

# Stamford Pediatrics

## To Our Valued Patients:

**Stamford Pediatrics is pleased to offer a new vision screening test to all patients beginning at six months of age. The purpose of this test is the early detection of any abnormalities in your child's vision.**

**More than 200,000 children are born each year with vision problems. Many of these problems go undetected until it is too late to easily correct the problem. The most common problem with children's vision is Amblyopia.**

## Frequently Asked Questions about Amblyopia

### Q: What is amblyopia?

Amblyopia is reduced vision in an eye that has not received adequate use during early childhood.

### Q: What causes amblyopia?

Amblyopia means "without sight." Amblyopia has many causes, among them a "lazy" eye. Amblyopia most often results from this "lazy" or misalignment of a child's eyes. A "lazy" eye is seen by an observer as crossed eyes, or divergent eyes. Amblyopia also results from a difference in image quality between the two eyes (one eye focusing better than the other). In both cases (misalignment and weaker focusing) one eye becomes stronger than the other. If this condition persists, the weaker eye may become useless.

### Q: Can anything be done to treat amblyopia and prevent vision loss?

With early diagnosis and treatment, the vision in the "lazy eye" may be significantly improved.

### Q: When should treatment for amblyopia begin?

The earlier the treatment, the better the opportunity to reverse the vision loss.

### Q: What treatments are available?

Before treating amblyopia, it may be necessary to first treat the underlying cause.

Glasses are commonly prescribed to improve focusing or misalignment of the eyes. In extreme cases surgery may be required to allow both eyes to work together. Eye exercises are a limited form of treatment.

### **Q: What treatment follows the correction of the underlying cause?**

The correction may be followed by:

Patching or covering one eye may be required for a period of time ranging from a few weeks to as long as a year. The better-seeing eye is patched, forcing the "lazy" one to work, thereby strengthening its vision.

Medication—in the form of eye drops or ointment—may be used to blur the vision of the good eye in order to force the weaker one to work. This is generally a less successful approach.

### **Q: What happens if amblyopia goes untreated?**

If not treated early enough, an amblyopic eye may never develop good vision and may even become functionally blind.

### **Q: How many people have amblyopia?**

It is estimated that four to five percent of the population suffers from this form of visual impairment.

### **Q: What can I do to detect amblyopia in my infant/child?**

The Enfant™ Vision Test is one of the few available methods to detect amblyopia. After placing 3 sticky sensory pads on your child's head, the technician starts the test. Your child watches a computer monitor with fun animations and music, and every few seconds, a screen appears with black and white lines. The test will take approximately 10 minutes.

The Enfant™ uses Visual Evoked Potential technology (VEP), which recognizes and processes your child's neurological responses to the lines. By measuring the electrical signals from the eye to the brain, the Enfant tests your child's entire visual pathway.

**Stamford Pediatrics recommends this new vision testing method as part of your child's wellness program. If you have additional questions, please feel free to ask your child's doctor.**

**Thank You.**

## **Pediatric Vision Testing Fact Sheet**

The following information will help you better understand your child's vision test and your role in this important test:

### **What is a Pediatric Vision Test?**

It is a painless, safe, non-invasive test to check the complete visual system of your child including the nerve pathway between the eyes and the brain. It is much more than a common vision test.

### **Can I be with my child during the test?**

You are welcome to stay in the room during the test. We do discourage having siblings in the room.

### **How long does it take?**

The test will take approximately 10 minutes.

### **How should I prepare my child?**

All medications should be taken as usual unless otherwise directed by the doctor. Hair should be clean, dry, and free of any gels, sprays, or oils.

It is important that your child feel relaxed and comfortable so the test results are accurate. For younger children it may be helpful to bring a favorite item such as a blanket, pacifier, or toy that will make them feel more comfortable.

### **How is the test done?**

The technologist will attach three small sensory pads to the child's head using a washable gel material. Your child will be seated in front of a screen and asked to stare at the center. The screen has animal pictures and a black and white pattern that quickly reverse. One eye is covered while the other eye is tested. A computer records the child's response.

### **What else do I need to know?**

Your child must sit still during this test. Relaxation is an important part of the test.

### **What can I expect after the test?**

After the test the technologist will remove the sensory pads and use a small amount of water to remove any gel residue. The test results will be given to your doctor.

### **Questions?**

This sheet is not specific to your child but provides general information. For questions about your child's test please ask your child's doctor. **Thank you.**

Most insurance plans cover Visual Evoked Potential testing.  
However, some may

- Not cover this test as part of your child's well care visit,
- Apply a copay,
- Apply the charge to a deductible/coinsurance.