Eye on Kids: The Top 3 Vision issues in Infants and Children Transcript

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Introduction to Pediatric Vision

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There definitely is strabismus for misalignment of the eye cross in. Esotropia, the eye can wander out. Exotropia can even be vertically misaligned. There's definitely surgery that.

But for amblyopia, the decreased vision in the eye, there is not. We've got to do either the patching, the eye drop or one of these virtual reality headsets.

This is Doctor Talks. Real talk from real doctors on the issues that matter to you most. This episode was recorded during the Eye Health Summit, where the world's leading experts shared breakthrough insights in vision and holistic eye care.

I'm thrilled to invite Dr. Rupa Wong to join us for this session. Dr. Wong is a board-certified pediatric ophthalmologist based in beautiful Hawaii. Dr.

Wong is passionate about educating families on how to protect and nurture children's vision, ensuring that they thrive both in and out of the classroom.

Dr. Wang not only runs a successful ophthalmic practice with her husband who also happens to be an ophthalmologist in Honolulu, but she also shares her expertise widely on social media, reaching thousands of people around the world with practical eye care tips and advice.

Thank you so much, Dr. Wang, for joining us. Thanks so much for having me here today, Dr. Banach. Absolutely. So let's start from the beginning. Why is it so important to think about vision during this period of life, during childhood?

What goes on during these critical years? This is exactly what it is. It is a critical period for children and mainly because their brains are still developing.

And most people know that kids are learning, they're growing, they're reaching developmental milestones. But your vision and your eyes, as a neuro-ophthalmologist, is just an extension of their brain.

So that plasticity extends to the visual system as well. So when we are talking about kids, we've got a very critical period of about 13 years, from birth to 13 years, when their brain and their visual system are still developing.

All of these things that we are doing, the environmental lifestyle modifications, everything we do has a profound impact on kids and that's why it's so important to start early with some really great habits and to make sure that you're doing the appropriate care that's requested by your eye doctor.

Yeah, I think that point is so important that you made about this 10, this 13 year period, right? From birth to 13 years is really, there's a window of opportunity.

And I think oftentimes, unfortunately, some kids, their issues don't get picked up during that time. And it's very hard for us to try to improve their vision back to what they could have had if they had been diagnosed earlier.

So Dr. Wang, as a pediatric ophthalmologist, what are some of the most common vision concerns that parents come to you with? What are some of the questions that they ask you?

There's so many questions and the most common things that we see are needing glasses or having something called amblyopia, which is when the vision is decreased in one or both eyes but it's not because of a functional reason.

or a misalignment of the eyes.

Why Childhood Vision Matters

And then now, really, I'm getting so many questions about nearsightedness, because that is a growing trend, unfortunately, in kids in the US as well as across the world.

They predict by 2050, 50% of the global population is going to be nearsighted. So I'm getting a lot of questions about how to prevent nearsightedness in kids.

Oftentimes, the parents themselves are nearsighted. They don't want that for their children. Thankfully, for the first time, we've actually got answers.

We've got treatment strategies for them. Before, we really didn't. So those are the most common questions that I get. I want to go back to the very first condition that you mentioned, which is amblyopia.

Can you explain a little bit more about what this term means? You mentioned that it doesn't have to do with something functional. So what is the cause of amblyopia?

So a lot of people will call amblyopia a lazy eye. And then there's often confusion between what is amblyopia and what is strabismus. So this is such an important distinction because the treatments are really different.

Amblyopia is when the vision doesn't develop fully in one eye. has to go back to that plasticity period of the brain. And there are a couple different reasons to have this issue with the vision in one eye.

It can sometimes be bilateral, but more often than not, it's in one eye. So the first and most common reason is unequal glasses prescription between the two eyes.

So if one eye doesn't need any glasses, sees perfect 20 over 20, And one eye is more nearsighted or more farsighted or has a stigmatism. What the brain does is it shuts off the eye.

It doesn't see, it doesn't like the vision in that eye and brains of children can do that. Brains of adults cannot do that. So it starts to shut off the vision connections between the eye and the brain.

So when you're actually looking at the brain of those kinds of patients, we're noticing it's not as much arborization. That's what we call it. Just those connections are not as robust.

So unequal glasses prescription is one reason. Strabismus, misalignment of the eye. when the eye is either wandering in or wandering out because not utilizing the part of the eye that's really required for excellent vision.

