

The information in this leaflet is intended as a guide only, as each patient's experience will be different.

If you require any further information, please contact your consultant's secretary, or a member of the Orthoptic team.

Orthoptic Department
01744 646816

Botulinum Toxin treatment for Squint

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 formie,
proszę skontaktować się z członkiem personelu, który ją dla Państwa przygotuje.

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.

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Botulinum toxin (or “BT”) causes a temporary, partial or complete, paralysis (weakness) of the muscle into which it has been injected.

It is a way of changing the position (or alignment) of the eyes to improve the appearance, or help with double vision.

When is Botulinum Toxin used?

In certain cases, treatment with BT may be preferable to surgery:

1. To assess the risk of post-operative double vision: The BT is used to move the eye into a straighter position (like it would be after an operation). When the eye is in this position, we can see whether you are likely to get double vision or not.
2. To treat squints that are too small for surgery.
3. To treat squints that you are able to (or used to be able to) control yourself, to make them easier to control.
4. To treat squints that have been over, or under corrected by previous surgery.
5. To treat squints that cause double vision, that we feel would settle with BT rather than needing an operation.
6. If an operation would be too risky to your general health.

- The BT is administered to the eye muscle using a very fine needle which is slid under the skin of the eyeball (the conjunctiva).
- If you are having the treatment, you will first sign a consent form, and then you will be asked to lie down.
- Anaesthetic eye drops will be given to numb the surface of the eye being treated. These eye drops are cold and they may sting a bit to start with.
- When the surface of the eye is numb, you will be asked to look in a certain direction and the BT will be given by an injection via a very fine needle pushed into the inner or outer corner of the eye, between the eyeball and the lids.
- You will feel pushing, which is normally slightly uncomfortable but not painful, and it may take a few moments to get the needle in the right place.
- Children undergoing BT injections will usually require general anaesthesia.

When do I return to clinic?

Patients are usually seen by the Orthoptist one or two weeks after the injection to assess the initial effect.

How long before it takes effect?

You will usually start to notice the effect a few days after the injection which takes about 2 weeks to reach it's maximum effect.

How long does the effect last?

This can vary, but it usually lasts for weeks, and occasionally months or years before it wears off. The BT may be repeated.

Please note: there are some patients that experience minimal or no changes to their squint, despite repeated injections.

What are the possible side effects?

Nearly all side effects are temporary and improve with time.

Potential side effects can include:

- Temporary reversal or change in the direction of the squint.
- Temporary double vision. Do not drive while you have double vision. It is very important that you discuss this with the doctor before treatment if this is of particular concern to you. For more information, please see the double vision and driving section on the DVLA website.
- Temporary drooping of the eyelid on the injected side – this usually recovers after a few weeks.
- Bruising of the surface of the eye – the eye looks red (subconjunctival haemorrhage).
- Bruising around the eye affecting the lids.
- Rarely, there may be a scratch on the front of the eye (cornea) from the anaesthetic used before the injection or from minor injury whilst the eye is still numb.
- Very rarely, the injection can cause permanent paralysis of the injected muscle.
- There is an extremely rare possibility of the needle piercing the eye, or significant bleeding occurring around the eye. This risk is less than one in 5,000 injections.