# Congenital cataract

A cataract can make your vision blurry or misty, a bit like trying to look through frosted glass. Some babies are born with cataracts or develop cataracts at a very early age.

## What are congenital or infantile cataracts?

A cataract is a clouding of the lens inside your eye.

Your lens sits just behind your iris, the coloured part of your eye. The lens of your eye is usually clear and helps to focus the light entering your eye but a lens that is misty or cloudy is said to have a cataract. Cataracts can cause your sight to be blurry or hazy. It is not a layer of skin that grows over your eye or eyes; it is simply the lens of the eye(s) that has become cloudy.

Some babies are born with cataracts and some develop them in the first six months of their lives. When a baby is born with a cataract it is called a “congenital cataract”. If a cataract develops in the first six months of life it is known as an “infantile cataract”.

Children can have cataract in one (unilateral) or both (bilateral) eyes. Most children with cataract in only one eye usually have good vision in the other.

## How does the eye work?

When light enters your eye, it is focused first by the cornea which is the clear window at the front of the eye, and then more accurately by the lens so that it is correctly focused on the retina. The focussing that the cornea and lens do help to make your vision clear and sharp.

Your retina is the light sensitive layer that lines the back of your eye. It converts the light into electrical signals that travel along the optic nerve to our brain. The brain interprets these signals so we can "see" the world around us.



## How does our vision develop in childhood?

When you’re born, your eyes and brain must learn to work together. As you grow, you use your eyes to collect information which is sent to the brain to process and this builds up a connection between them. This connection between the eyes and the brain is known as the visual pathway.

The visual pathway develops throughout your childhood and up to the age of about seven or eight years old. During this time, it’s important that your eyes send clear and similar images to your brain. The eyes and brain use your visual experiences to improve their coordination and allow your visual pathway to develop as fully as possible. The most crucial time is the first two to four months of life: if the eyes don’t send the brain a clear image during this time, the brain may never learn to see clearly.

After the age of about eight years old, the visual pathways and the “seeing” parts of the brain are fully formed and are difficult to change. Therefore, it’s important to treat childhood vision problems before this age.

If a child is born with an eye condition which affects vision such as cataract, then their visual system may not develop normally. This is because a cataract lowers the amount of visual stimulation the eye and brain receive.

## How can congenital or infantile cataract affect development of vision in childhood?

If one of your child's eyes is sending poorly focused, unclear images to their brain because they have a cataract in this eye, their brain will learn to ignore these images in favour of those provided by the other better seeing, or “stronger” eye. This prevents the visual system from developing properly in the eye which has the cataract. This is known as amblyopia or “lazy eye”. Amblyopia may result in permanently reduced vision as the visual system has not developed, particularly when the brain doesn’t get a chance to see clear images in the first few months of life.

### Unilateral cataracts

With unilateral congenital cataract, the brain tends to rely on the eye without a cataract and learns to switch off from the eye with the cataract and reduced vision. In these cases, it can be difficult to encourage the visual system to develop in the eye with the cataract.

### Bilateral cataracts

Bilateral cataracts can cause amblyopia to develop in both eyes. If a child has bilateral cataracts and are sending a cloudy image to the brain in the first months of life, then the brain will “ignore” both eyes. The visual system may still develop, but it would be limited and will result in some vision being reduced permanently.

## What are the types of congenital cataracts?

There are many types of congenital cataract. Some affect vision and others never do. A cataract located towards the centre of the lens is more likely to affect vision and visual system development, than one which is around the edge of the lens, though this will depend on its size and how dense, or cloudy, the cataract is.

Very dense cataracts can cause blindness in babies if left untreated, or if treated too late. An ophthalmologist (eye surgeon) will check your child's eyes and vision and be able to tell you how much the cataract is affecting your child's vision.

Congenital cataracts can continue to develop, although this normally takes months to years. The ophthalmologist would assess how much the cataract is affecting your child's vision and then discuss treatment with you if they feel it is needed.

## What causes congenital cataracts?

Around 3- 4 per 10,000 children born in the UK have a cataract which affects vision. About a third of cataracts do not have any cause and aren’t linked with any other disease or condition.

Unilateral cataract usually has no known cause and it’s something that can just happen for no reason. In some cases, it can be linked with other conditions in the eye, eye trauma or a baby being affected by an infection while developing in the womb.

