

Issue 7 Lazy Eye News June 30, 2010

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Lazy Eye News is the bi-annual newsletter of the Ohio Amblyope Registry. It is designed to highlight the services and resources available through the OAR and bring you the latest news in Amblyopia research and treatment. All past issues of Lazy Eye News are available on our website.

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Five Common Patching Excuses (And How to Help Overcome Them)

Moriah Chandler, O.D. Optometrist

o i n g through patching therapy can be tough. A lot of times, kids don't want to wear their patch. Here are some of the most common reasons

we hear in our office when a child hasn't been wearing their eye patch.

1. "He can't see when he wears his patch."

Patching therapy for Amblyopia is about forcing the weaker eye to get stronger. Especially at first, your child may complain that he doesn't see as well when he is patching. The more consistent you are about following the patching regimen prescribed by your eye doctor, the faster the vision in the lazy eye will improve.

2. "I couldn't remember which eye to patch."

When your child is diagnosed with Amblyopia, and is beginning patching therapy, there is a flood of information being thrown at you. Sometimes, it's a little overwhelming and you forget which eye needs to be patched. It also seems a little counter-intuitive to cover the good eye. I once had a family who was patching the Amblyopic eye and was convinced (for months) that I had told them to do that, even after I had written down which eye needed to be patched. Ask your eye doctor to write down which eye needs to be covered and for how long each day. A great new resource for this is the Ohio Amblyope Registry's "Acuity Knol" cards. If I don't have one of these cards handy, I will write down which eye to patch on the appointment card for your next visit. And don't be afraid to call your eye doctor's office and ask if you forget or have any questions!

3. "The other kids laugh at him."

Kids can be cruel. If your child's classmates are teasing him about wearing an eye patch, try doing the patching at home after school. Another option is to talk to your eye doctor and see if your child's lazy eye can be treated with Atropine. Atropine is an eye drop that relaxes the focusing mechanism of the eye. When looking up close, the good eye is blurred so the lazy eye has to work to focus. The eye being treated will have a larger pupil, but it is much less noticeable than wearing an eye patch.

4. "His skin breaks out when he wears it."

This seems to happen a lot with some of the adhesive patches. Even when they are supposed to be hypo-allergenic, I've had some kids break out with those, and not break out with the brands

not listed as hypo-allergenic. If your child has sensitive skin and starts breaking out from the adhesive, try rotating the patch a little bit every day so the same area of skin isn't constantly being irritated. Another thing you can try is lightly putting the patch on your forearm to remove some of the extra adhesive, then place the patch over your child's eye. Dr. Dave Rogers recommends this method: Using a cotton ball, apply a thin layer of Milk of Magnesia around the eye to be patched. Let dry and then put the patch on over the layer. The Milk of Magnesia makes a barrier between the adhesive and the skin which will prevent the skin from getting irritated. If you've tried all of these, and your child's skin is still breaking out, discuss it with your eye doctor, they may be able to switch from the adhesive patches to a soft patch or to using Atropine.

5. "He just refuses to wear the patch."

If I had a dime for each time I heard this one, I would have a lot of dimes! Seriously, I know patching is not fun, it takes a lot of time and effort and it can be difficult getting a child to do something they don't want to do. Especially when they're little and they don't really understand why they have to wear a patch over their eye which makes it difficult to see. Usually by the time they're old enough to understand and want to improve their amblyopia, it's too late for effective treatment. Here are some strategies for getting them to wear their patch:

- Take their favorite activity and make it patch time. If they love playing video games, they don't get to play unless they're wearing their patch.
- Let them decorate the patch before wearing it. You can put little stickers or color the adhesive patches with crayons or markers (Just don't decorate the patch while wearing it—ouch!) Make a collage with the decorated patches when they're finished wearing them (and send pictures, we'd love to see them!)
- Ok, this one is a little bit of bribery, but make a deal with your child. Is there something really special they want? Decide on how many days of patching it's worth. Keep track of how many days they've successfully worn their patch by either using one of the Patch Posters in your Amblyope Registry Kit or on a calendar. After so many days (or weeks) of not skipping patch time, reward them. Start with small rewards and work up to larger ones.
- Make it a family activity. If everyone gets to wear a patch, perhaps they won't feel so alone.
- Talk to your eye doctor about switching the patch. Sometimes a child will refuse wearing an adhesive patch but will tolerate wearing a soft patch. Or see if your child would be a candidate for using Atropine eye drops.



