

Atropine occulsion

Orthoptic Department

Patient information

This leaflet is intended to answer some of the questions of parents or carers of children undergoing Atropine occlusion therapy under the care of University Hospitals Sussex NHS Foundation Trust.

What is Atropine occlusion?

Atropine drops/ointment is a drug which may be used as an initial treatment of amblyopia (poor vision) or when patching treatment is not successful. The main aim of Atropine occlusion is to blur the vision in the good eye (when viewing close objects) to promote the vision in the weaker eye.

What are the effects of Atropine?

Atropine has two effects when instilled in the eyes:

- Stops the eye from focussing properly which blurs the child's near (or closeup) vision temporarily.
- Dilates the pupil (makes the black part of the eye larger).
 While using Atropine the affected eye will be sensitive to light and the pupil of that eye will remain widely dilated.

How does Atropine work?

Atropine blurs the near vision in the good eye by preventing the lens inside the eye from focussing. The vision in the weaker eye usually improves over a period of time. Atropine treatment has the advantage in that compliance can be readily checked by inspection of the pupils.

How often should the drops be used?

The drops/ointment should be instilled as instructed by the Orthoptist into the better seeing / 'good' eye.

Advice may be given to instil them in the morning initially to assess for any side effects. The drops can then be instilled whilst the child is asleep if this is preferred.

How long do the effects last?

Atropine will cause blurred vision that may last up to seven days or more after using it. The pupil may remain dilated for up to 14 days.

How should I use the drops or ointment?

Wash your hands before and after instilling the drops/ointment. Your child can lie on their back or sit with their head tipped back.

Gently pull down the lower eyelid of the good eye with your finger.

Instil one drop of Atropine or squeeze a little ointment (about the size of a match head) into the area between the eyeball and the lower eyelid.

If using Atropine drops (rather than ointment) press gently on the inner corner of the lower eyelid for one minute. This will avoid the solution draining away down the tear duct into the nose and being swallowed and then absorbed systemically.

If your child gets very distressed it may be easier to put the drop in when he / she is asleep.

Continue instilling as instructed until the next appointment.

Are there any side effects?

Do not use Atropine if your child suffers from heart problems or has a high fever. The dilated eye may be sensitive to light so avoid bright light. Wearing a sun hat may help on sunny days.

The eye often stings for a short time after the drop is instilled. Tell your ophthalmologist or orthoptist if your child is taking any other medication before using Atropine for the first time If your child becomes hot, irritable, complains of a sore throat or develops any of the following symptoms: a rash, flushed cheeks, headaches, nausea/vomiting or irregular heartbeat:

stop using the Atropine and seek medical advice immediately.

It is important that you keep Atropine in a dry place, away from strong light and below 25°C (room temperature). Do not continue using Atropine if you have missed an appointment as this may induce unwanted effects.

It is very important to attend your follow-up appointments to monitor the effect of Atropine occlusion on the child's vision. Keep all medicines out of the reach of children.

Warning: Atropine can be poisonous if swallowed.

Other precautions that may need to be taken.

If your child is at school, please inform their teacher about the Atropine treatment as your child may wish to hold books closer, their writing may be less neat and they will be sensitive to bright lights.

If your child needs to be seen by any other doctor or health professional during the treatment, it is important to inform them that Atropine drops are being used.

Atropine to be i	nstilled into the _	eye
Daily		
Alternate days		
Twice weekly		
Weekly		

Contact numbers

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