Bilateral cataracts often run in families which a baby might inherit. They can also be linked with other conditions affecting the entire body or infections, such as measles or rubella, when the baby was growing in the womb. Medical conditions that affect the baby’s metabolism, that is how their body turns food into energy, can also cause congenital cataracts.

If a cataract is passed on to a baby from a parent, it is usually dominantly inherited. Dominant inheritance means that you inherit the condition from only one of your parents. The “faulty” gene that is inherited from one parent is the dominant one and over-rides the “normal” gene from the other parent. One parent may know that they have cataracts themselves but sometimes they may only have a tiny cataract which doesn’t affect their vision and which they’re unaware of. This is why it can be helpful for the ophthalmologist to examine the eyes of the parents of a child with cataract even if they’re unaware of a problem with their eyes.

Most children who are born with or develop infantile cataracts do not have other medical problems, but some do. If an ophthalmologist is concerned that a baby may have other health conditions they will arrange for an examination from a paediatrician (a doctor specialising in children’s conditions).

How is the diagnosis made?

### At birth

If the paediatrician or paediatric nurse suspects that your child has a congenital cataract at birth, they will arrange a referral to an ophthalmologist for a full examination of their eyes. An ophthalmologist would carry out this examination at hospital.

All babies in the UK are screened for eye problems including congenital cataracts within the first 24-48 hours after birth as part of the National Screening procedure. Babies are normally checked again by a health visitor or community paediatrician around six to eight weeks of age. If you are concerned about your baby's vision it would be important to discuss it with your health visitor. Your baby’s “red book” (Personal Child Health Record) has advice on how their vision will develop. If your health visitor notices any signs of a possible eye problem or cataract, they would refer your baby to a hospital ophthalmologist for a full examination.

### Later in childhood

If cataracts develop later in childhood, there may be noticeable outward signs if they affect vision. For example, sometimes a child may appear to have difficulty focussing on certain objects, may develop a wobbly movement in the eyes (nystagmus), may hold their head at a certain angle or they may develop a squint (a turn in one eye). If you’re concerned at any stage that your baby or child isn’t seeing normally, you should discuss this with your GP or an optometrist (also known as an optician). Your GP or optometrist would assess your child's eyes and refer them to see an ophthalmologist.

### Examining the eye

Usually the ophthalmologist would examine your child’s eye with a microscope before and after putting some dilation drops into your child's eyes to make their pupil larger. Dilation allows more light into the eye so they can see the cataract more clearly and examine the health of the eye. An ophthalmologist would also use an instrument called an ophthalmoscope to examine the back of your child's eyes, to look for any other problems in the eye. The ophthalmoscope and the lenses the ophthalmologist use to view your child’s eye will not touch it. Sometimes a child may be given a general anaesthetic to allow the ophthalmologist to carry out an eye examination. This allows them to look thoroughly at your child’s eye while they are still and without causing any distress.

In only a few cases would a cataract change the appearance of an eye that you would be able to notice yourself. A very dense cataract can cause a baby or child’s pupil to look white as the cloudy cataract can be seen through it. However, there are other causes of a “white pupil” which would need to be checked as an emergency as they can be serious.

## What is the treatment?

Some cataracts do not cause visual problems and treatment is not needed. If the cataract is affecting your child's vision, surgery will usually be considered to remove the affected lens from the eye. Once a cataract is removed it cannot grow back.

### Considering surgery

If your baby’s cataract or cataracts are likely to have a significant effect on their vision, surgery may be considered under the age of three months as visual development in the first two months of life is significant.

The ophthalmologist will discuss the options with you and what treatment might give the best results. They will discuss both the risks and benefits of surgery with you before any decision is made.

Bilateral cataracts which only affect a small area of your child’s lenses may just need monitoring to track their progress. Dense cataracts that are likely to interfere with your baby’s vision are usually operated early on, under the age of three months. If one eye has a denser cataract and the other has a smaller or less dense cataract, then the eye with the denser cataract would usually be treated first.

Unilateral cataract that is large and located in the middle of the lens will need to be operated on early for your child to have the best visual outcome. However, unilateral cataract that is small, or which avoids the centre of the lens, may not require surgery immediately; instead patching the good eye or using dilating drops in the good eye so that your child is forced to use the affected eye may be prescribed. It’s also possible for a small cataract affecting only one eye to still cause amblyopia, so the specialist may still wish to treat your baby’s cataract despite it being small.

