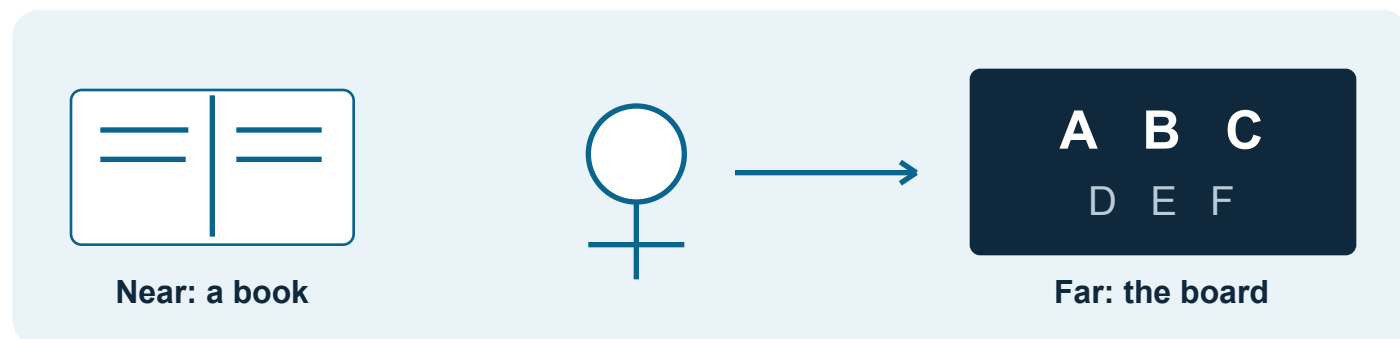


# My child's vision is changing

A parent's guide to myopia and the sleepSEE Myopia Control system. Learn what changes to watch for, how care is planned, and how to track your child's progress.



A nearby book may seem clear while the board at school looks blurry.

## What you might notice

Your child may squint at the TV, miss words on the board, or say distant things look blurry. Tired eyes can be another clue. A child may not know that others see more clearly. Ask what feels hard to see. [1]

## A new prescription is a reason to ask questions

If your child needs stronger glasses again, bring the old and new prescriptions to the next visit. Ask what changed and how the doctor will track it. Do not guess how much the eyes have changed from symptoms alone.

## What this guide helps you do

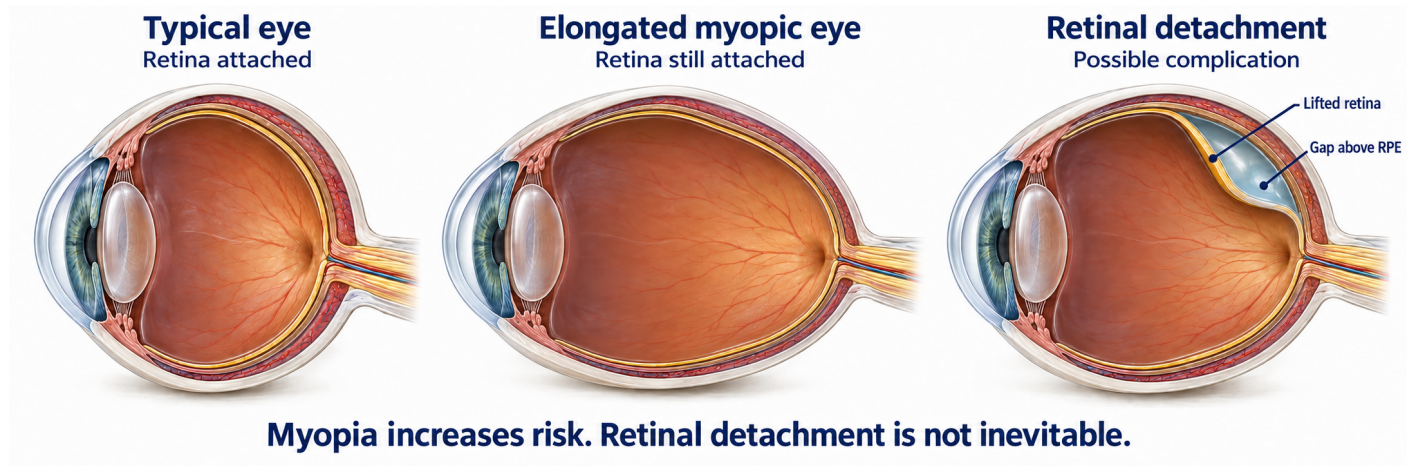
Learn why eye growth matters (page 2). See retinal detachment (page 3) and other long-term risks (page 4). Prepare six questions (page 5). Get to know sleepSEE Myopia Control (page 6). Build a home routine (page 7). Keep a visit record (page 8).