So that can cause the vision to decrease. Doesn't necessarily mean it has to. I have a lot of patients with prostate that have perfect 20 over 20 vision in each eye.

But sometimes if it's one eye that's preferentially crossed in or wandering out, that's going to cause the vision to decrease. And then the third reason to get amblyopia is if there's something depriving the eye of vision.

So if there's a cataract or a droopy lid or tumor that's obstructing the light from entering the eye, and then I go in and I fix the cataract or I fix the droopy eyelid, but the vision doesn't recover.

And that's because for so many years, that part of the brain has not been received visual input in the brain. Just shut that eye off. Thankfully, there are treatments for amblyopia and we can get into those if you've got the time.

Yeah, absolutely. Let's talk about some of those treatments. You mentioned one, which is if there's something blocking vision, the treatment would be to remove that blockage.

What are some of the other treatments that are out there? So the treatment would be to remove the blockage, but that's just, that's actually the easy part.

Amblyopia vs. Strabismus

I always tell my patient's parents, me doing cataract surgery on your child, that might not sound easy, but that's the easy part because then the hard part falls to the parents.

And the treatments then are to address that amblyopia, because I've removed the obstruction, but I haven't fixed the amblyopia. That unfortunately is up to the parents.

So there's a couple of different ways to force the brain to use the weaker seeing eye. And the gold standard kind of that we've used for many years, decades, was a patch.

And it cannot be a pirate patch that you buy from the drug store. It has to be a special, either sticky patch or a patch that goes over the glasses so that it completely blocks the light of the better-seeing eye.

That's called patching treatment. And usually, eye doctors are going to recommend that you do it anywhere from one to about six hours a day. We don't need to do full-time patching treatment anymore.

What that does is it penalizes the better-seeing eye, so you're not using the better eye, and your brain is forced to use the worse-seeing eye. That actually improves the vision.

Of course, children don't like that patch. Oftentimes, I put a patch on and I have perfect 2020 vision, and it is hard to navigate. Another treatment option is a dilating drop.

And so what that does is you put that, again, in the better seeing eye. It makes the pupil large, which is more of a side effect because what we're really interested in is the paralysis of the focusing muscles of the eye and that it's the child from reading up close in the better seeing eye.

So again, the brain's forced to use the worst eye. The reason a lot of kids don't love that drop is because it makes them really light sensitive and stays a long time.

So they've got difficulty in school. So I don't usually use that as my first line of treatment because it affects them for a full 24 hours. Can't be titrated the way a patch can.

And now it's really exciting because we actually have virtual reality headsets that are FDA approved to treat amblyopia. One of those is called Luminopia.

It looks like almost like an Oculus headset. This is something called dicoptic masking. What that does is it doesn't completely block the vision in the one eye, but it grays out portions more on the better eye, less on the worse eye.

And so your brain's forced to fuse and force still to use we're seeing eyes. We've seen a lot of success and the trials actually looked at kids who had failed patching treatment and then done the lumenopia.

So that's it's a very exciting. That is so fascinating to use our technology to help solve this age-old problem of how do we force the we're seeing eye to improve and So with these, like, for example, the device, you mentioned a patch, you wear it for a certain number of hours a day.

How is the device used? Is that used like the child would be playing a video game, wearing the device for a certain period of time during the day? So they've got the headset on and it has thousand hours of programming that's already downloaded into the device.

when you connect to the wi-fi then it knows because i've the doctor has sent in the prescription for which eye needs to be more occluded and they just watch tv i like this because number one it's a distance target and i'm sure we're going to get to nearsightedness but i'm always really conscious about up close screens i don't like them i want to minimize them but it's a distance target like tv or movies so it's not going to induce nearsightedness and usually we do it about The FDA style studies looked at one hour a day.

Sometimes I'll recommend two hours a day knowing they're going to get about one hour a day. And the neat thing is as a doctor, I can log in and chart my patient's compliance.

I can see 99% compliance. They did all of the prescribed treatment that I recommended when I see them for follow up. with a patch or an eye drop. It's just really dependent on the parents telling me and remembering and it's not as accurate.

So we've got a really nice measurement too of how much the child is actually doing the prescribed treatment. I'm really so fascinated by this device. What's the youngest age that the device is approved for?

