees are payable at the commencement of therapy.*

- ❑ \$ 40.00 per session
(A \$20.00 deposit is required to have the program made up)
This fee covers your visual therapy program and the hire of visual therapy appliances, or visual therapy training equipment that may be required during training (lenses, prism flippers, red/green filters, prism spectacles or loose prisms). This equipment is provided on a hire basis, if it is not returned or returned damaged you will be charged the replacement cost. The cost of this equipment is spread out over the whole of the program.

This Fee is not claimable through Medicare or your Health Fund.

FOLLOW UP:

At the conclusion of any active treatment program, periodic follow up and evaluations should be provided at 12 month intervals. Spectacle lenses or contact lenses may still be required for maintenance of long term improvements and to prevent the re-establishment of the amblyopia. As amblyopia can run in families, have all your children's vision checked as soon as possible.