

About squint surgery in children

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What is a squint?

A squint is the common name for 'strabismus', which is the medical term to describe eyes that are not pointing in the same direction. Squints are sometimes called 'lazy eye'.

The squint may be present all or only some of the time. It may be in one eye only, both or may alternate between the two eyes.

When your child is diagnosed with a squint, glasses or patching may be necessary. Sometimes surgery is needed.

What is the aim of surgery?

- To improve the alignment of the eyes in order to make the squint smaller in size and less obvious
- In some patients, to reduce or try to eliminate double vision or to improve depth (3-D) vision
- Occasionally, to improve an abnormal position of the head

What does it involve?

There are six different muscles attached to the eyeball. Some of these, usually two are weakened or strengthened to make the eye straighter. These muscles are attached quite close to the front of the eye under the conjunctiva, the clear surface layer. The eye is **never** taken out of the socket during squint surgery. Stitches are used to attach the muscles in their new positions. These stitches are usually soluble.

The operation is usually done on the squinting eye, but may be done on the other eye or both eyes. The amount of surgery depends on the angle of squint, which is measured before the operation.

The operation usually takes up to 60 minutes depending on the number of muscles that need surgery.

Squint surgery is done under a general anaesthetic. It is done in the Day Surgery Unit and your child will normally be able to go home the same day.

Special preparations

Your child should have nothing to eat from midnight the night before, but may have one small glass of either water or squash up to 6.30 am on the morning of the operation.

How will my child feel afterwards?

Your child's eyes will feel sore and he or she may have a pricking sensation. There may be a blood stained discharge from the eye and the eye may look red and the eyelids swollen.

What happens after the procedure?

Your child will come back from recovery and may wish to sleep for an hour or two, but you will be able to sit with him or her. Your child will then be assessed and discharged when ready. This may be several hours after the operation. All children should rest quietly at home for at least 24 hours after a general anaesthetic.

Does the surgery cure the squint?

Overall, about 90% of patients find some improvement in their squint after surgery. The amount of correction that is right for one child might be too much or too little for another with exactly the same size squint, so the squint might not be completely corrected by the operation. Although your child's eyes could be straight just after surgery, many children require more than one operation in their lifetime. If the squint returns, it might 'drift' in either the same or opposite direction. We can't predict when that drift might occur.

Does the surgery cure the need for glasses or a lazy eye?

No, the operation does not aim to change the vision or the need for glasses or patching. Sometimes, more patching is needed after the operation.

What are the risks?

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

Under- and over-correction

As the results of squint surgery are not completely predictable, the original squint might still be present (under-correction) or the squint direction could change (over-correction). Occasionally, a different type of squint might occur. These problems could require another operation.

Double vision

Your child might experience double vision after surgery, as the brain adjusts to the new position of the eyes. This is normal and often settles in days or weeks. Some might continue to experience double vision when they look to the side. Rarely, the double vision can be permanent in which case further treatment might be needed.

Allergy

Some patients might have a mild allergic reaction to the medication they have been prescribed after surgery. This results in itching/irritation and some redness and puffiness of the eyelids. It usually settles very quickly when the drops are stopped.

Stitches

Children might develop an infection or abscess around the stitches. This is more likely to occur if they go swimming within the first four weeks after surgery.

A cyst can develop over the site of the stitches, which occasionally needs further surgery to remove it.

Redness

The redness in your child's eye can take as long as three months to go away. Occasionally, the eye does not completely return to its normal colour, particularly with repeated operations.

Scarring

Most of the scarring of the conjunctiva (skin of the eye) is not noticeable by three months, but occasionally visible scars will remain, especially with repeat operations. It is important to use any drops or ointment prescribed after the operation to reduce the chance of scarring.

Lost or slipped muscle

Rarely, one of the eye muscles might 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 severe, further surgery can be required. Sometimes, it is not possible to correct this. The risk of slipped muscle requiring further surgery is about one in 1,000.

Needle penetration

If the stitches are too deep or the white of the eye is thin, a small hole in the eye can occur, which could require antibiotic treatment and possibly some laser treatment to seal the puncture site. Depending on the location of the hole, the sight could be affected. The risk of the needle passing too deeply is about 2%.

Infection

Infection is a risk with any operation and, although rare, can result in loss of the eye or vision.

Loss of vision

Although very rare, loss of vision in the eye being operated can occur from this surgery. Risk of serious damage to the eye or vision is approximately one in 30,000.

Anaesthetic risks

Anaesthetics are usually safe, but there are small and potentially serious risks. Unpredictable reactions occur in around one in 20,000 cases and, unfortunately, death in around one in 100,000.

Remember: these complications are detailed for your information – the vast majority of people have no significant problems.

Does it matter if the squint is not treated?

Not all squints need an operation but a squint should **always** be treated, as:

- your child will not grow out of the squint
- if left, the sight will get worse in the affected eye.

Aftercare

Pain relief

Any pain is usually relieved by giving paracetamol eg Calpol or ibuprofen. Remember do not give more than the stated dose and do not give medicine containing aspirin to children under 16 years of age.

Eye drops

Eye drops will be prescribed to help keep the eye clean and to prevent infection. Before you go home, the nurse will show you how to give the drops and we will give you an information leaflet on this.

Cleaning the eyes

Do not touch the eyes but remove the secretions around the eye using boiled cooled water and the sterile gauze provided. If a sticky yellow or green discharge appears, contact the Eye Clinic, as your child may have an infection.

Glasses

If your child normally wears glasses, encourage him or her to use them again as soon as possible after surgery, unless we tell you otherwise.

School

Your child should have the rest of the week off school. If he or she is not well enough after two weeks, please contact your GP.

Activity

For two weeks after surgery, your child should not:

- play in sand
- do any gymnastics or contact sports
- go swimming
- use face paint

At your two week follow up appointment, the orthoptist will let you know whether your child is ready to do these activities again.

What to do if you are concerned

Each day after the surgery, the eye(s) should be less sticky, less gritty and look less red. It doesn't matter how long this takes to settle as long as it is getting better. If the eye(s) should become more red, more sticky or more painful after the surgery, then this may be a sign that there is a problem. If this happens then call Mr. Gibbon's secretary on 01271 322411 and we will arrange to review your child.

Follow up

Squint surgery is only a stage in treatment and not the end of treatment. Although the squint may appear much improved after surgery, it is important to keep regular follow up appointments as further orthoptic treatment may be necessary.

Before leaving the Day Surgery Unit, you will be given a two week follow up appointment with the orthoptist and the ophthalmologist.

Further information

Contact numbers:

01271 322466 Eye Clinic Reception

01271 322469 Orthoptic Department

01271 322455 Day Surgery Unit

Useful website:

British and Irish Orthoptic Society
www.orthoptics.org.uk

Squint Clinic
www.squintclinic.com

PALS

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers questions and resolves concerns as quickly as possible. If you have a query or concern call 01271 314090 or e-mail ndht.pals@nhs.net. You can also visit the PALS and Information Centre in person at North Devon District Hospital, Barnstaple.

Have your say

Northern Devon Healthcare NHS Trust aims to provide high quality services. However, please tell us when something could be improved. If you have a comment or compliment about a service or treatment, please raise your comments with a member of the staff or the PALS team in the first instance.

'Care Opinion' comments forms are on all wards or online at www.careopinion.org.uk.

Northern Devon Healthcare NHS Trust
Raleigh Park, Barnstaple
Devon EX31 4JB
Tel. 01271 322577
www.northdevonhealth.nhs.uk

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