PROTECT YOUNG EYES

IN CHILDREN, TIMELY INTERVENTION IS CRUCIAL TO PREVENT A LIFETIME OF POOR VISION.
Occasionally, parents will notice a squint (strabismus) when one eye appears to be misaligned. Signs of strabismus include unusual head tilting or face turning, squinting, closing one eye when gazing intently at something, clumsiness or the appearance of not looking directly at the object of regard.

Children who have myopia may complain of problems seeing distant objects, such as oncoming bus numbers, the whiteboard in class, or television. Children with uncorrected refractive error may also tilt or turn their heads or narrow their eyes to see better.

**ACT BEFORE IT’S TOO LATE**

Any child can develop eye problems. Certain groups of people — those with a family history of myopia, children born prematurely and children with Down’s syndrome — may have increased risk of eye conditions. It is important for parents to be vigilant and take their child for eye checks promptly so that problems can be prevented, diagnosed and treated early. A comprehensive paediatric eye examination can be conducted at any age. Some parents have the misconception that the child is too young to be checked. In the eye clinic, special techniques are available to measure visual acuity in preverbal children. Checking eye power (refraction) can be done using methods such as cyclo-
As long as the child’s visual behaviour is abnormal, or if the eye does not seem to be fixing well, the child needs to be evaluated by an eye specialist. Even when there is no apparent problem, parents are advised to send their children for a detailed eye examination at least once between the ages of three and five. Children with risk factors should be evaluated earlier.

As amblyopia can only be treated well during early childhood, eye screening is strongly recommended over the course of childhood to allow early detection and successful remedy. Infants are examined for the ability to fix and follow and whether they have strabismus. Treatment may take years, but it is often more effective when started earlier. If lazy eye is discovered too late, it may not be possible to reverse the visual damage.

The child needs to be encouraged to use the lazy eye. A common method is patching or covering the good eye, typically for several hours per day. If there is abnormal spectacle power, the child should wear appropriate spectacles. Depending on the type of strabismus, treatment options include patching, exercises, glasses and/or surgery. Children do not outgrow strabismus. If left untreated, it can result in lazy eye, loss of depth perception, double vision or permanent loss of vision when the child grows up.

Steps must be taken to slow the progression of myopia, such as using atropine eye drops during childhood and spending more time outdoors, both of which can delay its onset and development. A child’s myopia worsens with age and does not stabilise until he reaches his late teens. The higher the myopia, the more susceptible a person is to blinding complications such as retinal detachment, myopic macular degeneration, cataract and glaucoma — these risks are lifelong.

• Complete eye screening
• Cataract surgery including femtosecond laser-assisted procedures
• Atropine treatment
• Screening, diagnosis, treatment and management of myopia, strabismus, lazy eye, glaucoma, diabetic retinopathy and age-related macular degeneration
• Retinal screening and disease management
• Presbyopia correction
• Treatment of eyelid and eye problems, external eye diseases, including infection and allergies