

OP06 Correcting a Squint (child)

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What is strabismus?

Strabismus (or 'squint') is where one of the eyes points in towards the nose (convergent) or out towards the ear (divergent). Sometimes one eye may point up or down.

Your surgeon will assess your child and tell you if strabismus surgery is suitable for them. This document will give you information about the benefits and risks to help you to be involved in the decision. If you think your child is mature enough, it is best to discuss the operation with them so they can be involved in the decision too.

If you have any questions that this document does not answer, ask your surgeon or the healthcare team.

How does strabismus happen?

Strabismus in children is usually related to how their eyes focus. Convergent squint is often associated with long-sightedness. The condition often runs in the family and affects 1 in 50 children under 5 years old.

Strabismus can also happen if the nerves to the eye muscles, or the eye muscles themselves, are not working properly. This is more common in adults and can cause double vision.

Strabismus can be serious because it prevents the eyes from working together (binocular vision). Binocular vision is used to judge distance and depth (3-D vision). Older children may

also become self-conscious about the appearance of their eyes.

Strabismus can also cause the vision in the affected eye to fail to develop properly (amblyopia or 'lazy eye'). If your child has amblyopia, your surgeon will usually recommend treatment to improve the sight in the affected eye before surgery.

What are the benefits of surgery?

Your child's eyes should appear to move together. If your child had a divergent squint, their binocular vision may improve. Most children who have a successful operation have a significant boost in self-confidence and are more comfortable with their appearance in later life.

Are there any alternatives to surgery?

Glasses or contact lenses can help the eyes to focus, sometimes making the strabismus less noticeable.

If one eye is 'lazy' (amblyopic), placing a patch on the good eye can train the affected eye to work so that vision develops normally in both eyes.

These measures do not straighten the eyes but can help to improve the sight in the affected eye.

Your orthoptist (a specialist in the way the eyes move and in treating vision problems) will usually have tried these options if appropriate.

What will happen if I decide for my child not to have the operation?

Your surgeon will recommend that your child continues treatment with the orthoptist to help improve vision in the affected eye. The appearance of your child's eyes may stay the same or get worse. Sometimes surgery gives the best long-term results the earlier it is performed.

What does the operation involve?

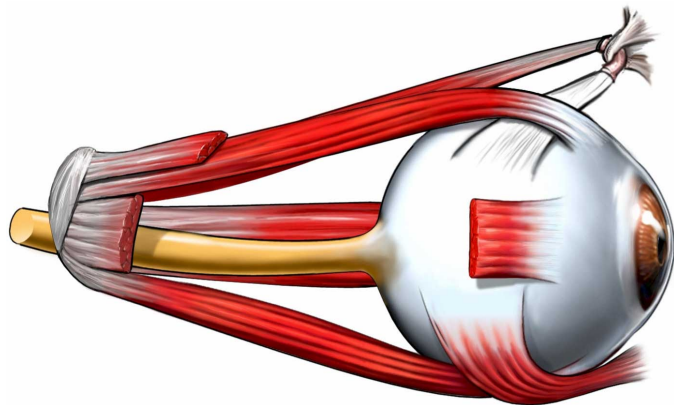
The healthcare team will carry out a number of checks to make sure your child has the operation they came in for and on the correct side. You can help by confirming to your surgeon and the healthcare team your child's name and the operation they are having.

The operation is performed under a general anaesthetic and usually takes about an hour. Your child may also have injections of local anaesthetic to help with the pain after the operation.

Depending on the type of squint your child has, your surgeon will need to tighten or loosen one or more of the eye muscles.

Your surgeon will make a small cut on the surface membrane of the eye (conjunctiva). They will separate one or more eye muscles from the surface of the eyeball. Using small dissolvable

stitches, your surgeon will reattach the muscles, making them tighter or looser than they were before, depending on the correction that needs to be made.



The muscles of the eye

What can I do to help make my child's operation a success?

Your child should try to maintain a healthy weight. They will have a higher risk of developing complications if they are overweight.

What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for your child.

Some complications can be serious.

You should ask your doctor if there is anything you do not understand.

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

General complications of any operation

- Bleeding during or after the operation. Usually there is little bleeding. It is normal for the eye to be red and this usually settles within 3 to 4 weeks. Rarely, some redness may be permanent.
- Infection, which may cause blurred vision or even loss of vision (risk: 1 in 5,000). If your child's eye becomes red and painful, and their vision becomes blurred, let your surgeon know straight away.
- Allergic reaction to the equipment, materials or medication. The healthcare team is trained to detect and treat any reactions that might happen. Let the doctor know if your child has any allergies or if they have reacted to any medication or tests in the past.

Specific complications of this operation

- Continued strabismus (risk: 1 in 10). Your child may need another operation.
- Worse strabismus (risk: less than 1 in 100).

- Double vision, in children over the age of 5 (risk: 1 in 100). This usually gets better but if the problem continues your child may need treatment with special glasses, injections or another operation. Rarely, double vision can be permanent and your child may need to wear special glasses or a contact lens that completely blocks vision from one eye.

- A slipped or lost eye muscle, muscle scarring or making a hole in the eye with a needle (risk: less than 1 in 1,000). Your child may need another operation.

Covid-19

Coming into hospital increases the risk of you or your child catching or passing on Covid-19 (coronavirus) as you will be around more people than usual. This risk to your child increases further if the procedure involves their nose or throat. Practise social distancing, hand washing and wear a face covering when required.

Consequences of this procedure

- Pain is usually only mild and easily controlled with simple painkillers such as paracetamol. If your child is in severe pain, let your surgeon know as this is unusual.

How soon will my child recover?

In hospital

After the operation your child will be transferred to the recovery area and then to the ward or day-case unit.

They should be able to go home after a few hours. However, your doctor may recommend that your child stays overnight.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

Returning to normal activities

Your surgeon will tell you when your child can return to normal activities. Your child should not swim or do strenuous exercise until you have checked with your surgeon.

It is important to look after your child's eye as you are told, to reduce the risk of complications.

The future

Most children make a good recovery.

The healthcare team will arrange for you to come back to the clinic regularly so your surgeon and orthoptist can check your child's vision and how well their eyes are working together.

Summary

Strabismus surgery should make your child's eyes point in the same direction and may help to improve their self-confidence later in life.

Sometimes the operation gives better long-term results the earlier it is performed.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery for your child. Knowing about them will also help you to help the healthcare team to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Acknowledgements

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