

WHY CHOOSE OPTIMAX



Experience

Since 1995, we are among the professionals to perform Lasik in Malaysia. Today, we boast over 90,000 satisfied clients.



Modern Technology

From diagnosis equipment to sophisticated laser engineering, modern technologies are used.



Total Convenience

With a comprehensive network covering most cities in Malaysia, customers can keep in touch with us more easily.



ISO Certified

We are a corporation in Malaysia providing world-class Lasik services that fulfil stringent ISO requirements.



Trusted Team of Professionals

We are occupied with a resident multi-specialty Ophthalmologist, practicing Optometrist, Vision Consultant, Nurses and Laser Engineer.



Life Time Warranty

Our Vision For Life program warrants your Lasik vision for a lifetime.*



HPMRS

All our Lasik procedures achieved results of 99% in functional visual acuity and 100% in safety tests audited by the Healthcare Performance Measurement Report System (HPMRS).**

*Terms and conditions apply

**Audited by third party

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New Vision New Life™

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OPTIMAX EYE SPECIALIST

New Vision New Life™

Paediatric



DISCLAIMER: The information in this brochure is not intended to be a substitute for professional medical advice, diagnosis or treatment. All content, including text, graphics, images and information is for general information purposes only. If you have persistent vision health problems or if you have further questions, please consult our ophthalmologists.

For internal distributions only.

Amblyopia

Amblyopia is commonly known as lazy eye. The vision in the lazy eye is poor as normal sight has not developed in early childhood.

In early childhood, clear images stimulate normal brain development whilst blurred images get ignored. At the age of four years (some believe as late as ten or twelve years of age), the development of the part of the brain that processes vision is almost complete. By this age, if the brain has not received clear images from the affected eye, it would be difficult to improve the vision in the eye after the brain is completely developed. The eye is said to be amblyopic or lazy.

Common Causes of Lazy Eye

- Short-sightedness (myopia), long-sightedness (hypermetropia) or astigmatism
- Large differences in refractive power between the two eyes
- Strabismus (squint)
- Obstruction of vision by droopy eyelid, cataract or other lesions

Early Detection

Successful treatment depends on how severe the lazy eye is and the age of the child when treatment starts. If the problem is detected early, the chances of improving the vision are greater. After four years of age, the success rate falls with increasing age of the child.

A comprehensive pre-school eye examination with your ophthalmologist will help early detection. This involves checking this child's vision, his/her requirements for glasses as well as excluding squints and other disorders that may help to amblyopia.

Treatment

To improve the vision in the lazy eye, the child must be forced to make use of it. This is achieved with patching or covering the better eye when the child uses his eyes (i.e. watching TV, reading books etc). If the child also requires glasses, he/she must be encouraged to wear them full time.

The basis of patching is to allow the lazy eye to be utilized more compared to the better eye so that the part of the brain

processing vision from his eye gets to develop properly.

Patching may take weeks to years as long as vision in the lazy eye continues to improve. The earlier treatment is started, the faster the recovery. The vision sometimes worsens after patching is stopped, so the child must be reviewed regularly.



Occlusion Therapy

Squints in Children

A squint occurs when one eye is straight and the other eye turns away from the straight position. The turn may be inward (convergent squint) or outward (divergent squint). One eye can be higher than the other.

Squints can be constant, present all the time, or they can be intermittent and occur in certain situations, like when the child is reading, tired or when he/she is looking in the distance. They can result in:

1. Amblyopia or Lazy Eye

When a child has a constant squint, the image from the squinting eye is ignored by the part of brain that processes vision, resulting in poor vision in the affected eye.

2. Poor Binocular Vision

The appearance of depth and distance requires the ability to use both eyes in good alignment. A child with a constant squint has no or very poor depth and distance judgements.

3. Abnormal Head Position

Some children adopt an abnormal head position like a head tilt or face turn when they have squints to try to keep both eyes better aligned.

Treatment

There are two parts to the management:

1. Existing amblyopia must be treated first. This is achieved with patching the better eye. Glasses must be worn full time if required.
2. Squint surgery is performed to realign the eyes once amblyopia is corrected. Realignment of the eyes allows development of binocular vision, which can only be regained in early childhood.

The Timing of Surgery

- In a young child with a constant squint, surgery should be done once vision is equal in both eyes to enable binocular vision to develop
- In a child with intermittent squint, surgery is not so urgent as he experiences binocular vision some of the time
- In an adult, since binocular vision is not possible, surgery can be done any time to improve his appearance



Convergent Squint

Glasses and Squints

Some squints can be caused by uncorrected long-sightedness (hypermetropia) or short-sightedness (myopia). Hence, glasses can sometimes partially or completely eliminate the squint. All children with squints should have their eyes checked and glasses, if prescribed, should be worn all the time.

Pseudo Squint

Many Asian babies, particularly Chinese, appear to have convergent squints with skin folds covering the inner corners of the eyes. This is called pseudo-squint. It is important to exclude the presence of true squints with your Ophthalmologist.