

Links

Additional information can be found at:

www.nhs.uk/conditions/squint/surgery

Squint surgery

Information for patients and carers

If you need this leaflet in a different language or accessible format please speak to a member of staff who can arrange it for you.

اگر به این بروشور به زبان دیگر یا در قالب دسترس پذیر نیاز دارید، لطفاً با یکی از کارکنان صحبت کنید تا آن را برای شما تهیه کند.

Jeśli niniejsza ulotka ma być dostępna w innym języku lub formacie, proszę skontaktować się z członkiem personelu, który ją dla Państwa przygotowuje.

Dacă aveți nevoie de această broșură într-o altă limbă sau într-un format accesibil, vă rog să discutați cu un membru al personalului să se ocupe de acest lucru pentru dumneavoastră

如果您需要本传单的其他语言版本或无障碍格式，请联系工作人员为您安排。

إذا احتجت إلى هذه النشرة بلغة أخرى، أو بتنسيق يسهل الوصول إليه، يرجى التحدث إلى أحد الموظفين لترتيب ذلك لك.

St Helens Hospital
Marshall Cross Road,
St Helens, Merseyside, WA9 3DA
Telephone: 01744 26633

www.MerseyWestLancs.nhs.uk

Author: Specialist Orthoptist
Department: Orthoptics
Document Number: MWL1993
Version: 001
Review Date: 01 / 11 / 2026

What is squint surgery?

Squint surgery is carried out to put the eyes into a straighter position. There are six muscles attached to each eye that move the eyes in different directions. Squint surgery involves moving some of these muscles to strengthen or weaken them.

Surgery can be carried out on one or both eyes. It may involve one, two or more muscles depending on the type and size of squint. Sometimes more than one operation is required to achieve the best result.

What is the aim of surgery?

1. To improve the alignment of your eyes, making the eye look straighter.
2. In some patients, to reduce or eliminate double vision.
3. Occasionally to improve an abnormal position of the head.

Other possible benefits:

- Improvement in eye co-ordination making it easier to use the eyes together and achieve binocular (3D) vision.
- Improvement in movement of the eyes.
- Improvement in symptoms associated with eye strain.

Notes

Please attend your/your child's post-operative clinic appointment.

Important information

If you/your child have any pain, increased redness or loss of vision you should contact the Orthoptic Department immediately. (see below for contact details).

If you need any further assistance, please contact the Orthoptic Department on 01744 646816.

In children: Squint surgery will not cure their lazy eye or remove the need for glasses. They will need to continue with any glasses or patching treatment they are having after the surgery.

Children who wear glasses: please note that their squint may still be noticeable when they take their glasses off.

What are the alternatives to squint surgery?

- Do nothing. There is rarely a medical need to have squint surgery, so the squint can be left alone.
- Botulinum Toxin (Botox) injections are possible for some types of squint, particularly if the squint is small.

Sometimes a combination of Botulinum toxin and surgery may be advised.

- **Some** types of squints can be treated using exercises instead of an operation.
- Prisms may be used to aid control of double vision.

Squints may increase or decrease over time, this is impossible to predict and may also happen if you have squint surgery.

Planning squint surgery

If you or your child wish to consider squint surgery, you should discuss this with the Orthoptist at your next visit.

The Orthoptist will be able to tell you if squint surgery is suitable for you or your child or recommend an alternative treatment.

The Orthoptist can answer any questions you may have.

A full Orthoptic assessment will be carried out.

The Orthoptist will monitor yours or your child's squint to ensure the measurements are stable.

It is important your/your child's squint is stable before squint surgery can be carried out.

In adults and older children, the Orthoptist will also need to assess for the risk of post-operative double vision.

The operation will be performed under a general anaesthetic by an ophthalmic surgeon.

A consult with the Consultant Ophthalmologist will be made, who will review your case and discuss the surgery/options with you.

After your operation

The white of the eye will look red and may feel sore for a few days, antibiotic and anti-inflammatory drops will be prescribed by the surgeon for you/your child to take home. Some double vision (mainly in adults) after the operation is quite normal but if you are worried, please contact the Orthoptist. You/your child should continue to wear the same glasses as before the squint operation, however, if you/your child have had a prism on the glasses to correct double vision this should be removed, unless you have been specifically advised otherwise.

Summary of care after the operation:

- Use your eye drops as prescribed.
- Use painkillers such as paracetamol and ibuprofen if your/your child's eyes are painful.
- Do not touch or rub the operated eye.
- Keep soap and water away from the eye.
- Use cooled boiled water and tissues to clean the eye as instructed by the nurse.
- Avoid smoky, gritty or dusty atmospheres.
- Sports activities should be avoided for 2 weeks and swimming for 6 weeks, due to risk of infection.
- Avoid wearing contact lenses in the operated eye(s) until you/your child are advised it is safe to do so by your Doctor or Orthoptist.

