

Squint Surgery

If you have difficulty reading this leaflet, please ask us to send you a copy in a larger print size.

If your first language is not English, we can arrange for an interpreter to be available. Please let us know in advance if you require this service.

What is a squint?

A Squint is a misalignment of the two eyes, so they do not look together towards the same object. An eye may turn in (convergent squint) or turn out (divergent squint). Occasionally one eye may be higher or lower than the other (vertical squint). The squint may be there all the time (constant squint) or only some of the time (intermittent squint).

Why would someone need squint surgery?

A squint may need correcting for a few reasons:

- To restore ocular (eye) alignment
- To relieve symptoms, such as double vision or eye strain from the effort to control the squint (this rarely applies in children)
- To enable the eyes to work together, which could improve depth perception (3-D vision)

What are the alternatives?

Surgery will only be suggested when there are no applicable alternatives in either your or your child's case. Your orthoptist and doctor will discuss the best treatments for you/your child with you. In some cases, Botulinum Toxin injections may improve a squint's size, but the effects are generally short term and it is rarely appropriate for the management of squints in children.

What happens during surgery?

Around our eyes are six eye muscles. The muscles sit just underneath a clear surface layer at the front of the eye, called the conjunctiva. In a squint, these muscles can be too strong or too weak and, by changing their position, or tightening or loosening, we can alter the position of the eye. The muscle is detached and reattached to a new position using stitches that dissolve within six to eight weeks. The eye is **never** taken out the socket during surgery. The doctor will tell you what muscle(s) will be operated on. The operation is performed under general anaesthetic.

The operation itself normally takes around 1-1.5 hours depending on how many muscles are being operated on. After this, there will be a period of recovery from the anaesthetic (normally a few hours). You will usually be discharged home the same day, once the nurses are happy with your recovery.

What are the potential risks and side effects?

Squint surgery is a relatively safe procedure. Complications are rare and nearly all can be treated effectively.

General anaesthetic – Anaesthetics are usually safe, but there can be small and potentially serious risks (1: 200,000 patients). Each patient will be seen and assessed individually by an

experienced anaesthetist and any risks will be discussed and questions answered. You can find more information for children's general anaesthetic here: www.rcoa.ac.uk/childrensinfo

Double vision – There is a small risk you may develop double vision after the operation. This is often temporary and does not usually apply to children. If it should persist, the Orthoptist will discuss whether changing your glasses, prescribing prisms, eye exercises or further surgery is needed.

Under or over correction – the squint may be under or over-corrected after surgery. In a small percentage of cases, it may be necessary to carry out a second procedure.

Infection – There is a very small risk of infection in the eye which can permanently affect the vision (1: 50,000). During surgery, perforation of the eye and retinal damage can occur, but again, the risk of this is small.

Allergy – Some patients may have a mild reaction to the eye drops prescribed after surgery. This results in itching/irritation and some redness and puffiness of the eyelids. It usually settles quickly when the drops are stopped.

Redness and scarring – Your eye will be very red after the surgery. The redness in your eye and most of the scarring is not noticeable after three months. Occasionally, the eye does not completely return to its normal colour and mild visible scars may remain, particularly in cases of repeated operations.

How will I or my child feel afterwards?

The eye may be red, gritty and a little sore and you may experience blurred vision. If you are having a squint operation with adjustable sutures, some manipulation will be performed on the same day before the discharge from the hospital. This is done under local anaesthetic and most patients experience only mild discomfort. Occasionally, patients may be required to return to the hospital the following day for this procedure.

How long will I or my child be in hospital?

Squint surgery is a day procedure. Occasionally an overnight stay is needed if recommended by anaesthetist and this will be discussed prior to the surgery.

We encourage the parent or carer to be with their child on the ward for the day. You can go with your child to the anaesthetic room and, if you wish to, you can stay until he/she is asleep. During the operation the nurse will ask you to wait back on the ward. After the operation, the nurse will take you to the recovery room so you are there as your child is waking up. There will be a bed (or cot) there for your child to rest until they are ready to go home.

What should I do when I or my child go home?

You will be given eye drops or ointment to take home and you should use these as instructed. You will be given directions on how to instill the aftercare eye drops, and for how long, in the ward after your surgery. It is important to instill the prescribed medication to prevent infection. You are normally given drops or ointment to instill daily for 2-4 weeks.

The eye can often become sticky. In this case, use **cooled** boiled water with clean cotton wool/cotton bud and wipe gently in one motion, from the tear duct to the temple.

If you wear glasses, you should continue to wear them as normal. The eye may be sore after surgery – you may take over-the-counter painkillers as appropriate.

How soon will I be able to resume normal activities?

You can return to normal daily activities, but you should avoid strenuous physical activity or contact sports for at least four weeks and swimming for four to six weeks.

It is recommended you consult your surgeon about when you can drive following surgery. **You should not drive if you are experiencing any double vision.**

Will I have to come back to hospital?

An outpatient appointment will be made for you to return to the eye clinic to see a doctor and an orthoptist soon after your surgery.

When can I return to work / school?

Children can generally return to school one week after surgery. Adults may return to work one to two weeks following surgery.

Will I need glasses after surgery?

Squint surgery does not eliminate the need for glasses. If you use glasses to see normally, you will still need them post-surgery. Your Orthoptist will discuss this with you before surgery.

Sources of information

If you have any further questions, please raise these with your Orthoptist or the medical team at your next appointment.

If you experience any problems following your operation, please contact:

Bexhill Hospital

Ophthalmic Day Unit – Tel: 0300 131 4500 Ext: 734422 between 8.00am and 6.00pm Monday to Friday

Eastbourne District General Hospital

Jubilee Suite – Tel: 0300 131 5411 between 8.00am and 5.30pm Monday to Friday

If you have an urgent concern outside of these hours (evenings and weekends), please call 0300 131 4500 and ask to speak to the on-call eye doctor.

Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments please contact the Patient Experience Team – on 0300 131 4784 or by email at:

esh-tr.patientexperience@nhs.net

Hand hygiene

We are committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of our leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department on 0300 131 4434 or esh-tr.AccessibleInformation@nhs.net

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

Reference

Reviewed by: Paul Russell (Ophthalmology Staff Nurse)

The directorate group that have agreed this patient information leaflet:
Ophthalmology Department, Diagnostic, Anaesthetic and Surgery division (DAS)

The following clinicians have been consulted and agreed this patient information:
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