



Patching Tips for Parents

WHEN IS PATCHING IS RECOMMENDED?

Patching is recommended when children are diagnosed with [amblyopia](#) or [lazy eye](#). It works by occluding (covering) the eye that has normal vision so that the vision in the amblyopic eye (poorer seeing eye) can improve. Think of it as covering the strong eye to exercise the weak eye.

WHAT KIND OF PATCH SHOULD BE USED?

An eye patch with adhesive on the back is best. It looks like a Band Aid [See figure 1]. The patch should be large enough to cover the child's eye completely. It sometimes helps to fold the patch longwise prior to peeling off the backing to make it more “convex”, or curved outward. This will give more space for the lashes to blink underneath. Some adhesive patches are made with colorful designs that encourage the child to wear the patch. Cloth patches that fit over the child's glasses are also available. In order for the cloth patch to work effectively, the glasses must fit well on the face and the patch should completely cover the lens and the space between the glasses and the skin around the eye, so there is no way for the child to peek around the patch. Pirate patches with straps are not effective because they do not fit tightly enough to the child's face to block light and kids frequently just move them so they can see around them. If you see your child turning his/her head significantly or lifting/dropping the chin while wearing the patch that is often a sign of “peeking” so be sure to watch them carefully.

SHOULD GLASSES BE WORN DURING PATCHING?

Yes. The glasses should be worn over the adhesive patch. Do not stick the patch on the glasses lens. It will not be effective as the child will be able to peek around the lens.

WHAT IF THE PATCH ADHESIVE CAUSES SKIN SENSITIVITY?

Lubrication of the skin after patch removal can be helpful. Different brands of patches use different adhesives, so changing the brand of patch may help reduce skin irritation. Another trick is to rub Milk of Magnesia liquid on the skin to be covered by the patch. Allow the liquid to dry and then apply the patch. The dried powder helps minimize the contact of the adhesive with the skin. If the eye patch is too “sticky,” one can stick and

un-stick the patch a few times to a clean cloth (like one's shirt) before attaching the patch to the child's face.

WHAT CAN BE DONE TO ENCOURAGE BETTER PATCHING?

Making patching a consistent part of the daily routine is helpful in encouraging younger children to patch. One on one playtime with an infant or toddler may be the best approach to ensure the child does not remove the patch. Offering a preferred activity (favorite TV show, video games) to distract the child from thinking about the patch can be helpful. In some cases, it is sometimes necessary at first to use Velcro wraps around the arms of infants and toddlers to prevent patch removal. Usually the arm restraints need to be used just a few times to encourage compliance. Speak with your child's ophthalmologist before using this type of treatment.

Older children may need to be rewarded for good patching compliance. A variety of posters with fun images are available to fill in each time a patch is worn successfully. Returning a completed poster to the doctor's office for a prize can motivate some children.



Fig. 1: An othoptic patch looks like a Band Aid.

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