

Accommodative Esotropia

What is accommodative Esotropia?

An accommodative Esotropia is an inward turn (squint) of one or both eyes that can be associated with longsighted refractive errors.

Why does accommodative Esotropia occur?

If a child is longsighted and not wearing glasses, they over-focus to see more clearly. This over focussing can sometimes cause one eye to turn in; this is called an Esotropia.

Sometimes the squint will swap from one eye to the other; this is called an alternating Esotropia.

If glasses have been prescribed to correct long-sightedness, this may help correct the squint because your child will focus normally through the glasses and will not have to over-focus to see clearly.

Types of Accommodative Esotropia

There are three main types of accommodative Esotropia:

1. Fully accommodative Esotropia
2. Partially accommodative Esotropia
3. Convergence excess Esotropia

Fully accommodative Esotropia

A fully accommodative Esotropia is a type of squint that is fully straightened with longsighted glasses and will allow your child to appreciate 3D vision when they wear the glasses. However, when the glasses are taken off you will still notice an Esotropia as your child will need to over focus to see clearly. Treatment with glasses alone is usually all that is needed.

Partially accommodative Esotropia

A partially accommodative Esotropia is a squint that is reduced in appearance by wearing longsighted glasses, but is not fully straightened.

When the glasses are worn, if the size of the squint is reduced enough for it not to be noticeable, then no surgical intervention is needed.

If the squint is still noticeable when the glasses are worn, corrective squint surgery may be needed in addition to the glasses. The glasses may still be needed after surgery. This type of squint may also be associated with amblyopia (a "lazy eye")

Convergence excess Esotropia

In Convergence excess Esotropia, the glasses straighten the squint when the child looks at something in the distance, but the squint is still present when they focus to look at something close to them, for example when reading.

Bifocals may be prescribed to help straighten the squint when the child looks at something close to them as well as in the distance. If bifocals are prescribed, the aim will be to slowly reduce the strength of the bifocal part of the glasses.

However, if the size of the squint is very large or bifocals are not successful, surgery may be recommended. Bifocals may be ordered as an interim measure whilst your child is waiting for the surgery.

Commonly asked questions

Will my child grow out of the glasses or will they always need them?

Most children with an accommodative Esotropia will always need glasses as they are usually significantly longsighted. The degree of long sight may change as they get older and the shape of the eye changes, but not usually enough to stop them from needing glasses.

Why can't my child have surgery to correct the squint when the glasses are removed?

The longsighted glasses help your child to focus 'normally'. If the squint was surgically corrected so that the eyes were straight without the glasses, your child would struggle to see clearly without getting eye strain when not wearing glasses.

Longsighted glasses also help to relax the eye position. If surgery is used to correct the squint that is present without glasses, when the glasses are worn the eyes would then drift outwards.

Can my child wear contact lenses when they get older?

Most people with accommodative Esotropia are able to wear contact lenses when they get older as lenses have the same effect as the glasses i.e. straighten the eyes.

How often will my child need to be seen by the Orthoptist?

Your child will initially be seen every two to four months, to assess their vision and the control of the squint when the glasses are worn. Your child will continue to be seen at regular intervals until the Orthoptist is happy that the squint and the vision are stable; at this time your child will be discharged to your local optician.

How often will my child need to be seen by the Optician?

Your child will need regular review by the hospital or local optician once per year unless advised otherwise by your Orthoptist. They will need a glasses test with eye drops each time, to allow a fully accurate assessment.

Why am I noticing the squint more when my child is not wearing the glasses?

This is because your child has got used to the glasses doing the focussing for them and when they take the glasses off the squint can sometimes appear more noticeable.

Who to contact if you have any further queries?

Please telephone the orthoptic department that your child attends and ask to speak to one of the Orthoptists:

Conquest Hospital Tel: 0300 131 4500 Ext: 778348 / 778081
Eastbourne DGH Tel: 0300 131 4500 Ext: 774043

Important information

This patient information 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 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

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

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The directorate group that has agreed this patient information leaflet:

Diagnostic, Anaesthetic and Surgery – Ophthalmology

Next review date: October 2026

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