What happens during a squint operation?

Adult squint surgery is carried out at St Helens Hospital.

Paediatric Squint surgery is carried out at Whiston Hospital.

The operation is carried out under a general anaesthetic.

You/your child may be in theatre for 2-3 hours.

You/your child are usually able to go home on the same day.

The eye muscles are adjusted, moved and secured to the eye surface using dissolvable stitches.

The eye is NOT removed from the eye socket during surgery.

Some squint operations on adults requires a small adjustment to the sutures after you have recovered from the anaesthetic, on the day of the operation.

This is done after some anaesthetic drops have been put in your eye, the position of your eyes is checked and the surgeon can adjust the position of the eyes by altering the tightness of the stitch.

This is a small bit of 'fine tuning' to get an improved eye position, once you are awake after the operation, as the eyes can be in a different position when you are anaesthetised.

What are the risks of squint surgery?

Squint surgery is generally a safe procedure. However, as with any operation, complications can and do occur. Generally, these are relatively minor but on occasion they may be serious.

- **Under and over correction:** success of the first operation is about 80% but in approximately 20% your original squint may still be present (under correction), or the squint direction may change (overcorrection). Occasionally a different type of squint may occur. These problems may require another operation.
- **Double vision:** you may experience double vision after surgery, as your brain adjusts to the new position of your eyes. In 99% this will settle in time. Rarely, double vision looking straight ahead can be permanent, in which case further treatment may be needed. If you already experience double vision, you may experience a different type of double vision after surgery. [Botulinum toxin injections are sometimes performed before surgery to assess your risk of this.](#)
- **Allergy/stitches:** some patients may have an allergic reaction to the medication they have been prescribed after surgery. This results in itching/irritation and some redness and puffiness of the eyelids. You may develop an infection or abscess around the stitches. This is more likely to occur if you go swimming within the first four weeks after surgery. A cyst can develop over the site of the stitches, but this normally settles with drops until the stitches absorb. Occasionally further surgery will be needed to remove it.

- **Redness:** the redness in the eye can take three to six months to go away. Occasionally the eye does not completely return to its normal colour. This is seen particularly with repeated operations.
- **Scarring:** most of the scarring of the conjunctiva (the skin of the eye) is not noticeable after three months following surgery, but occasionally visible scars will remain, especially with repeat operations. You should not wear contact lenses for 4-6 weeks following your operation.
- **Lost or slipped muscle:** rarely, one of the eye muscles may slip back from its new position during the operation or shortly afterwards. If this occurs, the eye is less able to move around and, if this is severe, further surgery may be required. Sometimes it is not possible to correct this. The risk of slipped muscle during or soon after surgery requiring further surgery is about 1 in 1000.
- **Needle penetration:** if the stitches are too deep or the white of the eye is thin, a small hole in the eye may occur, which may require antibiotic treatment and possibly some laser treatment to seal the puncture site. Depending on location of the hole your sight may be affected. The needle passing too deeply can occur, but usually goes unnoticed. Please note that this risk is higher if you have a thin sclera (the dense connective tissue of the eyeball that forms the 'white' of the eye), for example if you have had previous squint surgery or are very short sighted.
- **Anterior segment ischaemia (poor blood supply):** rarely, the blood circulation to the front of the eye can be reduced following surgery, producing a dilated pupil and blurred vision. This usually only occurs in patients who have had multiple surgeries. The risk is about 1 in 13,000 cases.

- **Infection:** infection is a risk with any operation and, although rare, can result in loss of the eye or vision. You will be given drops or ointment to reduce the risk of infection and advised to avoid swimming for 4-6 weeks. Long-term damage from infection is extremely rare.
- **Anaesthetic risk:** anaesthetics are usually safe but there are small and potentially serious risks. Unpredictable reactions occur in around 1 in 20,000 cases and unfortunately death in around 1 in 100,000. The details of anaesthesia and any potential risks will be discussed with you by your anaesthetist, before the operation takes place.

Pre-assessment

You/your child will be asked to attend the Eye Clinic for an up to date Orthoptic assessment, to ensure all is stable.

You/your child will also be invited to attend a medical pre-operative assessment by a nurse who will ask you about yours/your child's general health.

Please bring any medication that you/your child are taking with you.

The consultant will ask you to sign a consent form before the operation is carried out.