

Dispensing for children

Q&A responses by Rachel Pilling & Cheryl Hill

- 1 Are we likely to see children with congenital cataract or craniosynostosis outside hospital?
Yes; not all eye depts (in fact very few) have optical dispensing services and so parents will come to the community with a prescription to be dispensed.
- 2 We are seeing lots of children who are having telephone follow ups, why is this? Is it a funding issue?
Where no measurements are required (eg. checking parent has glasses and their child is wearing them) a phone call is more efficient: they are typically interspersed with face-to-face appointments.
- 3 Why do ophthalmology departments not have an attached dispensing service, so that it is ensured children have the correct dispense provided?
Difficult to say; money; space; it's the usual model NOT to have dispensing.
- 4 Do you always put heights in Rx over +/- 5D or if they have curls over 1D? Why is it necessary?
Accurate centration is always important regardless of the prescription or the frame style, in both the vertical and the horizontal meridians. The higher the prescription the more important this becomes due to increasing amounts of unwanted prismatic effect.
- 5 Do you discuss myopia management with special needs?
Sometimes if appropriate to do so.
- 6 Does a reluctance to wearing specs cause an increase in myopia in teenagers?
There is no current research that suggests this, but further research in this area is needed.
- 7 How can parents and caregivers be educated on the importance of regular eye exams and proper spectacle maintenance for children?
This is a great topic for research and one which I know a colleague at Bradford is exploring.
- 8 How do you get a parent to listen to your advice on size. Many will not take the dispensing optician's advice especially if the parent thinks they look cool.
This is the goal isn't it! Consider the analogy with shoes.
- 9 How do you have the hard conversation that these specialised frames aren't covered by the voucher, and they have to pay?
*I would discuss with senior colleagues and ask them how they have tackled this or watch and observe from colleagues.
It is important to ensure all options are given to parents to allow them to make an informed choice regarding their child's treatment.*
- 10 I had read somewhere that spectacles that are not correctly centred in OCs on a child who is hyperopic with a phoria, can make the phoria worse? Is this correct?
It could yes but depends on many variabilities.
- 11 Why do hospital vouchers never have the back vertex distance or VA's recorded?
In special needs kids this is challenging; we typically don't use a trial frame but hold lenses in free space. Vision is recorded on medical notes: there is no box for it on the HES form.
- 12 Should newborns/babies/children wear sunglasses on a sunny day?
If a child is in the sun and needs sunscreen on then yes sunglasses would be a good idea too.

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- 13 Should you always cyclo?
Only when required – this can be different for every child and dependant on the appointment type.

- 14 What strategies help ensure a comfortable and stress-free fitting experience for children with physical or cognitive disabilities?
Gosh! This is, I hope, something you might find on the CPD platform or learn from experience; Sorry I can't answer in a sentence or two! Some methods were discussed this evening.

- 15 What if the child really loves a frame that doesn't fit? Or the parent is more interested in the style than the lens concerns?
See question 9. It could also be a consideration to remove children's frames from open access display so that the dispensing optician only presents suitable frames to the child to choose from.

- 16 Was it 2-3 years of age that the implant would be fitted for congenital cataract?
Approximately yes.

- 17 What frame would you recommend for craniosynostosis.
This will really depend on the child's facial characteristics: there are many different frames that could be suitable.

- 18 With Tomato frames would you recommend giving the "repair kit" to parents or keep it in practice?
Yes. Parents can then do minor repairs at home, especially for those who may struggle to attend your practice for a simple repair. Some time spent showing them what is what possibly goes a long way and the reassurance if they struggle, they can always return.

- 19 If you cyclo, should you measure intra ocular pressure, how common is angle closure in children?
It's not an issue in children.

- 20 When dispensing BIF on a child where would you like to see the top of the seg line place in correlation to the child's eye?
Bisecting pupil.

- 21 Why do schools wait until they are 5-6 years before the 'quick checks'?
I'm not sure what a 'quick check' is? Vision screening occurs in reception age 4-5yrs but does depend on the location as to the funding provided for this.

- 22 Do different conditions affect accommodative ability?
No.

- 23 Do you advise parents to seek out dispensing opticians to ensure that the dispense is done correctly?
There are many factors' parents can consider: location, convenience, parking; I advise them to let the professional guide them to a frame which will fit the child well.

- 24 Do you see issues with centration often? i.e. poor pd measurements
This isn't something I look for.

- 25 If we have a child for specs adjustment, but specs were dispensed somewhere else, and it is an ill fitted frame. No adjustment can help. Can we request another voucher to cover the cost for new specs?
The parent should be redirected to the original dispenser as the responsibility lies with them.

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- 26 Do you think optometrists need more specialist training to be more confident to refract children?
I think we all need more time to learn how to support patients of all ages.
- 27 Which cycloplegia option is best tropicamide? Cyclopentolate? and what strength?
In the hospital we use 1% cyclo.