Your next step: Write down one thing your child has noticed and when it began. Bring that note to a full eye exam.

[1] National Eye Institute: Nearsightedness

# Why eye length matters

Axial length is the eye's length from front to back. Eyes grow as children grow. With myopia, extra length can make distant things look blurry. That extra growth can also put future sight at risk. [3, 6]



Elongation and detachment are different. The right-hand eye shows a possible complication, not the normal course of myopia. Not to scale. [8, 9]

## Why a stronger prescription is only part of the story

The retina is the light-sensing layer at the back of the eye. Parts of it can stretch and thin as the eye grows longer. These changes vary across the eye. They can make it more prone to damage. Clear vision with glasses or lenses does not prove that eye growth has slowed. [6, 8]

## What continued progression can mean later in life

As myopia gets worse, the risk of these eye problems rises: [6, 7]

- Retinal detachment: the retina pulls away from the back of the eye.
- Myopic macular degeneration: central retinal damage can affect reading and seeing faces.
- Glaucoma: damage to the nerve that carries sight signals to the brain.
- Cataracts: clouding of the natural lens inside the eye.

## Why act during childhood?

Myopia often gets worse faster when it starts early. There are also more years for it to progress. Slowing excess growth early aims to limit how severe myopia becomes and lower future risk. Some eye damage can cause lasting sight loss that stronger glasses cannot fix. [3, 6]

These problems are possible, not certain. Your doctor can explain your child's risk. Ask: 'How much has each eye grown since our last visit, and does our plan need to change?'

[3] IMI: Clinical management guidelines

[6] IMI: Pathologic myopia and lasting vision loss

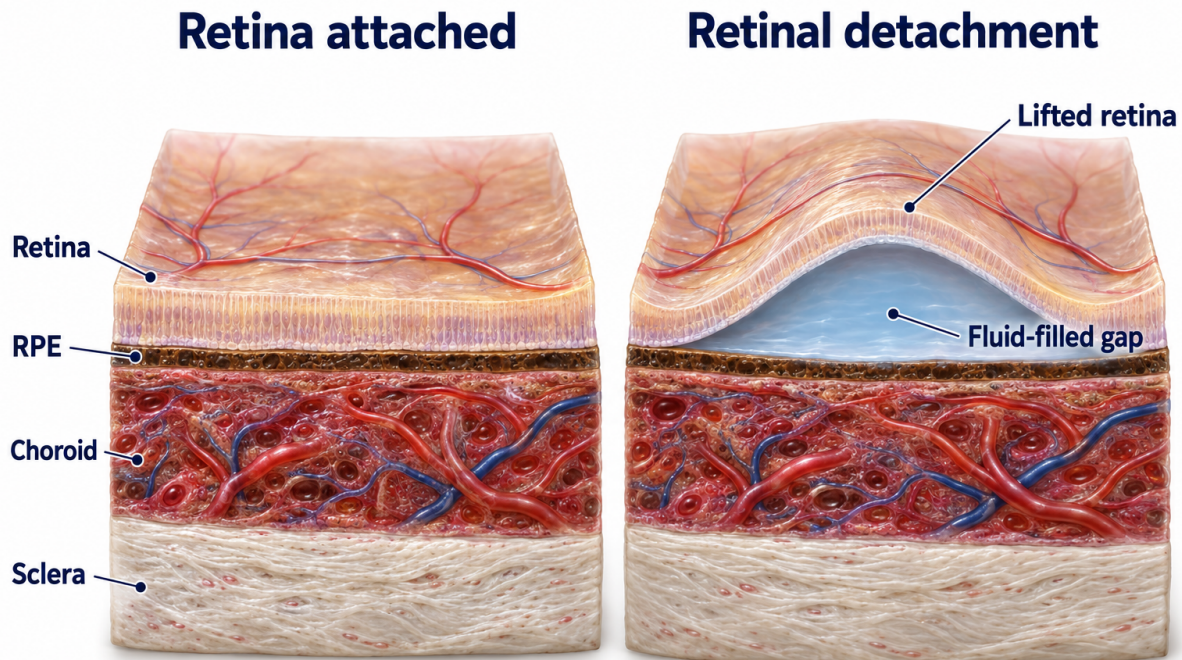
[7] National Eye Institute: Myopia and eye-health risks

