

# Atropine eye drops for Refraction, Fundus & Media Examination

Ophthalmology

The prevention of infection is a major priority in all healthcare and everyone has a part to play.

- Please decontaminate your hands frequently for 20 seconds using soap and water or alcohol gel if available
- If you have symptoms of diarrhoea and/or vomiting, cough or other respiratory symptoms, a temperature or any loss of taste or smell please do not visit the hospital or any other care facility and seek advice from 111
- Keep the environment clean and tidy
- Let's work together to keep infections out of our hospitals and care homes.

# Instructions

Instill atropine 1% eye drops into both eyes, twice a day on the morning and evening before the refraction appointment.

## How should I put in the atropine?

1. Wash your hands thoroughly, peel the over-wrap apart and take out the drops
2. Get your child into any of these positions to give the eye drops:
  - Tilt your child's head back
  - Lay your child flat on their back
  - Ask someone to hold your child in a safe and comfortable position
  - Wrap your baby or young child in a light blanket or sheet to keep their arms and legs still if you are on your own
3. Twist off the cap
4. Avoid touching the dropper against your child's eyelids or eyelashes
5. There are two methods you may now use:
  - A. Closed eye method
  - B. Open eye method

Ensure the atropine drops are instilled into BOTH eyes.

### A. The closed eye method

- It's recommended that your child has their head tilted back and is supported for this method of instillation. Ideally if they can lie flat on their back
- Gently squeeze until a drop of liquid falls onto the corner of the closed eyes nearest the nose
- Ask your child to keep their eyes closed until the eyelashes are wet, then dab off the excess liquid with a tissue, but do not completely dry the lashes
- Ask them to open their eyes slowly, while making sure they remain in a stable position with their head held so the drops do not run down their face

## B. The open eye method

- Gently pull down the lower eyelid of one of the eyes with your finger, ask your child to look upwards
  - Gently squeeze until a drop of liquid falls into the gap between the eyeball and lower eyelid
  - Ask your child to close their eyes. Gently press on the inner corner of the eye for 30 seconds, this will help to stop the solution draining away into the nose and throat
6. Your child can then open their eyes and blink. You may then dry their lashes completely, repeat this method for the other eye
  7. Always wash your hands and your child's hands after using the drops to avoid it being swallowed or inhaled

## Appointment

Your child will be reviewed in clinic on the day after the instillation of drops.

If you change your appointment or are unable to attend when planned, please ensure that you instil the drops as above for the rescheduled examination.

## What effects do the eye drops have?

**Dilated pupil:** Atropine eye drops cause the pupils of the eye you are putting drops in to widen and become dilated. This means they will remain large, and non-reactive to light for between 7 and 14 days after the last instillation.

**Blurred vision:** As the pupils will be dilated, this will affect your child's ability to focus causing blurred vision at near which may last for up to seven days or more.

**Sensitivity to light:** Due to the pupils being dilated, the eyes will be unable to constrict to control the amount of light entering the eye. Your child may find it helpful to wear sunglasses or a cap, or dim room lights.

**Squint:** If your child has a squint, you may notice this change slightly whilst the pupils are dilated. Please speak with a member of the department if you are at all concerned.

## Are there any side effects I should look out for?

Do not use atropine if your child is allergic to any of the ingredients or if they experience significant side effects. Please read the leaflet which accompanies the eye drops.

Your child may feel a little discomfort when initially instilled.

Tell your ophthalmologist or orthoptist if your child is taking any other medication.

If your child becomes hot and complains of a sore throat, becomes irritable or develops any of the following symptoms, stop using the atropine and seek medical advice immediately:

- A rash
- Headaches
- Nausea (feeling sick) or vomiting (being sick)

## Why does my child need atropine eye drops?

Atropine has been prescribed to your child to allow for an eye care specialist to assess the back of their eyes and/or to see if they need glasses.

This is usually prescribed in cases where weaker eye drops haven't worked well for one of the following reasons:

- Child has particularly dark irises (the coloured part of the eye)
- A child's eyes have not dilated enough with cyclopentolate drops used in the clinic
- There are recurring problems when giving drops in the clinic

## What may be assessed during the examination?

**Refraction:** This is the assessment of how light passes through the eye to focus images on the retina. It determines if glasses are required.

**Fundus:** This is the back surface of the eye is examined. For example, Macula, Retina, optic disc and blood vessels.

**Media:** This refers to the transparent structures in the front of the eye that light passes through. For example, cornea, lens, vitreous.

## How can I help prepare my child for having eye drops?

It is important that we adopt a positive approach when preparing children for eye drops as negativity can significantly affect your child's co-operation and compliance for treatment.

## How often should I put in the eye drops to the good eye?

The instruction regime will be given to you by your orthoptist (or on the first page of this leaflet).

## Other Frequently asked questions

### **What should I do if I forget to instil the Atropine eye drops?**

Please contact the department for advice. It may be that we need to rearrange your appointment.

### **Should my child return to school after the eye test?**

If your child's school is happy to provide the necessary supervision to make sure they are safe, then they can return to school or attend nursery after having eye drops. However, they should not take part in PE and games lessons until the blurred vision has worn off completely.

### **Can my child go swimming later?**

Because of the dangers of water, it would probably be wise not to go swimming unless you are totally happy about the level of supervision provided.

## Contact us

For further information or if you have any questions, please contact the Orthoptic Department on:

**Wolverhampton Eye Infirmary**

New Cross Hospital  
Wolverhampton Road  
Wolverhampton  
WV10 0QP

Tel: 01902 695830

**Cannock Eye Centre**

Cannock Chase Hospital  
Brunswick Road  
Cannock  
WS11 5XY

Tel: 01543 576680



## English

If you need information in another way like easy read or a different language please let us know.

If you need an interpreter or assistance please let us know.

## Lithuanian

Jeigu norėtumėte, kad informacija jums būtų pateikta kitu būdu, pavyzdžiui, supaprastinta forma ar kita kalba, prašome mums apie tai pranešti.

Jeigu jums reikia vertėjo ar kitos pagalbos, prašome mums apie tai pranešti.

## Polish

Jeżeli chcieliby Państwo otrzymać te informacje w innej postaci, na przykład w wersji łatwej do czytania lub w innym języku, prosimy powiedzieć nam o tym.

Prosimy poinformować nas również, jeżeli potrzebowałiby Państwo usługi tłumaczenia ustnego lub innej pomocy.

## Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਆਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ, ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

ਜੇ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਏ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

## Romanian

Dacă aveți nevoie de informații în alt format, ca de exemplu caractere ușor de citit sau altă limbă, vă rugăm să ne informați.

Dacă aveți nevoie de un interpret sau de asistență, vă rugăm să ne informați.

## Traditional Chinese

如果您需要以其他方式了解信息，如易读或其他语种，请告诉我们。

如果您需要口译人员或帮助，请告诉我们。