

GENERAL INFORMATION

CHILDREN'S EYE HEALTH



vision
eye institute

WHY SHOULD I HAVE MY CHILD'S EYES CHECKED?

Early diagnosis and treatment is vital for many paediatric eye conditions. Any eye condition raised during routine health checks, such as those by a maternal and child health nurse or GP, should be taken seriously and a prompt eye examination carried out.

ALL CHILDREN SHOULD HAVE THEIR EYES TESTED AT PRE-SCHOOL AGE. THIS CAN BE DONE BY A PAEDIATRIC OPTOMETRIST OR OPHTHALMOLOGIST.





Eye health issues for children include:

Refractive error such as short-sightedness (myopia), long-sightedness (hyperopia) or astigmatism. In these conditions, the eye is unable to refract (bend) light so that it focuses on the light-sensitive tissue at the back of the eye (retina), meaning that images are blurry or distorted.

Conjunctivitis caused by bacterial or viral infection, allergy or underlying systemic illness. Neonatal conjunctivitis can occur in the first month of life and is serious because it is potentially vision-threatening.

Lazy eye (amblyopia) occurs when the visual development in one eye is not normal and the brain starts to ignore the images from this eye, causing vision to deteriorate. Lazy eye usually involves one eye, but may affect the vision in both eyes.

Crossed eyes (strabismus) is also known as having turned eyes, with one or both eyes turning inwards, outwards, upwards or downwards. This may happen all the time or just occasionally.

Congenital droopy eyelid (ptosis) affects the upper eyelid and occurs when the muscles responsible for raising the eyelid are weak or the nerves that control those muscles are damaged. The condition can be serious enough to interfere with vision.

Childhood (congenital) cataracts are present when a baby is born but often not discovered until the first few years of life. Early diagnosis is critical to determine if the child's vision is at risk and the best course of management.

Childhood (congenital) glaucoma is present at birth and can often be very difficult to diagnose as signs and symptoms can be very subtle. If in doubt, an examination should be carried out.

Eye injuries and foreign bodies occur commonly in children.

ALWAYS SEEK PROMPT MEDICAL ATTENTION FOR YOUR CHILD'S EYE CONCERNS TO REDUCE THE RISK OF SERIOUS COMPLICATIONS.

WHAT ARE THE SYMPTOMS OF EYE CONDITIONS IN CHILDREN?

Some of the common symptoms associated with childhood eye conditions include:

- **Foreign body** – irritation, redness, watering, constant rubbing of the affected eye
- **Conjunctivitis** – discharge (white, greenish, clear) and swelling of eyelid and conjunctival membranes (white tissue of the eye)
- **Refractive error** – squinting, sits very close to computer screen, holds objects close to the face to see (e.g. books, mobile phone or tablet)
- **Lazy eye (amblyopia)** – difficulty judging depth, unusually clumsy, falls frequently
- **Crossed eyes (strabismus)** – one or both eyes are turned inwards/outwards/upwards/downwards, may have an abnormal head/chin/face posture
- **Ptosis** – droopy eyelid, may have a chin-up posture
- **Cataracts** – similar symptoms to lazy eye, very sensitive to light, reduced field of vision for the affected eye so child appears to ignore objects on one side
- **Glaucoma** – extremely sensitive to light, eye ‘waters’ constantly, often one eye more affected than the other, people may compliment child on having ‘big and beautiful eyes’.



WHAT HAPPENS DURING A CHILD'S EYE EXAM?

Your child should have a comprehensive eye examination with an optometrist from around 3 years of age, unless an eye problem is noticed prior to this.

If there are any concerns, your child may be referred to an ophthalmologist for further investigation and/or management. Early detection of any eye problem will ensure prompt treatment and help to minimise any vision loss or visual dysfunction.

Tests that may be performed during a paediatric ophthalmology exam include:

Visual acuity test to determine how well a child can see. A chart with pictures, symbols, letters and/or numbers is used for testing children.

Eye muscle test to check the function of the muscles responsible for moving the eye. Your child will be asked to look at a target or another object without moving their head, while the doctor moves it in various directions.

Cover testing and prism measurements to help determine the presence of misalignment between the eyes. If a turned eye is present, this will be measured using a non-invasive prism bar test.

Refraction test to see whether or not your child needs corrective lenses. It also helps determine the lens prescription if glasses are required.

In order to carry out the next part of the testing, your child's pupils are dilated with eye drops.

Retinal examination allows your ophthalmologist to evaluate the back of your child's eye, including the retina, macula and the optic nerve.

Fluorescein eye stain to accurately diagnose a corneal abrasion or ulcer. This test uses fluorescent orange dye and a blue light to detect damage to the cornea.

Additional tests that may be required as part of the examination (reserved for children aged 6 years and above) include visual field testing, OCT and corneal topography.

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OUR PAEDIATRIC EYE CLINICS

For more information or to find a Vision Eye Institute clinic that treats children's eye conditions, visit:

visioneyeinstitute.com.au/services/childrens-eye-health/

This information is general in nature. All medical and surgical procedures have potential benefits and risks. Consult your ophthalmologist for specific medical advice.



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