If your child has unilateral cataract, or bilateral cataracts with a more cloudy lens on one side, your child's ophthalmologist will also consider patching your child's stronger eye to help their brain switch onto the weaker eye. This is as important as the cataract surgery itself. Children with unilateral or congenital cataract are unlikely to have good vision after surgery unless some patching is used. There is further information on patching below under “Amblyopia”.

### During surgery

Your child will be given a general anaesthetic so that they will not be able to feel anything during the operation. The surgeon will make several small openings in the side of the cornea at the front of the eye, and then make a small hole in the natural capsular bag which encases the lens inside the eye. The cloudy lens is removed via these holes using suction.

In children aged under five years, a hole is also made in the back of the capsule, through which is removed some of the jelly (vitreous gel) that normally sits in the middle of the eye giving internal support to the eyeball. This is to stop the gel coming forwards in a young eye and causing problems after cataract removal, as it is usually held in place by the lens. All the holes made in the cornea are stitched closed.

Usually you and your baby will stay at the hospital overnight so the clinical team can make sure your baby has recovered well from the anaesthetic and can show you how to care for your baby’s eye.

### Lens replacement used in surgery

Once your child's natural lens and cataract has been removed, it may be replaced by an artificial clear plastic lens implant placed inside the eye, called an intraocular lens or IOL. If a lens implant is used during surgery, it is hoped that it will last for life and not need replacing. If your child is very young (aged under two years), then the ophthalmologist may recommend using a contact lens rather than an implant. This is because IOLs in younger eyes often lead to children needing more surgery to remove inflammatory membranes that grow across the artificial lenses. It is also difficult to correctly estimate the power of the IOL needed by your child’s eye.

When your baby is born their natural eye lens is very round and more powerful than in adulthood. The power of your baby's lens and the lengthening of their eye from front to back (axial length) changes rapidly over the first few years of their life. This means that the power of an IOL used at a very young age may not be right for them as they get older and this can cause short sightedness (when distance vision is not focused properly). Children who have IOLs at the time of cataract surgery can end up needing very strong glasses anyway. However, leaving a child without a lens inside it (called aphakic), can cause long sightedness (when close vision is not focused properly), so that contact lens and/or glasses are needed to correct vision.

Contact lenses are not implanted into the eye so they are much easier to change or remove if necessary. IOLs can be implanted later on in a separate surgical procedure when a child is a bit older and their eye more developed so less likely to grow membranes and it’s easier to choose the best power for the IOL.

An IOL is often used during cataract surgery for older children. The decision to use an IOL is very individual and although a good option for one child may not be the best or safest option for another. The ophthalmologist would discuss with you the possible risks and benefits of using an IOL for your child. They would consider both your child's level of vision and their age.

Most children will have a lens implanted at some point.

## What happens after cataract surgery?

### What to expect

Following the operation, your child's eye will be a bit painful for 12-24 hours. The hospital will give you eye drops to put in your child's eye every 2-4 hours which will help to prevent inflammationor infection. After cataract surgery you would usually put eye drops in your child's eye for a month or two to help the healing process. The hospital may also give medicine or tablets for the first night after surgery to help with any pain.

The ophthalmologist will monitor recovery following surgery and check on progress. They will also advise you on how to use any medication or eye drops.

### How do I look after my child’s eye(s)?

The nurses will show you how to put drops into your child's eye before they are discharged from the hospital. Putting drops and / or ointments into a baby’s eye can be tricky. There are some very helpful videos that you can watch online showing different techniques that can be used to instil drops in young babies and children; links to useful videos and podcasts can be found at the end of this information.

The nurses will also go over any post-operative care techniques, such as bathing your child, wearing a plastic eye shield, or keeping the eye clean without wiping inside the eye or washing it out.

It’s important to protect your child's eye and keep it clean following surgery, including being careful not to get dirty water or shampoo in the eye. This is to give their eye the best chance of recovery and to minimise the risk of infection. It also helps your child to feel as comfortable as possible.

The hospital may provide an eye shield to place over your child’s eye especially at night. Thishelps to protect the eye as a shield can usually stop your child from rubbing their eye while it is healing from surgery. The hospital staff would tell you when and for how long to use the shield. They would also normally give you a sheet of instructions on how to look after your child's eye while they are recovering from cataract surgery.