Top Ten: Referring Ophthalmologists

1. Robert Bloom, M.D.

Dayton, OH

2. Robert Burnstine, M.D.

Akron, OH

3. Michael Bloom, M.D.

Dayton, OH

4. David Rogers, M.D.

Columbus, OH

5. Richard Golden, M.D.

Columbus, OH

6. Cybil Cassady, M.D.

Columbus, OH

7. Richard Liston, M.D.

Dayton, OH

8. Paul Rychwalski, M.D.

Cleveland, OH

9. Faruk Orge, M.D.

Westlake, OH

10. Michelle Ariss, M.D.

Toledo, OH

10. Dean Bonsall, M.D.

Cincinnati, OH

10. Elias Traboulsi, M.D.

Cleveland, OH

Top Ten: Referring Optometrists

1. Marie Bodack, O.D.

Cincinnati, OH

2. Sarah Lopper, O.D.

Cincinnati, OH

3. L. Jon Mesarch, O.D.

Logan, OH

3. Cara Frasco, O.D.

Middletown, OH

4. Amy Keller, O.D.

Canal Winchester, OH

5. Moriah Chandler, O.D.

Columbus, OH

6. Jenneth Collins, O.D.

Bellevue & Sandusky, OH

6. R. Todd Ragan, O.D.

Gallipolis, OH Westlake, OH

7. Sara Schoeck, O.D.

Cleveland, OH

8. Robert Sunkle, O.D.

Cincinnati, OH

9. Danielle Saltarelli, O.D.

Beavercreek, OH

10. Theresa Rohrs, O.D.

10. Ross Collins, O.D.

Deshler & Lima, OH

Need *More* Eye Patches?

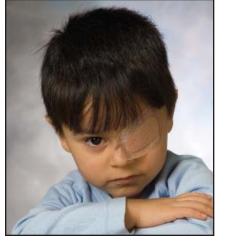


Lower income families may qualify for additional free patches from the OAR, up to a maximum of 15 boxes.

Application forms for this additioanl free patches program are available at

www.OhioAmblyopeRegistry.com

under the "Financial Assistance" heading or by calling toll-free 1-877-808-2422.



The Dog Ate My Patch!

Larry Leguire, Ph.D., M.B.A.

Program Director, Ohio Amblyope Registry

Parents will hear some interesting reasons why their child isn't wearing his/her eye patch for the treatment of lazy eye and for good reason – patching is not fun. Equally interesting are the reasons parents give eye doctors for not patching their child and Dr. Chandler details some of these reasons in the previous article. The one who has the easy job is the eye doctor who prescribes patching for the child and leaves it up to the parents to do the hard job...although the kids will without hesitation state that they are the ones with the hard job of wearing the patch for too long each day.

We're all in the same boat, so to speak, and we all want what is best for the child – normal vision in each eye. There is an old saying that it takes a village to raise a child. Perhaps it is appropriate to state that it takes a community to treat a child with lazy eye. Those involved in the treatment of a child's lazy eye obviously include the parents, child and eye doctor. But the community also includes siblings, grand parents and relatives, teachers, fellow students and friends and, of course, us here at the Ohio Amblyope Registry. This is where communication is essential for success – everyone should be on the same page regarding the need to have the child successfully wear the eye patch and cure the lazy eye. Parents should emphasize to the siblings and relatives that eye patching is serious business and that everyone needs to help in the patching process. No making fun of "Johnny" wearing the patch. Grandparents and other relatives should be informed why Johnny is wearing the patch and that it is a real medical treatment and not to be taken lightly. Parents need to discuss the treatment with the child's teachers or day care providers to ensure that everyone is on board and knows which eye needs to be patched and for how long. A teacher can discuss the patching therapy with the other students in the class so the other students understand why Johnny is wearing the patch and will be less likely to make fun

Several years ago, we were following a child during the course of patching therapy and the child's vision in the lazy eye was not improving. The parents swore that the child was wearing the patch all day at school and the teacher swore that the child was wearing the patch all day in school; yet, vision was not improving. As it turned out, the parents were placing the patch on the child's good eye before he left for school in the morning as prescribed. When the child got on the school bus each day, however, he would take the patch off the good eye and place it over the lazy eye so he could see clearly in school. The child faithfully wore the patch all day long in school, as the teacher indicated. When the child returned home on the school bus he would switch the patch back to his good eye and his parents were none the wiser. Good communication between the teacher and parents would have uncovered the child's stealth operations much sooner.

In the end, the reason or reasons for not wearing the eye patch, be it from the child or parents, faded over time. What will not fade over time is the lazy eye. If you don't do the patching now, one day you, the parent, will have to explain to your grown child why he or she still has a lazy eye... and "the dog ate your patch" might not fly.