Pediatric Ophthalmologist

A pediatric ophthalmologist is a medical and surgical doctor (an Eye MD) who graduated from medical school and specializes in the care of children’s eyes. All ophthalmologists have training in children’s eye disorders, but the pediatric ophthalmologist has additional training, experience, and expertise in examining children, and has the greatest knowledge of possible conditions that affect the pediatric patient and his/her eyes. Neurologic development of vision occurs up until approximately age 12 years. Misalignment of the eyes (strabismus), uncorrected refractive error (myopia, hyperopia, and astigmatism), and asymmetry of refractive error (anisometropia) between the two eyes can negatively affect this development and cause amblyopia (“lazy eye”). If these conditions are diagnosed and treated early, good vision can develop and can be maintained. Certain diseases elsewhere in the body, such as diabetes, can affect the eyes, and the pediatric ophthalmologist addresses these, as well.

What is AAPOS and what are the requirements to become a member of AAPOS?

AAPOS is the American Association for Pediatric Ophthalmology and Strabismus. To be an active member of AAPOS, a Pediatric Ophthalmologist has to complete one or two additional years of approved fellowship training following a three-year residency in comprehensive ophthalmology. Members are certified by the American Board of Ophthalmology. A pediatric ophthalmologist devotes at least 75% of his/her practice to the treatment of children, and of adults with strabismus.

What types of examinations do pediatric ophthalmologists perform?

Vision assessment: Particular skills are needed to test a child’s eyesight, especially in the preschool child. Different methods are used for different ages.

Determination of refractive error (the need for and strength of glasses): This testing is performed after dilation in most pediatric patients to ascertain an objective measurement.

Motility examinations: Quantitative measurements of ocular misalignment are necessary for planning medical and surgical management of strabismus.

Biomicroscopy and dilated fundus examinations: These are necessary to investigate for the presence of eye disease associated with systemic diseases such as diabetes, juvenile idiopathic arthritis, genetic abnormalities, neurologic pathology (increased intracranial pressure), as well as specific ocular conditions such as cataracts and glaucoma.

Examination under anesthesia (EUA): This may be necessary to diagnose and/or treat conditions in patients who will not allow adequate examination/treatment in the office.
Monitor diseases over time and determine if the treatment is working properly, and make appropriate modifications if it is not.

**What kinds of treatments do pediatric ophthalmologists provide?**

**Medical treatments:**

- Prescriptions for glasses and/or contact lenses.
- Amblyopia (“lazy eye”) therapy including glasses, patching and pharmacologic treatment.
- Topical and or/systemic therapy for eye infections, chalazia, glaucoma, blocked tear ducts, and inflammation on the eye or in the eye. Medicines include antibiotics, antivirals and steroids.

**Surgical Procedures:**

- Probe and Irrigation for congenital nasolacrimal duct obstruction (blocked tear duct).
- Excision of chalazia.
- Eye muscle surgery for strabismus.
- Pediatric cataract extraction including use of intraocular lenses (IOLs).

**NOTE:** Not all practitioners perform all medical and surgical treatments. Variability is due to the training, experience, and interest of the individual pediatric ophthalmologist. Additional treatments/surgeries performed by some include retinal examination and laser treatment of retinopathy of prematurity (ROP), surgical removal of pediatric orbital tumors/lesions, and surgery for glaucoma or ptosis (drooping eyelid) in the child.

**How can I find a pediatric ophthalmologist near me?**

The AAPOS website lists pediatric ophthalmologists by name and location: [Find a Doctor »](#)

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