### Glasses and contact lenses

After cataract surgery children usually need glasses or contact lenses. This is because the artificial lens implant or contact lens used to replace your child's natural lens has a fixed focus. This means it can't change shape to focus clearly both near and in the distance as our natural eye lens can. Glasses will help make sure your child can see as clearly as possible at all distances, and make sure that a clear image is being presented to their developing brain.

Glasses and contact lenses will help to give your child the best vision possible. Your child might need a pair of glasses or contact lenses which correct either their near or distance vision. Or they may need bifocal glasses where the top section of the lens corrects distance vision and bottom part of the lens corrects near vision.

If your child was not implanted with IOL during cataract surgery, then they would be prescribed glasses and / or contact lenses. Glasses for children without an IOL would require a strong prescription making them thick and heavy. Sometimes in very young babies, it can be difficult to find glasses that will stay on a baby’s face. For these reasons, contact lenses are often a more practical solution.

The hospital specialists can usually provide the right glasses or contact lenses for your child. They will also show you how to put the lenses in and take them out of your child's eye or eyes so you can feel confident doing this at home. If your child is under the age of one the hospital may wish to monitor their eyes every two to three months to check how well they are focussing. Further information on how to apply and remove lenses can be found in the resources section at the end of this information.

A number of children who have cataracts which don't need removing will also need to use glasses and contact lenses.

As a child grows, their eyes will also grow. It is very common to have frequent changes in prescription and spectacles or lenses in the first few years.

## What are the possible complications following surgery?

After surgery some children may develop an eye complication such as:

**Glaucoma**. A condition that causes damage to the optic nerve usually resulting from an increase in eye pressure. This is always a possible risk in children who have had congenital cataract surgery so they will require regular monitoring in the long term. Glaucoma can usually be managed with eye drops but, in some cases, may need surgery to treat.

**Visual axis opacity (VAO).** This is a very common complication that can occur following cataract surgery. It occurs because cells remaining after cataract surgery collect to form a membrane which grows across the holes made in the capsular bag causing it to thicken and become slightly opaque (cloudy). This means that light is less able to travel through to the retina at the back of the eye. Further surgery may be required to correct this. Laser can be used in older children to correct this. You can find more information about VAO, which in adults is called posterior capsular opacity (PCO), on our website [www.rnib.org.uk/eyehealth](http://www.rnib.org.uk/eyehealth) or by calling our Helpline 0303 123 9999.

**Eye infection**. Antibiotic drops normally safeguard against infection. If a serious and rare eye infection called endophthalmitis develops then it can threaten sight in that eye. However, usually this kind of serious infection is rare and can be treated.

**Retinal detachment**. This is where the retina detaches from the back of the eye. Thanks to modern surgery techniques which allow removal of the vitreous gel without pulling on the retina, this is now uncommon. Further surgery as soon as possible can put the retina back in place. You can find more information about retinal detachment on our website [www.rnib.org.uk/eyehealth](http://www.rnib.org.uk/eyehealth) or by calling our Helpline 0303 123 9999.

## Ongoing monitoring of eye health and vision

The ophthalmologist will monitor your baby's eye very carefully after surgery. This will include checking the health of your child's eye(s) and the focusing power of the eye, as well as vision. Your child’s glasses or contact lenses must be kept up to date to ensure the developing brain is being shown a clear image. If your baby develops a complication the ophthalmologist can often treat it and will try to save as much sight as possible.The chances of your baby developing a complication are usually low.

Complications are more common when a child has cataract surgery before they are 12 months old. If your baby has cataract surgery before they are 12 months old your ophthalmologist will see them more frequently for regular check-ups. This is because glaucoma can develop in over 10 per cent of babies who have surgery very young.

### What should I look out for?

If you notice any swelling, bleeding, a lot of stickiness, redness in or around your baby's eye, or if they seem to be in pain after surgery contact the hospital immediately, or go to A&E, so your child can be seen quickly.

These complications can often be treated successfully if they are caught early enough. If you have any concerns about your child’s eye or post-operative care contact the hospital where the surgery took place. Parents and carers will often be given 24-hour contact details before leaving the hospital.

