

Childhood cataract

Ophthalmology Department

Information for Parents

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Introduction

It can be a worrying time to find out that your child has a rare eye condition. We will do everything possible to help achieve the best future for your child's vision.

We hope this leaflet will help you to understand more about childhood cataracts, their treatment and the long term care needed.

Your eye care team

Here at the Leicester Royal Infirmary we have a dedicated team involved in your child's care. This will include your ophthalmologist, orthoptists and optometrists.

Ophthalmologist:

Orthoptist:

Optometrist:

Ophthalmologist

This is the eye doctor. A named consultant ophthalmologist will be responsible for your child's care, however you may also see other eye doctors within the team.

Your consultant will carry out any surgery needed.

They will not need to see your child at every visit but will examine your child's eyes at regular intervals.

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

Orthoptist

An orthoptist will see you at every visit.

They are trained to assess vision in very young children.

They will also check if your child's eyes are working together or if they have a squint. Monitoring this regularly is very important.

The orthoptist will advise you about any patching treatment that may be needed and check your child's progress.

Optometrist

After surgery children usually need glasses or contact lenses.

The optometrist is responsible for assessing the strength of any prescription needed and for issuing glasses or contact lenses.

They will teach you how to use contact lenses if needed and check their fit on a very regular basis.

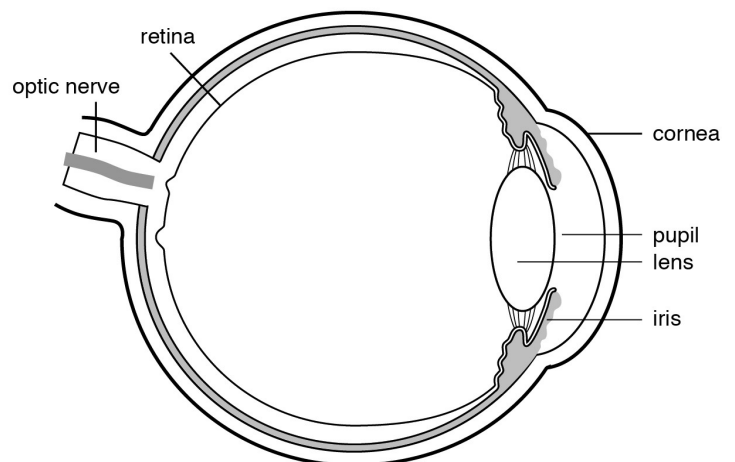
How the eye works

In a normal eye, light passes through the front covering of the eye (the cornea) to the back of the eye (the retina) through the lens.

The lens and cornea focus the light to form an image on the retina, and from there it is sent by the optic nerve to the visual areas of the brain.

A normal lens is clear and flexible, so that it is able to change shape. This allows it to change focus between near and distant objects.

Babies use their eyes from the day they are born, which stimulates the visual areas of the brain. If these areas are not stimulated, as happens when a child cannot see from one or both eyes, this can cause permanent loss of vision.



What are congenital or infantile cataracts?

The lens in a normal eye should be clear. If it becomes misty or cloudy it is said to have a cataract. This can cause vision to be blurry or hazy, a bit like looking through frosted glass.

Some babies are born with cataracts (congenital cataracts) and some develop them in the first 6 months of their lives (infantile cataracts).

Children can have a cataract in 1 eye (unilateral) or both eyes (bilateral).

Not all cataracts affect the vision. This will depend on the size and thickness (density) of the cataract, and whether it is central or near the edge of the lens. Central cataracts generally affect vision more.

Congenital cataracts can continue to develop, but the rate of change can be fast or slow.

Treatment

Your ophthalmologist will talk to you in detail about the treatment options for your child's condition. Some of these are listed below:

Surgery

Early surgery to remove the cataract(s) may be advised, but this is not always the case and will depend on the nature of the cataract(s).

Surgery will remove the lens from the eye, after which children will be left either without a lens in the eye (aphakic) or will have an artificial lens inserted into the eye (pseudophakic). Your consultant will discuss which is best for your child and why.

Wearing a patch (occlusion)

Occlusion therapy (patching) is a crucial part of treatment for most unilateral cataracts and some bilateral cataracts.

