



**University
Hospitals Sussex**
NHS Foundation Trust

Occlusion therapy (Patching)

Orthoptic Department

Patient information

What is this information about?

This leaflet is about occlusion therapy, also known as patching.

It explains:

- what occlusion therapy is
- why your child might need to wear a patch
- how to use the patch correctly
- how long treatment may take
- what you can do to help your child
- where to get more help and information.

Why have I been given this information?

You have been given this information because your child has amblyopia, also known as a lazy eye. This means one eye sees better than the other. The aim of occlusion therapy is to improve the vision in the weaker eye.

Reading this information will:

- help you to know what to expect from your child's condition and therapy
- help to make sure that their patching therapy works as well as possible.

What is occlusion therapy?

Occlusion therapy is a treatment that helps improve sight in a weaker eye. It is often used when a child has:

- **amblyopia (lazy eye)** – reduced vision in one eye
- **strabismus (squint)** – when the eyes are not looking in the same direction.

The patch covers the stronger eye so that the weaker eye has to work harder. This helps the brain and the weaker eye to work together and improve sight.

Why does my child need a patch?

Your child's orthoptist has found that one eye is not seeing as clearly as the other.

This may be because your child:

- has a squint (strabismus)
- needs glasses.

They may have a squint and need glasses.

Using a patch helps your child's weaker eye to learn to see better.

How does the patch work?

The patch covers the better-seeing eye. This makes the weaker eye do all the work. It helps the brain to use the weaker eye and makes vision stronger over time.

Patching usually works best for children under the age of 7 or 8 but can also help in some older children.

How should my child wear the patch?

- Place the patch directly on the skin over the better-seeing eye.
- If your child wears glasses, they should wear them over the patch.

Your orthoptist will give you a supply of patches to use until your next appointment. Some children may be given a cloth patch that fits onto their glasses instead. You and your orthoptist can decide which type is best for your child.

How long should my child wear the patch each day?

The number of hours depends on:

- your child's age
- how poor the vision is in the weaker eye.

The poorer the vision, the longer your child will need to wear their patch. Most children wear the patch for around 2 hours a day, but it can be for up to 6 hours in children with poorer vision.

Your orthoptist will agree a plan with you that fits your and your child's routine. You may be able to:

- split patching into shorter sessions during the day
- do more patching at weekends
- include school time if needed (please talk with your child's teacher).

How long will treatment last?

Treatment continues until your child's vision is stable.

This may take many months or even a few years.

Your child's vision will be checked every 6 to 12 weeks, and the plan may be changed depending on progress.

The aim is for both your child's eyes to see equally well. Once this is reached, patching time will be slowly reduced.

If patching stops too early, your child's vision may get worse again. If this happens, patching may need to start again.

Do

- ✓ bring your child to all follow-up appointments even after they stop wearing the patch.

How might wearing the patch affect my child?

At first, your child might:

- feel unhappy about wearing the patch
- find it harder to see while patched. This gets easier as their vision improves.

While wearing the patch, your child may need:

- extra help crossing roads or playing outside
- to sit closer to the board at school or the TV at home
- more time for schoolwork.

Tell your child's teacher that they are having patching treatment.

If your child's skin becomes sore or develops a rash, stop using the patch and contact your orthoptist for advice.

Might my child's vision get better on it's own without patching?

No. If amblyopia is not treated, your child may always have reduced vision that cannot be improved later in life.

What can I do to help my child?

- Be positive and encourage your child to stick with wearing their patch.
- Start slowly if your child finds it hard at first.
- Set small goals and praise your child's progress.
- Use reward charts or stickers to make patching fun.
- Make sure your child always attends their follow-up appointments.
- Keep your child busy with activities that use close-up vision, such as:
 - colouring or drawing
 - reading
 - puzzles
 - building games
 - computer or tablet games.

Who can I contact if I have further questions?

If you have any questions about patching after you have read this information, please contact your orthoptist for advice:

St Richard's Hospital Orthoptists

01243 831499

Southlands Hospital Orthoptists

01273 446077

Sussex Eye Hospital Orthoptists

01273 664872

Princess Royal Hospital Orthoptists

01444 441881 Ext. 68305

Where can I find further information?

You can find more information about occlusion therapy and amblyopia at:

squintclinic www.squintclinic.com

**Today's research is tomorrow's treatments.
That's why UHSx is proud to be a research-active Trust.**

Find out how you can get involved. Visit our website
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information-for-patients-and-public](http://www.uhsussex.nhs.uk/research-and-innovation/information-for-patients-and-public)
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in St Richard's, Southlands, Sussex Eye Hospital**

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