It's approved for ages four to seven years old off label I use it of course and older kids and they are currently looking at the trials for older children as well.

Honestly, off label I've also used it in adults because we talked about that critical period right for kids. When I was in training 20, 25 years ago, we used to think, Oh, if you've got poor vision, what I need and where your patch, when you were young and you're our age, you're 48 now.

Sorry, you can't do anything about that worst vision. But interestingly, we are knowing we're realizing now that critical. That plasticity, it still exists in adults.

It's harder, but you can still make vision changes. And in fact, I had a 43 year old patient that used this headset and got a line of improvement and better control of her misalignment of her eye as well.

So that's anecdotal. It's not in a published study, but there's a lot of benefit there. And I think there's a lot. that we're still discovering about the way that the brain works and the plasticity of the visual system in children and adults.

Yeah, no, it's a really exciting time in our field. What I wanted to clarify for our audience is we use some terms, amblyopia, strabismus, that can oftentimes happen in children, but a lot of people hear the term lazy eye, and it's very colloquial.

I have lazy eye or so-and-so had lazy eye as a child. What does that mean, and how does that relate to those other terms that you used? So it's interesting because I think it means different things based on who you talk to, which is why most of us ophthalmologists do not prefer to use that.

Plus it's got a pejorative sense to it. Lazy. I don't love that term for it. But I think a lot of times when a patient comes to me and says they have a lazy, what they mean is an eye that's wandering.

Typically, ophthalmologists, when we are thinking of a lazy eye, we're thinking of an eye that doesn't see well, thinking of an amblyopia and a patient's thinking of strabismus.

And so that's where the confusion often get a lot of questions. Why isn't surgery recommended for amblyopia? There's no surgery to grow the nerves, grow the visual system.

What they mean is They're either getting confused between strabismus and amblyopia. There definitely is strabismus for misalignment of eye cross-in. Esotropia, the eye can wander out.

Exotropia can even be vertically misaligned. There's definitely surgery for that. But for amblyopia, the decreased vision in the eye, there is not. We've got to do either the patching, the eye drop, or one of these virtual reality headsets.

Thank you for clarifying that. I think these terms get sometimes just tossed around loosely and it's really important when it comes to eye care to try to use the correct terminology because different things can mean widely different causes and different treatments.

So we really need to focus in and choose the right words. Thank you so much for all you've shared. I'm going to come back to some of those other things you mentioned, but we're going to take a very short break and we'll hear from one of our sponsors and we'll be right back.

Hello, I'm Dr. Rani and I'm here to talk about something we often take for granted. In my book, Beyond Carrots, Best Foods for Eye Health A-Z, I delve into how crucial it is to be proactive about your vision health.

Certain eye issues are quite common, such as dry eye and eye strain, while others frequently develop with age, like cataracts, macular degeneration, diabetic retinopathy, and glaucoma.

Some of these types of eye conditions can be debilitating and even lead to loss of vision. The good news is that many of these sight-stealing conditions are preventable if you take the right steps.

Your eyes are precious and they deserve the best care possible. To ensure healthy vision for life, you need to provide your eyes with the proper nutrition they need.

Nutrients like lutein, zeaxanthin, and bioflavonoids, also omega fatty acids, are like fuel for your eyes, keeping them strong and vibrant. But here's the truth, sometimes our diets have gaps.

That's where my Agile Size supplement bundle comes in. It's the result of years of research and my passion for eye health. The Agile Size bundle contains the three essential supplements I recommend to my patients.

Treating Amblyopia

Let's start with Fortify, a blend of powerful ingredients that protect against stressors like blue and UV light, eye strain, free radicals, and oxidative stress.

Next is Nourish, a complete multivitamin. Nourish provides the foundational building blocks your eyes need for cellular function and repair, along with powerful bioflavonoids that support the delicate structures within your eyes.

And then there's Soothe, a unique complete blend of omegas, three, six, seven, and nine. This blend of omega supports a healthy inflammatory response, nourishes dry eye, and helps fight against macular degeneration.

Remember, taking care of your eyes isn't just about today, it's an investment in your future. By being proactive now, you can enjoy healthy vision for years to come, so you can continue reading, using a device, staying independent, and seeing the faces of your loved ones.

