Vision problems are common in children. Early recognition and treatment are the keys to preventing permanent visual impairment. Let us begin by defining two important terms: **amblyopia** and **strabismus**.

**Amblyopia**, sometimes referred to as "lazy eye," is poor vision in an eye that did not develop normal sight during childhood. Without treatment, children with amblyopia will never see well in one eye, even with glasses.

**Strabismus** is a misalignment of the eyes. The eyes may cross or drift up or out. Strabismus may be present from birth or may develop in childhood.

**Dispelling the Myths**

Let me dispel two common misconceptions about visual development in children:

**Children do not outgrow crossing.** Many parents have been told that their child would outgrow crossing of the eyes. This is simply not true. It is normal for the eyes of a newborn to cross or drift out. However, after four months of age, the eyes should be straight at all times.

**Not all lazy eyes are crossed.** Some children with amblyopia have crossed eyes, while others have perfectly straight eyes. In children with crossed eyes, one eye is usually "turned off" by the brain to avoid double vision. The ignored eye fails to develop fully, and amblyopia develops. In children with straight eyes, amblyopia is usually the result of one eye being more farsighted than the other. The brain ignores the images from the more farsighted eye and amblyopia results. Children can develop amblyopia between birth and seven years of age.

**Detection and Diagnosis**

Amblyopia can be more difficult to detect than strabismus. Many children with amblyopia show no obvious sign of a vision problem, since they use the normal eye to see and ignore the other. Early vision testing by your pediatrician or eye doctor is essential.

Amblyopia is detected during an eye exam by finding a difference in the vision between the two eyes.

**Strabismus** is usually recognized by parents as a crossing or drifting out of one or both eyes. The drifting may be constant or intermittent.

**Treatment**

Fortunately, most children with amblyopia and strabismus can be treated effectively.

**Treatment of Amblyopia**

In order to correct amblyopia, the brain must be reconditioned to pay attention to images from the lazy eye. This is accomplished by part-time patching treatment or by the use of atropine eye drops that blur the vision of the stronger eye. Patching or blurring the stronger eye forces the brain to use the lazy (amblyopic) eye. Over time, the vision of the weaker eye improves.

**Treatment of Strabismus**

Strabismus can sometimes be cured with glasses, but often requires eye muscle surgery. Surgery is performed under general anesthesia. During the procedure, the eye muscles are carefully repositioned to straighten the eyes. The surgery is performed on an outpatient basis and takes less than an hour to complete. Children are usually back to school within three days after surgery.

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