

Children's Squint Surgery

Information for parents and carers

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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 are the benefits of squint surgery?

Depending on the type of squint, benefits may include:

- Improvement in eye position and appearance
- 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

Squint surgery will not cure your child's lazy eye or remove the need for glasses. Your child will need to continue with any glasses or patching treatment that they are having after the surgery.

If your child wears glasses please note that their squint may still be noticeable when they take their glasses off.

Your child will have been given eye drops to prevent infection. They should be used as directed by the ward. An appointment with the Orthoptist will be arranged for around two weeks after the operation. This is to assess the effect of the surgery. Please contact the Eye Clinic if you have any concerns before this appointment.

Your child should continue to wear any glasses that they have been prescribed, as before the operation, unless you have been specifically advised otherwise. The surgery will usually have no effect on their glasses prescription.

Your child can return to school 1-2 weeks after the surgery. Sports activities should be avoided for 2 weeks and swimming for 6 weeks, due to the risk of infection.

Squints can return after surgery. It is impossible to predict if or when this will happen. Further treatment will be available if this does occur.

Links

Additional information can be found at:

www.nhs.uk/conditions/squint/surgery

Further Information

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

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

What happens during the operation?

Children's squint surgery is carried out at Whiston Hospital. The operation is carried out under a general anaesthetic. Your child may be in theatre for 2-3 hours. They are normally able to go home on the same day.

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

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

Eye Care after the operation

Immediately after surgery the white part of the operated eye(s) will be red. There may be some swelling of the eyelid. Your child's eye(s) may feel sore and gritty.

Redness can take up to three months to settle completely. Occasionally the eye does not return to its normal colour.

The position of your child's eyes may vary for the first few weeks after surgery. They will take time to settle. Your child may have some double vision. Try to discourage your child from paying attention to this. They should also try not to rub their eyes.

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. Please discuss this with your orthoptist or doctor if you would like further information.
- Some types of squints can be treated using glasses and exercises instead of an operation.

Squints may increase or decrease over time - this is impossible to predict and may also happen if your child has surgery.

Planning for squint surgery

If you feel your child may benefit from squint surgery you should discuss this with the orthoptist at your next visit. The orthoptist will be able to tell you whether surgery is suitable for your child's squint. They can also answer any questions you may have. The orthoptist will monitor your child to ensure that measurements of their squint are consistent, which is needed before squint surgery can be carried out.

An appointment will be made with the consultant ophthalmologist (eye doctor) who will review your child's case and discuss the surgery with you. If the ophthalmologist and the orthoptist feel that squint surgery will be beneficial for your child and you are happy to go ahead, your child's name will be placed on the waiting list.

What are the risks of squint surgery?

The risk of damage to your child's vision is low. Risk of serious damage to vision is approximately 1 in 30,000 cases.

Additional risks of surgery include:

- Allergy - some children may have an allergic reaction to the drops they are given after surgery. This can cause redness and itching. It usually resolves quickly once the drops are stopped.
- Issues with stitches - some children may develop an infection or abscess around the site of the stitches. A cyst can develop over the site of the stitches which may need further surgery to remove it.
- Needle penetration - if the white of the eye is thin a small hole in the eye may occur. This may need antibiotics or laser treatment. The risk of this is around 2%.
- Infection - your child will be given drops or ointment to reduce the risk of infection. Long-term damage from infection is extremely rare.
- Damage to the eye muscles resulting in a restriction of eye movement.

- An over-correction of the squint which can cause the eye to turn in the opposite direction. This will often settle over time but if it does not another operation may be required.
- Double vision - sometimes children are aware of double vision due to a change in the position of their eyes. We would expect this to settle over time in most cases. If not further treatment may be required. You will be advised in advance if your child's risk of double vision is higher than normal.
- Scarring - generally scarring of the eye is not noticeable after 3 months, but occasionally visible scars remain. This is more common after more than one squint operation.
- Anaesthetic risk - anaesthetics are usually safe, but there are small and potentially serious risks. The anaesthetist will discuss these risks with you before the operation takes place. Unpredictable reactions occur in around 1 in 20,000 cases and, unfortunately, death in around 1 in 100,000 cases.

Your orthoptist and consultant will discuss these risks with you in more detail and answer any questions that you may have.

Pre-assessment

Your child will see the orthoptist at the Eye Clinic for pre-operative measurements a few days before their operation. They will be invited to visit the children's ward for a pre-operative assessment with the nurses and to have a tour of the ward.