

Loves How ~~You See!~~
Your Child Sees

You're in the right place! Our practice offers four evidence-based ways to slow nearsightedness (myopia) in children. Each family and child is different, so this guide compares the options in plain language to help you choose what fits your child's needs, routines, and comfort.

MiSight® 1 day (soft contacts)

Pros

- FDA-approved to slow myopia progression in children aged 6-12
- Treats and corrects vision at the same time.
- Daily disposables simplifies care to minimize infection risk
- Great for sports and active days; no fogging like glasses
- Easy to pause or switch to another option as needs change

Cons

- Requires clean hands and consistent insertion/removal
- Some kids feel dryness late in the day (often manageable)
- Contact lens risks (rare infections) rise if hygiene is poor

Ideal for: Motivated kids age 7+ who like contacts, play sports, and can manage a simple daily habit.

Follow-up: Training visit(s), early check-ins for comfort/vision, then routine myopia monitoring.

Essilor® Stellest™ (spectacle lenses)

Pros

- FDA-approved to correct myopia and to slow its progression in children aged 6 to 12
- Simplest day-to-day use; familiar glasses experience
- Treats while providing clear vision; easy to combine with sports goggles when needed
- No contact lens handling; great for younger kids or sensory-sensitive children
- Durable kid-friendly frames available

Cons

- Can fog or slip during sports; straps or sport goggles may help
- Some kids prefer the field of view/feel of contacts
- Effect depends on wearing time—must be worn full-time for best results

Ideal for: Kids who prefer glasses or aren't ready for contacts/drops, and families wanting lowest maintenance.

Follow-up: Routine glasses checks and myopia monitoring.

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Low-Dose Atropine (compounded nightly drops)

Pros

- Very easy to use; good “starter” therapy
- Works even in very young children
- Can be combined with glasses or contacts for vision
- Typically well-tolerated at low concentrations.

Cons

- Drops do not correct daytime blur—child still needs glasses/contacts
- Effect is dose-dependent; very low doses may deliver modest treatment
- Possible light sensitivity or mild near blur at higher doses (usually manageable with sunglasses/lighting or dose adjustment)
- Requires consistent nightly habit for best effect.

Ideal for: Families wanting a simple routine, or for kids not ready for contact lenses.

Follow-up: Regular refills and monitoring to fine-tune dose and track eye growth.

Paragon CRT® (corneal reshaping lens)

Pros

- FDA approved for overnight wear to reshape the cornea
- No daytime contacts or glasses—great for sports, band, theater, active lifestyles
- Treats and corrects vision; kids wake up seeing clearly
- Strong evidence of slowing myopia for many kids when worn consistently

Cons

- Highest commitment; needs precise routine
- More frequent early visits to get the fit just right; occasional lens tweaks
- Temporary night glare/halos possible while adapting
- Lost or broken lenses cost more to replace than daily disposables.

Ideal for: Responsible sleepers and families who can support a consistent bedtime routine; kids who want freedom from daytime eyewear.

Follow-up: Several early fit checks, then routine monitoring; strict cleaning is essential.

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