[8] IMI: Eye-tissue changes with axial myopia

[9] AAO EyeWiki: Retinal detachment

# When the retina pulls away

This close-up shows a retinal detachment, one possible complication linked to myopia. It is not what happens in every myopic eye. [6, 9]



The gap is between the retina and its RPE support layer, above the choroid. Layers are enlarged to explain the anatomy. [9]

## Why the separation matters

The RPE is a thin layer of support cells. The choroid below it carries blood that helps feed the outer retina. When the retina lifts away, that support is disrupted. Without prompt care, sight can be permanently lost. [9]

## How this connects to myopia control

Greater myopia raises the risk of retinal detachment. This is one reason to slow excess eye growth in childhood. The aim is to lower future risk; care cannot guarantee that a detachment will never happen. [6, 7]

Get urgent eye care for sudden new flashes, many new floaters, or a curtain or shadow over vision. Do not wait for the next routine visit. [9]

[6] IMI: Pathologic myopia and lasting vision loss

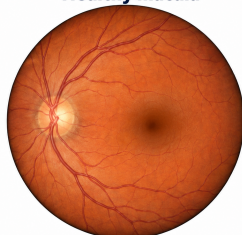
[7] National Eye Institute: Myopia and eye-health risks

[9] AAO EyeWiki: Retinal detachment

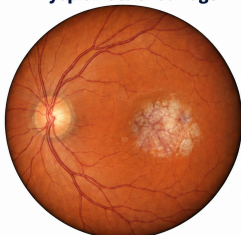
# Possible long-term risks of progressing myopia

Myopia can raise the chance of these problems. They often develop later in life. Greater myopia generally means greater risk. These outcomes are not certain. [6, 7]

Healthy macula



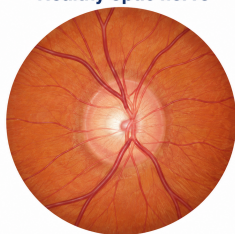
Myopic macular damage



## Myopic macular degeneration

The macula is the center of the retina. It helps us read and see faces. With severe myopia, this tissue and its support layers can thin and break down. Damage here can cause lasting loss of central sight. [6]

Healthy optic nerve



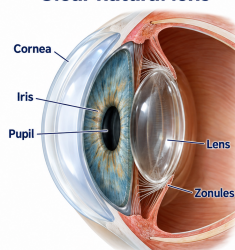
Glaucoma damage



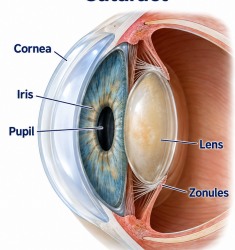
## Glaucoma

The optic nerve carries sight signals to the brain. Glaucoma damages this nerve and can slowly take away side vision. It often has no early symptoms. Regular eye exams can help find it before a person notices a change. [10]

Clear natural lens



Cataract



## Cataracts

A cataract clouds the natural lens inside the eye. It can cause blur, glare, and trouble seeing at night. High myopia is linked to cataracts developing earlier. The cloudy part is the internal lens, not the cornea or a contact lens. [7, 11]

Illustrations show examples of tissue changes, not a prediction for your child. Details are enlarged for learning.

## Other changes the doctor may watch for

Some eyes grow new blood vessels under the retina. These can leak. Retinal layers may also split, or a hole may form in the macula. A bulge in the back wall of the eye is called a posterior staphyloma. This can affect sight. [6]

Ask your doctor how eye growth and eye-health checks guide your child's sleepSEE care plan.

[6] IMI: Pathologic myopia and lasting vision loss

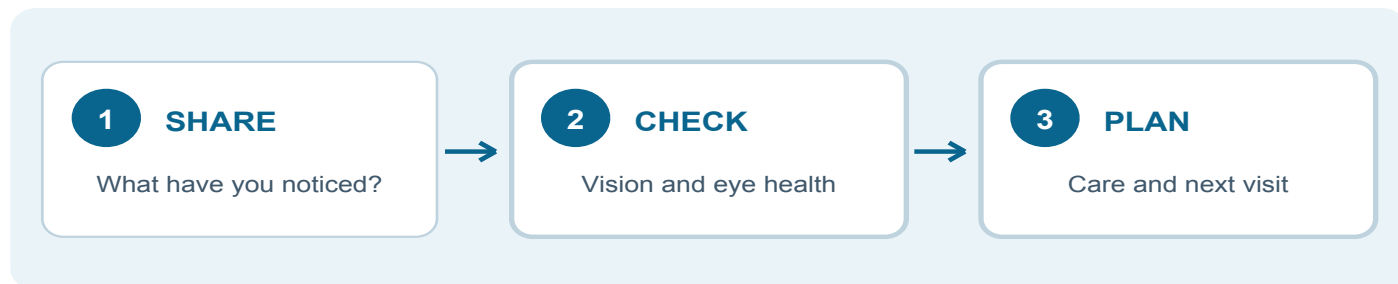
[7] National Eye Institute: Myopia and eye-health risks

