

WHY DOES MY CHILD NEED GLASSES?

At a recent vision screening, your child was found to have lower vision in one or both eyes.

He/she will need to see an optometrist for a fuller examination to establish the cause (see separate list of optometrists).

In most cases glasses are needed as the first step in treatment.

Glasses are prescribed for children to prevent permanent poor vision or to control a squint.

What will the Optometrist do?

The optometrist will recheck the vision using a test suitable for your child and will insert special eye drops that take about half an hour for the full effect.

What effect do the eye drops have?

The eye drops have two functions:

- To enlarge the pupils so that the optometrist can ensure that the eyes are healthy and
- To accurately assess the degree of long-sight, short-sight, astigmatism or anisometropia.

How do I get my child's glasses?

If your child does need glasses, your optometrist will give you a prescription and a NHS voucher. The voucher can be used in part or full payment for the glasses. Some optometrists offer a larger range of glasses within the voucher price than others.

The cost of repairs varies.

If you are considering buying a second pair of glasses, we advise you to discuss it with the optometrist first.

Should my child wear the glasses all day?

Yes, unless instructed otherwise by the optometrist.

Some schools require children to leave their glasses off at playtimes and for PE lessons for safety reasons. As the majority of glasses have plastic lenses this is not necessary, but if the school is insistent, please stress the importance of the glasses being worn the rest of the day.

Will my child always have to wear glasses?

This depends on the age of the child, the strength of the glasses, the level of vision and whether glasses are required as part of the treatment of squint or lazy eye. Your optometrist will be able to advise you on this matter.

Long-sight (hypermetropia) occurs when the eye is smaller than average. Rays of light entering the eye come into focus behind the retina (the back of the eye). Long-sighted children have more difficulty in maintaining clear near vision.

Short-sight (myopia) occurs when the eye is larger than average. Rays of light entering the eye are focussed in front of the retina. Short-sighted children have reduced vision mainly for distance.

Astigmatism is when the front of the eye is not equally curved (more like a rugby ball than a football). Children with astigmatism have reduced vision at all distances.

Anisometropia occurs with hypermetropia, myopia or astigmatism. It is when one eye needs a stronger lens than the other.

My child says he/she can see better without their glasses

Some children may complain of this initially, particularly if there has been a change in prescription.

It is vital to persevere with full time wear, so that the eyes become relaxed and your child will learn to focus properly.

The glasses produce a clear image, stimulating the visual pathway from the retina to the visual cortex in the brain. Wearing glasses will give your child the best chance of developing good vision.

Treatment is more effective the earlier it is commenced; so encourage your child to wear their glasses. Make it fun, reward good behaviour and enlist support from others. Be positive about glasses and your child's appearance in them.

The glasses look very strong

If you (the parent) do not need to wear glasses or yours are a different strength, your child's lenses will make everything look very blurred.

Future management

At your next appointment, your child's vision will be assessed with the glasses (no drops will be needed).