

## Convergence excess esotropia

### Other formats

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### What is a convergence excess esotropia?

A convergence excess esotropia is a type of squint. A squint describes when one or both eyes turn inwards or outwards, depending on the eye muscles involved.

A convergence excess squint is a specific type of intermittent inward turning (convergent) squint due to longsightedness. Glasses straighten the squint when the child looks at something in the distance, but the squint is still present when they look at something close to them, for example when reading.

### What causes a convergence excess esotropia?

When looking at a near object there is a need to make some focusing effort (accommodation) to see clearly. This is a normal reflex. As this happens both eyes normally automatically move towards the nose an equal and set amount.

In a convergence excess esotropia, the amount the eyes turn in is greater than required and as a result causes an inward turning squint to be seen.

### How is it diagnosed?

Diagnosis occurs following referral to the orthoptist. It is usual practice to have a further assessment by a hospital optometrist to test for glasses as this type of squint is usually due to long-sightedness.

### How is it treated?

In a convergence excess esotropia, the glasses control the squint when looking into the distance but the squint remains when looking at objects that are near. This means further treatment is needed to gain control for near focusing. There are two main forms of treatment: bifocals and / or surgery.

Bifocals can be used in order to control the squint for near focusing. These are not normally a permanent form of treatment but are prescribed with the aim of gradually reducing the strength of the bifocal while 'training' the eyes to stay controlled. The bifocal portion of the lens is generally reduced every 6-8 months over a period of 2-3 years. If the squint is too large for bifocals or does not remain controlled when the bifocal is reduced, then surgery may be necessary.

If surgery is required, your orthoptist will discuss this with you.

## Possible effects of treatment

If surgery is being considered, your orthoptist will provide you with further written information and your child will also be seen by one of the ophthalmology (eye) doctors to confirm the suitability for surgery.

## What is the prognosis or expected outcome of treatment?

If surgery is undertaken, the aim is to eliminate the need for bifocals and for the eyes to be controlled with the glasses on for both near and distance focusing.

The squint will still be present when the glasses are removed.

## Are there any possible complications?

If surgery is required, you will be provided with further written information outlining the risks and benefits.

## Follow up

Your child will be monitored regularly to ensure the vision is developing appropriately in each eye and to monitor the amount the eye drifts and the control of the drift.

## Further information

Orthoptic Department 01271 322469

Eye clinic reception 01271 322466

British and Irish Orthoptic Society – [www.orthoptics.org.uk](http://www.orthoptics.org.uk)

Squint Clinic – [www.squintclinic.com](http://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 email [ndht.pals@nhs.net](mailto:ndht.pals@nhs.net). You can also visit the PALS and Information Centre in person at North Devon District Hospital, Barnstaple.

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