So, join me in taking the first step towards a lifetime of clear, vibrant vision. It's time to introduce your eyes to the ageless eyes bundle. I invite you to learn more on my website about each of the powerful supplements that make up the trio in the Ageless Eyes Bundle.

Let's embark on this journey together because your eyes deserve nothing but the best. The Ageless Eyes Bundle. See the world with clarity and confidence.

So earlier, we were talking about the various concerns that can arise in childhood that have to do with vision. And Dr. Wang mentioned screens. Dr. Wang, I would love to hear your take on this.

I know you're a mom as well. You're a mom of three, and I'm a mom too. And I see my daughter on her phone all day long or on her computer. What do you tell your patients?

And also, what do you do in your own home as a mother and an ophthalmologist? What are your recommendations? This is something that, unfortunately, we're facing now that really had no place 20 years ago.

And it's just this added layer of parenting, unfortunately, because it can affect the visual system of children, the neurologic, the brain development, so many different aspects.

So I am a very big advocate of monitoring screen time. And the reason is it's near work. And what we mean by near work is anything you do up close. Most of the time, Kids are using screens as devices, whether phones or tablets, iPads, computers, laptops.

And when you are working at a very short distance, they have shown in studies that amount of time can be linked to nearsightedness. Now, that's not the only way to get nearsighted.

There are a lot of other reasons to get nearsighted. But if that is the one near work that I can reduce because I still want my kids to read a book, I still want them to do their homework, I'm going to eliminate the recreational screen time.

And there are guidelines by the American Academy of Pediatrics and the American Association of Pediatric Ophthalmology and Stroke Business, both of which I belong to.

And they have very strict guidelines about when they recommend screen time for children. So for babies, the American Academy of Pediatrics says absolutely no screen time under the age of 18 months.

My other association, the pediatric ophthalmologists say under the age of two years. So there's a little bit of difference there, but overall they say no screen time except for video chatting, meaning FaceTime, Zoom, Skype.

With the grandparents or yes. With the grandparents. Screen time, even educational content. And people don't like to hear that. They love their miss Rachel.

I get it. She's wonderful. She helps with language development, but not under the age of two. And the reason for the exception for the FaceTiming and the video chatting is because there is back and forth.

It's interactive from a neurologic perspective. There's more for the child to interact with as opposed to just passively consuming television. Now television is also screens and thankfully that's a distance object, but still it's in the screen time recommendations.

From a two to five, both organizations agree Just one hour of screen time should be the norm. So nothing more than that. Even educational content. Just one hour a day of screen time.

And then past the age of five, they recommend a screen time agreement with your child. So I have one available. I think you're going to be linking to it in show notes.

It's a free, fillable resource. For any parent, I've done this with my 3 kids and the nice thing about a screen time agreement. It's not just rules that you are handing down to your children.

My kids are 1113 and 15. They don't take rules anymore. They want to be a part of the discussion and it should be a collaborative discussion. So in that agreement, we discuss screen free areas in our house.

And screen free times as well. So for us personally, absolutely no screens in the bedroom. So they are not allowed to have their phones tablets in their bedroom.

Sorry for the privacy sake, but nope, because there is so much out there. There is they're connected to online.

There is a lot that. I'm worried about millions of other people.

I'm not worried about my child pushing things out, but I'm worried about what type of information they're consuming. We also have a rule that no screens at meals.

So whether we're at a restaurant, here at the dining table, at home, And that goes for parents too. No screens on the table, no phones on the table. They are not using their Apple watch.

That is a time to learn to converse and to talk about our day and to bond. So that's a very important one. And then they don't charge their phones in their bedrooms overnight.

out and they're charged. We have a docking station over in our mud room where everybody plugs in their phones and going with that, screens have to stop one hour before bedtime.

Now, unfortunately, now that my seventh grader and my 10th grader, they are doing homework, unfortunately, right up until they go to bed.

Screen Time and Kids' Eyes

But for recreational screen use and gaming, that all stops at least in power because there have been studies that have shown the blue light from screens can decrease melatonin production, which is going to suppress the circadian rhythms and cause more grogginess in kids, less good sleep quality.

And that's not what I want. So those are the recommendations I make. Dr. Wang, I have to applaud you because as a parent, I know how hard it is to enforce screen time guidelines and to hear that you've been able to do it with three kids across various ages.

