The American Academy of Ophthalmology is the world’s largest association of eye physicians and surgeons. A global community of 32,000 medical doctors, we protect sight and empower lives by setting the standards for ophthalmic education and advocating for our patients and the public. For more information, visit www.aao.org.

In some cases, the ophthalmologist will recommend surgery to correct certain eye problems causing amblyopia. After surgery, the child may need to keep wearing a patch or otherwise cover the strong eye until his or her vision improves.

It is possible to prevent vision loss from amblyopia. But treatment only works if your child only uses the weaker eye to see. Children do not like to have their stronger eye patched or blurred. However, you need to help your child do what is best for them.

**Treating amblyopia for better lifelong vision**

When a child has amblyopia, it is important to make vision stronger in the weak eye. Even if eye problems causing amblyopia are corrected with glasses or surgery, the amblyopia itself must be treated. If not, the child may have lifelong vision problems.

**Summary**

Amblyopia, sometimes called “lazy eye,” is when vision in one or both eyes does not develop properly during childhood. It is a common problem in babies and young children. Amblyopia can develop from other eye and vision problems. Some of these problems include misaligned eyes (strabismus), unusual refractive errors, childhood cataracts, or droopy eyelids.

Amblyopia is treated by making the child use their weaker eye. This is done by putting a patch over the child’s stronger eye or blurring vision in that eye using eye drops or special eyeglasses. Sometimes surgery is recommended to correct certain eye problems causing the amblyopia. After surgery, the child may need to keep covering the strong eye until their vision improves.

Amblyopia must be diagnosed and treated as early as possible so a child can develop normal, healthy vision.

If you have any questions about your child’s vision, speak with an ophthalmologist. He or she is committed to protecting your child’s sight.

Watch an amblyopia video from the American Academy of Ophthalmology’s EyeSmart program at aao.org/amblyopia-link.
What is amblyopia?
Amblyopia is when vision in one or both eyes does not develop properly during childhood. It is sometimes called “lazy eye.” Amblyopia is a common problem in babies and young children.

A child’s vision develops in the first few years of life. It is important to diagnose and treat amblyopia as early as possible. Otherwise, a child with amblyopia will not develop normal, healthy vision.

What causes amblyopia?
Amblyopia can develop from other eye and vision problems. Here are some conditions that may cause amblyopia in a child.

Strabismus. This is when the eyes point in two different directions. One eye may be focused straight ahead while the other turns in, out, up, or down. To avoid seeing double, the child’s brain may ignore the image from the eye that is not focused straight ahead. But this can keep that eye from developing properly.

Refractive errors. Having a refractive error means being nearsighted, farsighted, or having astigmatism (distorted or blurry vision). A child may have a refractive error that is worse in one eye. That eye can “turn off,” and vision will not develop properly. This can be difficult to tell since the child’s vision seems fine when using both eyes.

Cloudiness in the normally clear parts of the eye. Some children are born with a cataract, where the eye’s normally clear lens is cloudy. This can keep vision from developing properly in that eye.

How is amblyopia diagnosed?
Your child might not be aware of having better vision in one eye than the other. And you may not realize it either unless your child has strabismus or other eye problem you can see.

Ophthalmologists diagnose amblyopia by checking to see if vision differs between the two eyes. To check a baby’s or young child’s vision, the ophthalmologist may cover one of the child’s eyes and watch how well they can follow a moving object. The doctor may also watch how the child reacts when one eye is covered. If one eye has amblyopia and the other is covered, the child may try to look above or below the patch, pull it off or cry.

The ophthalmologist will do a complete medical eye exam, looking for other eye problems that could be affecting vision.

Poor vision in one eye does not always mean a child has amblyopia. In some cases, wearing glasses to correct a refractive error in one eye can improve vision.

When should a child’s vision be tested?
All children should have their vision checked by their pediatrician, family physician or ophthalmologist at or before their 4th birthday. If there is a family history of misaligned eyes, childhood cataracts or serious eye disease, an ophthalmologist should check their eyes when they are an infant.

Most doctors test vision as part of a child’s medical exam. If they see any sign of eye problems, they may send a child to an ophthalmologist for further tests.

How is amblyopia treated?
Amblyopia is usually corrected by making the child use their weaker eye. This can be done by putting a patch over the child’s stronger eye. Another way is to make vision blurry in the stronger eye using eye drops. Or the child may wear eyeglasses with a lens that blurs vision in that eye.

It can take several weeks to several months for vision to get stronger in the weaker eye. Once the child has better vision in that eye, he or she may need to wear an eye patch part-time for a few years. This helps keep their vision strong.

A common way to treat amblyopia is to have the child wear a patch over their stronger eye. This forces the child to use their weaker eye, which makes it stronger.