Wearing a patch over the good eye, often for long periods of the day, encourages the other eye to develop.

Patching can be hard work for you and your child, but is important for your child's sight to improve.

Your orthoptist will work with you to monitor the amount of patching needed and can offer advice and encouragement if you are struggling.

If you have problems getting your child to wear a patch at any stage in the treatment it is important that you speak to your orthoptist. Other methods may be possible, such as blurring drops or a blurring contact lens.

Glasses or contact lenses

Most children will need to wear glasses, contact lenses or both after surgery to correct their sight. Our optometrist will assess the best options.

If contact lenses are needed you will be taught how to put them in and take them out of your child's eyes. This may seem daunting at first but we have lots of experience of teaching parents, and are able to teach you at your own pace.

You may now have lots of questions that you would like to ask. If so, it is a good idea to make a note of them to remind you what to ask when you next see your child's eye specialist.

Routine tests

Level of vision (visual acuity)

We use different sight tests depending on your child's age and ability. It is usually possible to test vision even in very young children.

Testing for squint

We will try to find out if your child's eyes are working together or if they have a squint. This is important and can tell us if 1 eye is working harder than the other.

Assessing the red reflex

An instrument called an ophthalmoscope is used to view the red reflection coming from the retina at the back of the eye. This can tell us how clear the pathway is from the front to the back of the eye.

Intraocular pressure (IOP)

We will regularly check the pressure inside your child's eye. A high IOP can point to glaucoma, which can be a complication of cataract surgery, and will need to be treated if diagnosed.

The instrument used to measure IOP is painless and can be used from birth onwards. However it can appear a little scary to some young children and it may take some time to gain your child's trust. Try to reassure your child and do not become anxious yourself if we do not get a result straight away.

Refraction

This term is used to describe the test done by the optometrist to find the strength of the prescription if glasses or contact lenses are needed.

Both eyes will be checked even if your child has a unilateral cataract.

Drops to make the pupils bigger (dilated) may be needed for an accurate test.

The test can be done whilst your child is asleep.

Young babies' eyes can change very quickly and so you may get a new prescription at every appointment at first.

If your child wears contact lenses it is very important that the fit of these is checked regularly and changed as the eye grows. New lenses will be ordered as needed.

Sometimes we prescribe a pair of glasses as a backup for when contact lenses cannot be worn, however they may be thick and heavy on your child's face.

Contact us

If you have any questions or concerns about your child's eye care, please do not hesitate to contact us.

Orthoptic Department: 0116 258 5277

Optometry Department: 0116 258 5858

If possible please mention your orthoptist/optometrist by name if leaving a message.

If you need to contact the ophthalmologist, please call us first on one of the numbers above and we will direct you to the relevant secretary.

Glossary

We try not to, but sometimes we may use terms that you may not understand. Please ask us to explain anything that you are unsure about. Below are some commonly used terms with definitions that you may find helpful.

Amblyopia: Sometimes also called 'lazy eye'; this is a loss of vision in one or both eyes due to lack of visual stimulation in the early years of life.

Glaucoma: If the pressure inside the eye (intraocular pressure (IOP)) is raised, it can cause damage to the structure of the eye and affect vision.

It can be a side effect of cataract surgery. It is treated with eye drops and/or surgery.

Intraocular lens (IOL): A clear plastic lens that is implanted inside the eye to replace the natural lens that has been removed during cataract surgery.

Occlusion: Also known as 'patching'. This may take the form of a patch that can be stuck over the eye, a blurring or opaque contact lens, eye drops or simply leaving one contact lens out for a period of time, or a combination of all of these methods.

It is used to treat amblyopia. Covering the stronger eye allows the weaker eye to be stimulated, hopefully improving the vision.

Refractive error: The optical prescription, in the form of glasses or contact lenses, needed to bring the eye into focus.

Strabismus (squint): Where one eye is not 'in line' with the other. One eye may turn in towards the nose or outwards or occasionally up or down.

Visual acuity: A measurement of the level of vision/eyesight.

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل

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ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿੱਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।

Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email equality@uhl-tr.nhs.uk



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