[10] National Eye Institute: Glaucoma

[11] National Eye Institute: Cataracts

# Six questions for the eye doctor

Bring past prescriptions, current glasses, and a list of concerns. Use the space below for short answers. Ask the doctor to explain any term you do not know.



An exam is a conversation as well as a set of measurements.

**1. Is my child's myopia getting worse? How much has changed?**

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**2. How much has each eye's axial length changed? What does that mean for my child?**

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**3. Is sleepSEE Myopia Control a good fit for my child? What would their plan include?**

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**4. What benefits, risks, costs, and daily care should we expect?**

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**5. How will we check progress, and when should we return?**

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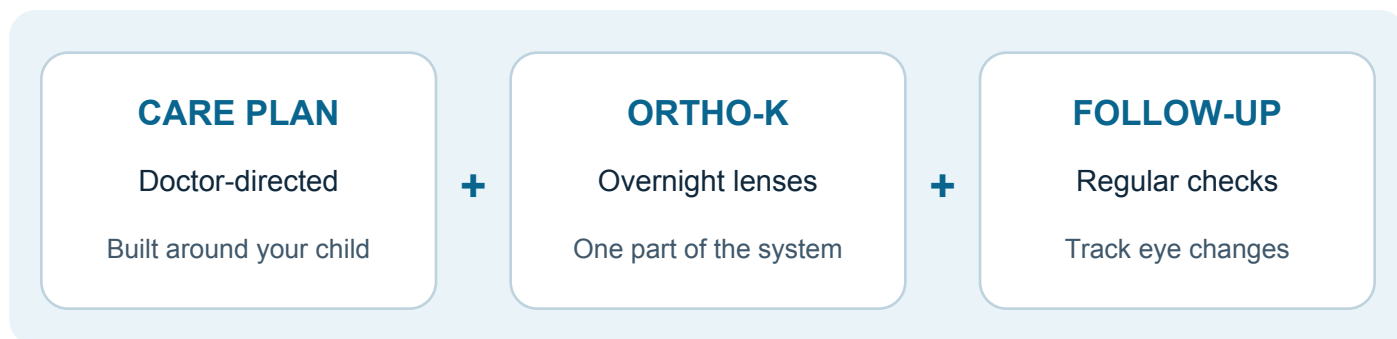
**6. What changes should make us call before the next visit?**

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Before you leave: Ask for a clear plan, the next visit date, and the best number to call with questions.

# Get to know sleepSEE Myopia Control

sleepSEE Myopia Control is a system of care built around your child. It uses Ortho-K lenses as one part of a broader plan. Your doctor chooses the care steps and tracks how your child's eyes change.



The care plan, lenses, and follow-up checks work together.

## Start with a plan for your child

The doctor checks your child's vision, eye health, and eye shape. Bring past prescriptions and share your child's daily routine. Ask what their sleepSEE care plan will include and why.

## Understand the role of Ortho-K

Ortho-K lenses gently change the cornea's shape during sleep. Your child takes them out in the morning. For children who are a good fit, Ortho-K can correct daytime blur and help slow myopia progression. [3, 4]

## Track more than clear vision

A prescription describes lens power. Axial length measures eye growth. With Ortho-K, clear daytime vision alone cannot show whether that growth has slowed. Corneal topography maps the eye's front surface. Your doctor reviews these different measures to guide your child's care. [2, 3]

## What myopia control aims to change

The goal is to slow excess growth while keeping vision clear. It cannot promise to stop all growth or prevent every eye problem. Your doctor tracks each eye over time. Each visit helps show whether to keep or change the care plan. [3]

## Keep the plan up to date

Follow the lens-care steps and home routine your doctor gives you. Keep each planned visit. Ask what is working, what has changed, and whether the care plan needs an update.