It's really amazing. So please, I would encourage people to download that assessment or the agreement, the screen agreement that Dr. Wang is offering and use it and share it with your family.

So let's talk a little bit about, you mentioned earlier, another major issue in the world, which is myopia. It's really become not just an epidemic, a pandemic, right?

Across the world, myopia numbers are skyrocketing. And it happens during childhood or during the early years, even up until early adulthood. So what are your thoughts?

First of all, what's happening? Why is this happening? And what are your thoughts about it? So this is the perfect storm of a lot of things, the rocks and screens, right?

I know in our house, the minimum age to get a phone is 13. That's just that's my house. But each kid is different. So I think honestly, for my daughter, who is 11, she's probably going to get her phone a little bit later.

I worry a lot about the psychological effects. specifically for her. She has a lot of fear of missing out. I know she'll have some social anxiety with that.

So I'm probably going to delay that for her. Know that there were kids in her class in fourth grade that had phones. Kids are spending a lot more time up close.

And again, it's the same as reading. Nothing has been shown that screens phones are worse than reading. But But kids are on their phones just like adults for more hours consecutively without breaks than they are doing the reading and the homework.

So we're seeing a lot more near work. We're seeing kids don't get outside as much. I'm lucky I'm in Hawaii, so my kids are outdoors all the time. But there's been proven benefits of outdoor time on decreasing the risk of nearsightedness in kids.

I remember reading that there were some studies out of, I think, Singapore and Taiwan, if I'm not mistaken, where two hours a day outdoors reduced their progression of myopia.

Absolutely. So that's the recommendation that studies were done in China. Taiwan, Australia, Denmark, Israel, all different ethnicities. They've even studied it in the Eskimo population in Alaska because they've seen a rise in nearsightedness in the Inuit population up there and they tracked it back to again.

near work or less time outdoors. So isn't that interesting? As we're seeing those two things really make this perfect storm. In places like Singapore, 80% of kids are nearsighted because they're also doing a lot of tutoring, a lot of extra studying outside.

And it's really interesting because in China, they have limited certain video games. You can't do them at certain times of the day as a public health initiative.

Wow. the school doors at during recess so kids are forced to go outside and won't stay inside and study so they're really taking it very seriously because it's much worse in Asian countries and but we're starting to see it here in the US so I'm really excited to see hopefully if we can start to make some inroads in some public health initiatives to address it as well.

It's so important. Yeah. So let's say you have a child who starts off maybe at the age of seven or eight, having a little bit of myopia and you've been following them and their myopia keeps increasing every six months, every year their power keeps going up.

What are some options now for myopia management in these kids? So it's really amazing. We've got a couple different options. Some are FDA approved, some are not, but they've been around for a while.

So one of the first is low dose atropine. Atropine is a dilating drop. It dilates your pupil for about a week at a time. But when they dilute it down, dilute the concentration.

Usually when you go to the pharmacy, you buy it for atropine 1%. They found in studies coming out of Singapore and Taiwan, if you decrease that concentration to 0.01 or 0.02 or even 0.05%, you can help decrease the progression of nearsightedness.

So what does that mean? Where every year when kids go into their eye doctor, you've probably noticed the prescription gets worse and worse. If you wear glasses, you probably notice that about yourself when you were young.

And now we have a way to stabilize it. Why do we care? I don't care how thick the glasses are. What I care is that the eye is also elongating. That's what it means to be nearsighted.

The eye is longer than the average. each millimeter that the eye is longer, you increase the risk of vision threatening consequences like retinal detachment, myopic maculopathy, cataracts, glaucoma.

That's what I'm trying to prevent. I want to reduce the blindness associated with nearsightedness down the road. And we can do that with the eye drop.

It's just once a day nightly. And I actually recommend really following kids and even if they look like they're about to become nearsighted, all three of my children are on low dose atropine.

None of them wears glasses yet, but I was able to do some extra testing in the office and I saw that all three of them were going to follow in my husband's, so I started them prophylactically on low dose atropine and now studies have actually shown that that's effective as well.

The second type of treatment is a dual acting contact lens. It's a daily disposable peripheral contact lens that has different rings of power so that it helps stabilize the near-sightedness.

And this actually is FDA approved in ages 8 to 12. So the brand name is called MySight. It's made by a company called CooberVision. And it helps decrease the nearsightedness, it stabilizes it.