## What other eye conditions can develop as a result of congenital cataracts?

**Strabismus** (squint), can develop if the eyes are not working properly together. If your child has a squint or amblyopia (discussed below), these conditions may be managed by an orthoptist at the hospital. Orthoptists are experts in how the two eyes work together (known as binocular vision) and this includes squints, double vision and amblyopia. If your child is suspected to have any of these conditions, they are usually one of the first professionals they will see if they are referred to the hospital. Orthoptists are extremely skilled in testing vision in young children, diagnosing squints, prescribing patching therapy and any eye exercises that may help. You can find more information about squint on our website [www.rnib.org.uk/eyehealth](http://www.rnib.org.uk/eyehealth) or by calling our Helpline 0303 123 9999.

**Nystagmus.** This is when there is uncontrolled movement of the eyes. The movements are usually side to side but can also be up and down or in a circular motion. You can find more information about nystagmus on our website [www.rnib.org.uk/eyehealth](http://www.rnib.org.uk/eyehealth) or by calling our Helpline 0303 123 9999.

**Amblyopia** (lazy eye) can develop when the brain switches off from the eye with worse vision and just switches on to the eye with the better vision. Glasses and patching can help. Patching the stronger eye encourages your child to use their weaker eye which is known as occlusion therapy. This is an important treatment to help develop your child’s vision and prevent amblyopia; however, this can be a lengthy process and very demanding for both the child and parent

* Your child's “stronger” eye may be patched for several hours a day in early childhood.
* Patching aims to encourage your baby's visual system in the “weaker” eye to develop.
* If the orthoptist’s patching advice is strictly followed the better the chance of your baby developing the best vision possible in the weaker eye.
* The specialist may advise you to patch your baby's stronger eye even if they have not had cataract surgery. If your baby's cataract is not dense or large enough to be removed by surgery patching the stronger eye can help your baby's brain to switch onto the eye with the cataract.
* There are different types of “patches” that can be used; some can be stuck onto the face and others can be put over glasses or worn “pirate style”. The orthoptist could explore which ones would work best for your child
* Techniques to encourage your child to wear their patch could include reward charts/stickers, associating patching with enjoyable activities such as games, music, etc. Continue to be persistent and consistent with patching. Asking teachers, family members and friends to help and encourage your child may also help them understand that it is something that must be done.
* If wearing a patch is not possible then sometimes drops can be put in the stronger eye to blur vision rather than wearing a patch

The orthoptist at hospital will be able to advise on the various ways to help a child to develop their vision as much as possible, such as glasses and patching.

## How about the future?

With early detection and treatment as well as the dedication of parents and carers, many children with congenital cataracts in the UK go on to have a good level of vision for the remainder of their lives. Parents and carers of children with congenital cataract(s) put in a tremendous amount of effort, commitment and persistence during their child’s treatment and this will be rewarded with better visual outcome for the majority of children.

Children with unilateral cataract can have reduced vision in that eye but if vision is normal in the unaffected eye then overall vision is very good. Even with reduced vision in one eye, children can adapt very well to using their better eye. This doesn’t mean that they will be overusing their better eye or causing any damage to the better eye. It’s unusual for children with good vision in one eye to need additional support in their education. People with good vision in only one eye can drive a car if the vision in that eye can meet the visual standards for driving.

Children with bilateral cataracts may have better vision in each eye compared to those with cataract in unilateral eye but often vision is still affected. Most will often attend mainstream school but may require additional support. Your child will likely have better sight if they don’t have any other eye condition or experience complications following surgery.

It is important for your child to continue to have regular eye checks with the hospital or with an optometrist. This ensures your child is wearing the right type and strength of glasses or contact lenses, so their vision develops as well as possible. The hospital will advise you on how often your child should have an eye check.

Children with cataract may have other eye or health problems. These are usually detected by a heath care professional early on, with treatment or support given where needed. Talk to your eye team or GP if you have any other concerns.

## Coping if your child has sight problems

On hearing that your child has a sight problem you may feel like your world has been turned upside down. Different people respond in different ways but it’s natural to experience many emotions which may include shock, fear, grief, sadness or despair. All these feelings are quite common and could be part of the process you will go through during the early weeks and months.

You may have left the consulting room in a daze and may not have heard all the words that were said to you during the consultation. You may be asking yourself what happens next and what the future holds for your child.

Different feelings come and go and can catch up with you when you least expect it. All the while your child’s need for food, love, warmth and security continue to demand your energy, care and attention. But the first step is to make sure you have access to all the information and help that is available.