**Lens care matters:** Contact lenses can cause infection. Follow your doctor's care steps. If an eye is painful, red, or suddenly blurry, remove the lenses and contact the eye doctor promptly. [5]

[2] IMI: Myopia correction, control and management

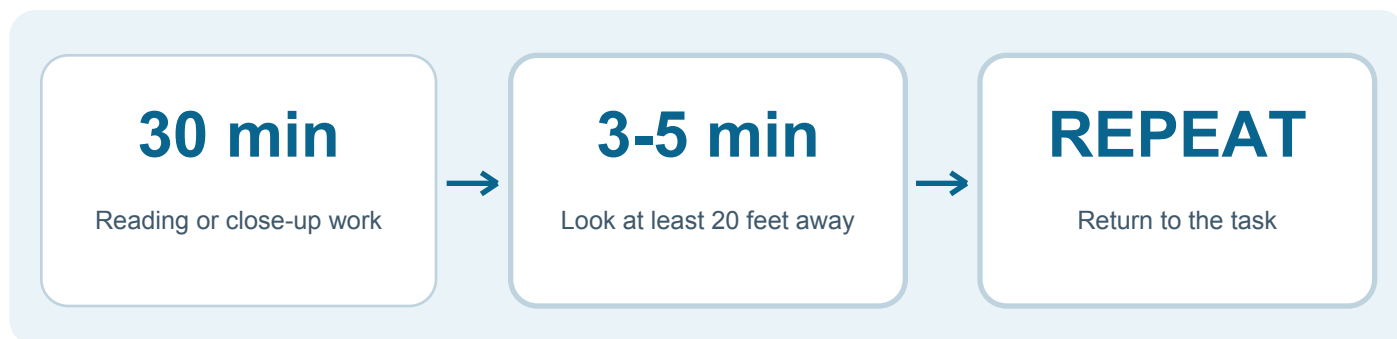
[3] IMI: Clinical management guidelines

[4] IMI: Myopia-control treatments, 2025

[5] FDA: Contact lens risks

# Make breaks part of the day

Use a routine your family can remember. The schedule below is sleepSEE's recommendation for breaks from close-up work.



Near work includes books, homework, phones, tablets, and other close-up tasks.

## Try the routine today

After 30 minutes of reading, homework, screen time, or other close-up work, have your child take a 3-5 minute break. During the break, have them look at something at least 20 feet away. Then they can return to the task and repeat the routine.

## Make it easy to follow

Set a timer. Choose a distant object before starting, such as a tree seen through a window. Put the book or device aside for the full break. A different close-up screen is not a distance break. Parents can use the same routine.

## Keep the wider care plan in place

Make outdoor play part of the day when practical. More outdoor time can help lower the chance of myopia starting; its role in slowing existing myopia is less clear. Breaks and outdoor time do not replace prescribed care or follow-up visits. [3, 4]

For lens wear: Use the products and steps your eye doctor prescribes. Keep contact lenses away from tap water, showers, and swimming. Only sleep in lenses specifically prescribed for overnight wear. [3, 5]

[3] IMI: Clinical management guidelines

[4] IMI: Myopia-control treatments, 2025

[5] FDA: Contact lens risks

# Your child's visit record

Print this page and bring it to each visit. Ask the care team to help fill it in. Use a new copy when you need more room. These are notes for discussion, not a way to diagnose changes yourself.



Compare visits with your eye doctor. One number does not tell the whole story.

Child: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**Visit notes: ask the care team to help fill in each row.**

Date: \_\_\_\_\_ Glasses prescription: R \_\_\_\_\_ L \_\_\_\_\_

Eye length, if measured (mm): R \_\_\_\_\_ L \_\_\_\_\_

Date: \_\_\_\_\_ Glasses prescription: R \_\_\_\_\_ L \_\_\_\_\_

Eye length, if measured (mm): R \_\_\_\_\_ L \_\_\_\_\_

Date: \_\_\_\_\_ Glasses prescription: R \_\_\_\_\_ L \_\_\_\_\_

Eye length, if measured (mm): R \_\_\_\_\_ L \_\_\_\_\_

**Before we leave, I understand:**

☐ What changed and what it means.

☐ The daily care steps and who will help.

☐ The next visit date and when to call sooner.

Next visit: \_\_\_\_\_ Clinic phone: \_\_\_\_\_

My main question: \_\_\_\_\_

Ask about sleepSEE Myopia Control: Find a participating provider at [sleepSEE.com/find-a-provider](https://sleepSEE.com/find-a-provider). Bring this guide and your child's past prescriptions to discuss a plan for their eyes.

Educational guide; it does not diagnose your child or replace their eye doctor's advice.