So this is a really good option. Sometimes I will use the first two in combination. The atropine, unfortunately, is not FDA approved for kids, but it's been around for 100 years.

I found a journal article in the Journal of Pediatrics from the 1930s that talked about seeing nearsightedness. It said atropine eye drop and get outside.

By the way, the atropine, I wanted to go back to what you said in the very beginning of our talk about when you were treating treating amblyopia, you said people could put drops in their child's eyes to treat amblyopia.

That's the same drop, correct, as atropine It is the same, but it's the stronger concentration. It's a stronger version, right? So 1%, which you can buy.

Just fill it at your local drugstore. This type of low dose atropine has to be for now, specially made in a compounding pharmacy.

Myopia Causes and Prevention

It's very different. usually has to be refrigerated, has to be tossed after one to three months. So it's a different type of eye drop. So there's actually a pharmacist make your solution of low dose atropine.

There's also glasses that are available outside of the United States and Canada and Europe and in Asia. two different types of glasses that are different than the regular glasses that we all wear.

It's not just the single vision glasses that traditionally are given to children because they found that actually might worsen the nearsightedness. These special glasses have a honeycomb type pattern.

You can't notice them. But again, what it does is it really projects the image properly on the curved retina, Whereas a regular single vision pair of glasses projects the image on a straight line and a straight path.

Your eyeball is curved. So that's a factor that might make the eyeball grow even more and might make you more nearsighted. So those glasses are available outside of the U S some may be available in the U S at some point.

Do you think that they are currently trying to do trials? The problem is going to be at least five years. Okay. Got it. You can get the off brand version.

I have a manufacturer that will make it same type of lens as one of the branded versions, but you cannot get in the U S at least one of the branded versions.

So you have to go to Canada or go to Europe to get them. But also the data looks really good on those specific types of glasses for, again, slowing nearsightedness.

So I think treatment for someone that's nearsighted could be just one of those three. It could be a combination. If there's a strong family history of retinal detachments, high myopia means anything above minus six because that carries with it those added risks that I talked about before of retinal detachments and myopic maculopathy.

Got it. I wanted to ask you about another treatment that I sometimes hear about for myopia, which is ortho keratology. What are your thoughts about that and what does the evidence show?

So ortho keratology is a hard contact lens that you sleep in. What they found was this was a contact lens and it basically shapes the cornea. It's mushes the front part of your eye while you're sleeping.

it down a little bit. And adults then in the morning, so initially this was for adults, would remove the contact lens and

their nearsightedness would be temporarily cured.

They wouldn't need glasses or contact lenses during the day to see and they would keep putting this contact lens in at night and then what they found was that in the younger patients it seemed to slow the progression of nearsightedness.

as well. The data does show that it is a good method of treatment. However, most pediatric ophthalmologists, we don't love it because we don't like telling anyone to sleep in a contact lens has increased the risk of infection up to eight times.

And my corneal colleagues, like my husband, will sometimes see these corneal opacities, not necessarily vision affecting, but they will see them in kids that are wearing ortho keratology.

I think if you're doing ortho keratology under the care of an optometrist who is really on top of things, I will, there's somebody in our community and he's fantastic.

He is. Really educating the parents as to what to look out for. If there is an infection, they get in to see him right away. The parents are really a part of that kind of just ensuring that something terrible is not occurring in a child.

There are a lot of stories, unfortunately, in the ophthalmology community. of terrible infections, even one at Stanford where they were admitted to the ICU because of these awful bilateral infections.

So once you see that and there are other options available, that's why usually as an ophthalmologist, I don't prescribe it personally and I don't really talk about it all that much.

But if you look at the data does show that it works and that the risk of infection was about one point seven percent, if I'm not mistaken. So not terrible, but there's a risk.

Nevertheless, there's a risk. And with the eye drops, there's really very minimal risk of infection that my site contact lens is a daily disposable, meaning you're throwing it away at the end of the day, which is always the healthiest for the eyes.

It's always what I recommend for my tween and teen patients is I like that, that kind of a contact lens. So. But it is also with ortho K, it's like the equivalent is having to wear a retainer at night, right?

You have to wear the retainer during the night and then you take it off. But if you stop wearing it, your teeth are going to go back to whatever they were at before the shape, the formation that they were at before.