You probably have a million different questions. You will want to know which organisations can help you, what resources are available or simply want to know “what do I do next?” You may also want to meet other parents who have been through a similar experience.

Your local authority (LA) should have at least one qualified teacher of visually impaired children (QTVI) to work with you and your child both at home and at school. QTVI are qualified teachers who can provide support with development, play, learning and education. At an early stage, ask your local authority to put you in contact with a QTVI. They will support you and your child as soon as a vision impairment is suspected or diagnosed. If you have difficulty getting help or need the details of the specialist teacher in your area, contact RNIB Helpline on 0303 123 9999.

## Sources of support

If you have questions about anything you’ve read in this factsheet, or just want to speak to someone further, please get in touch with us. We’re here to support you at every step.

Our Helpline is your direct line to the support, advice and services you need. Whether you want to know more about an eye condition, buy a product from our shop, join our library, find out about possible benefit entitlements, or be put in touch with a trained counsellor, we’re only a call away.

It’s also a way for you to join RNIB Connect, our community for anyone affected by sight loss. RNIB Connect is free to join and you’ll have the chance to meet other people with similar experiences in our helpful, welcoming and supportive community.

Give us a call today to find out how we can help you.

**RNIB Helpline**

**0303 123 9999**

**helpline@rnib.org.uk**

We’re ready to answer your call Monday to Friday 8am to 8pm and Saturday 9.30am to 1pm.

You can also get in touch by post or by visiting our website:

**RNIB**

105 Judd Street

London WC1H 9NE

[**rnib.org.uk**](https://www.rnib.org.uk/)

## Other sources of support

**LOOK** (National Federation of Families with Visually Impaired Children)

Tel: 01432 376314

Email: info@look-uk.org

[www.look-uk.org](http://www.look-uk.org)

**Guide Dogs - Children and Young People’s service (formerly Blind Children UK**)

Tel: 0800 781 1444

[www.guidedogs.org.uk](http://www.guidedogs.org.uk)

**Royal Society for Blind Children** provide a range of services in London and across England and Wales for blind and partially sighted children and young people, their families, and the professionals who work alongside them.

Tel: 020 3198 0210

Website: [www.rsbc.org.uk](http://www.rsbc.org.uk)

Email: connections@rsbc.org.uk

**Visually Impaired Children Taking Action** (Victa)
Tel: 01908 240831

Email: admin@victa.org.uk

[www.victa.org.uk](http://www.victa.org.uk)

## Online videos on how to administer eye drops and ointments in children

[**www.youtube.com/watch?v=d3wtEWX7HxU**](https://protect-eu.mimecast.com/s/D85bCmY2niljOks9574U?domain=youtube.com)

[**www.gosh.nhs.uk/medical-information/medicines-information/how-give-your-child-eye-drops/how-give-your-child-eye-drops-video-podcast**](https://protect-eu.mimecast.com/s/WJSUCj0vksmnWZcWXW2f?domain=gosh.nhs.uk)

[**www.gosh.nhs.uk/medical-information/medicines-information/how-give-your-child-eye-drops/audio-podcast-how-give-your-child-eye-drops**](https://protect-eu.mimecast.com/s/AeX1CkrwluBOxohVk7Yr?domain=gosh.nhs.uk)

[**www.gosh.nhs.uk/medical-information/medicines-information/how-give-your-child-eye-ointment/audio-podcast-how-give-your-child-eye-ointment**](https://protect-eu.mimecast.com/s/YT34Cl2vmsE2Q6hyHL-o?domain=gosh.nhs.uk)

## We value your feedback

You can help us improve our information by letting us know what you think about it. Is this factsheet useful, easy to read and detailed enough – or could we improve it?

Send your comments to us by emailing us at eyehealth@rnib.org.uk or by writing to the Eye Health Information Service, RNIB, 105 Judd Street, London, WC1H 9NE.

This factsheet has been written by the RNIB Eye Health Information service. Our factsheets have been produced with the assistance of patient and carer input and up-to-date reliable sources of evidence. The accuracy of medical information has been checked by medical specialists. If you would like a list of references for any of our factsheets, please contact us at eyehealth@rnib.org.uk

All of our factsheets are available in a range of formats including print, audio and braille.

**Last updated: November 2019**

**Next review: November 2022**