Patching

Your child needs patching to treat his or her condition. The information below will help you achieve success and answer common questions such as:

- How does patching work?
- What can you expect when you start?
- What if your child won't wear the patch?
- Are there tips to help you get started?

Background

Most children need to patch one eye to treat the amblyopia of the other "lazy eye." The patch forces the child to use the weaker eye and encourages the brain to notice it. If glasses also are prescribed due to being nearsighted or farsighted, remember the glasses treat the eye problem while the patch treats the brain's preference caused by the eye problem. Other reasons for patching are eye misalignment, cataracts and other conditions.

Basics

You may need to patch full-time or part-time, every day, or some other frequency. Basic principles apply no matter how much patching is prescribed:

- No peeking. Patching is a dangerous waste of time if the child can peek. Sticky-backed patches guard against this problem, mainly if applied firmly over the nasal bone. Suspect peeking if a child uses a strange head position while patched.
- How long should it be worn?
  The time prescribed refers to waking hours. It simplifies matters and schedules if the time is consecutive, so simply extend the time patched if the child naps with the patch on. Always remove the patch at night to allow the skin to breathe.
- Which eye? This is the most important factor. Most often the "good" eye is patched, but always call with questions.
- Next appointment. This is greatly important. Monitoring the success of the treatment is key and time sensitive. Patching for unsupervised periods of time can harm the "good" eye. Keep your follow-up appointments. If you are unable to keep your next appointment, call about next steps and follow-up care.

Starting Out

No child enjoys patching and no parent enjoys enforcing it, but the treatment is important, has clear measurable rewards and will not go on forever. The patch may become a nuisance to the child, but the success of regaining and keeping sight in the weaker eye falls straight into the parent's (or other caregiver's) hands.

Based on the child's age and nature, you may try different method such as reasoning, rewards, physical restraints, games or fantasy and discipline. Most often, if all people involved feel it is a non-negotiable, matter-of-fact arrangement, patching is successful.

Some older children respond well to actively taking part in the patching process. Parents have found success when they have their children decorate the patch each day with stickers or markers and allow them to put on the patches themselves. Make sure that the child hasn't made a peek hole. Along the same vein, many children prefer to take off their own patch. It works best to have a signal system where it is only okay to remove the patch with the parent's direction.

Based on the eyesight in the weaker eye, your child may be truly “handicapped” by the patch in the beginning. This can result in withdrawn behavior, extreme caution and parental pity and guilt. Rest assured that this will improve very quickly (within days), and children will soon be interacting normally with their environment. A lot of supervision may be needed in this early phase. Routine amblyopia improves quickly in the early patching phase, so hang in there.

More Points

Ortopad is the most common brand of patches and comes in regular, medium and junior sizes. They are made of a mono-stretch, non-woven material that lets the skin breathe. The adhesive is hypo-allergenic and latex-free, so skin irritation and allergic reactions are rare. The Ortopad is free from rubber, resins or gluten. The patch has a special black inlay that shields the eye from light.

Ortopad tends to be stickier, so you may want to try different brands if there are problems either keeping them on or pulling them off. These patches come plain or in a variety of designs. Patches can be purchased online through the manufacturer.

CentraCare Optical sells Ortopad and can be purchased on-site during business hours.
Skin breakdown or allergy can be a problem. Changing brands sometimes helps if there are allergies to the adhesive. Skin breakdown can sometimes be lessened by alternating the size of the patch (regular, junior) to give the area a day’s rest. Putting on a thin layer of milk of magnesia to the skin that will touch the adhesive also can act as a barrier and reduce skin irritation. Allow to dry, creating a chalky substance before putting on the patch. Moisturizing lotions (Moisturel, Eucerin, Vaseline) also help when the child does not patch.

Pull the skin away from the patch when removing the patch to reduce irritation, especially if it has been on all day.

Physical restraints are sometimes needed with infants. Mittens, socks and arm boards can help in keeping the patch on. These measures may make the first day of patching hard, but children soon opt for use of their hands over the patch, soon leaving the patch alone. Please call if you need help with use of these tools.