So the same holds true for the cornea, right? If you stop wearing your ortho K contact lenses, your cornea will revert back to the shape that it had before.

Absolutely. Absolutely. Yeah. Dr. Wang, we're nearing the end of our talk and it's just been such a pleasure learning so much from you. I'm going to definitely be looking up some of these newer treatments that you've described for kids eye health.

Myopia Management Options

But one other very common question that parents have is, how often do I need to take my child to the eye doctor? When should they get their first exam?

And then after that first exam, how often should they be seen? So can you give us some guidance on that? So our association of pediatric ophthalmology, we really partner and rely on the pediatricians to be the medical home.

Since we're both physicians, we want you first to go to your pediatrician. If you have concerns about your child's eyes, they should be doing a vision screening in the office.

Now, if there is a family history of eye crossing, if there's a family history of nearsightedness, absolutely make that appointment. when you desire with your pediatric ophthalmologist.

But the American Association of Peds, ophthalmology instruments, we do not recommend routine comprehensive eye exams for children. And the reason is when you come in, we have to put those dilating drops in kids' eyes.

Those drops takes 30 minutes. They are not, they can be a traumatic event, especially for younger kids. And a lot of the times, Everything is normal. There's not much that we need to be concerned about.

We don't want to overburden the system. There aren't a lot of pediatric ophthalmologists in the country. There are a lot of optometrists. They will differ in what they say, but from a pediatric ophthalmology perspective, we really think that only come in when you are concerned about something specific.

If there's a family history, if there's a personal history, absolutely bring them in at any time. I examine babies in the neonatal intensive care unit.

So there's no age that's too young to be examined by us in the eye clinic. Absolutely not. There should be a reason. There should be a reason. There should be a reason.

Now again, a sibling with nearsightedness at the age of three, I will tell the parents, yes, bring in your other kids maybe even earlier than that age.

Then I can just pick up on it as fast as can. But if you're worried too that the pediatrician is not doing a proper job of screening the vision, obviously we want to make sure that kids are getting picked up.

that vision issues that we talked about, amblyopia or glasses, that they're getting discovered early enough where we can make a difference. But there are no guidelines that say you need to come in by X amount of months or years.

That's not usually the recommendation. Well, thank you for clarifying that because I know that's a concern a lot of parents have. And yes, they get their kids' eyes tested at the pediatrician's office or perhaps in school.

They have eye screenings. But really, if you see that your child's having some kind of issue, they're squinting, they're rubbing their eyes a lot, there's indication that they're bumping into things, definitely get it checked out.

Again, thank you Dr. Wan for this, Wan for this enlightening conversation. I'm sure that our audience has learned so much from you. I just wanted to close with, is there any one particular myth or some misconception people have about kids' eyes that you would love to clarify and clear up?

I think sometimes people think that when they see a child with cross eyes, that kids are going to outgrow it, that babies will outgrow it. And that's a myth.

There's one very specific subtype of eye crossing that gets better with age, but we're talking middle school age. But it's something you absolutely want to see a pediatric ophthalmologist.

Oftentimes, we might need to give glasses, but sometimes we need to go straight to surgery if there's no need for glasses. So that myth that a baby will outgrow their cross eyes, if the baby has cross eyes past the age of six months, then you really need to get that checked out.

That was such an important point, absolutely. Again, thank you so much Dr. Wang for sharing your wealth of information. If anyone in our audience wanted to learn more from you, use maybe access some of your resources, or perhaps even if they're in Hawaii, become a patient, how can they find you?

So I am kind of everywhere at the same name. DrRupaWong.com is my personal website.

When Children Should See an Eye Doctor

Honolulu Eye Clinic is where I practice, which has our practice website. But I'm on Instagram and TikTok and YouTube under DrRupaWong. Facebook, for some reason, that name was taken.

So I had to go with RupaWongMD. You can find me there. And I'm also on LinkedIn. So on all the places for eye health education, I have a bunch of freebies for parents about how we do screen time in our homes, other things for just eye health, all along my personal website, drrupowong.com.

Wonderful. And we will share all of those links in the notes below. And I encourage all of you to follow Dr. Wang on her social media platform. She is, again, a wealth of information and she makes it very entertaining too.

So joy to watch. Thank you all for tuning in and I will see you during our next session together. Thank you for tuning into Dr. Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

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