

# Squint surgery for teenagers and adults



This leaflet aims to answer some of the questions you may have regarding squint surgery. Every patient is different, so it may not cover all the questions you have. Feel free to discuss your particular case with your orthoptist or ophthalmologist and ask about anything you do not understand.

### **What is the aim of the squint surgery?**

- To improve the alignment of your eyes and make your squint less obvious or easier to control.
- In some patients, to eliminate diplopia (double vision).
- Occasionally, squint surgery is performed to alleviate the discomfort of an extreme compensatory head posture (abnormal tilt or turn of the head).

### **How long will I be in hospital?**

Squint surgery is usually a day case, meaning you will be admitted and discharged on the same day.

### **What does it involve?**

Squint surgery is performed under general anaesthetic (you will be asleep). During the operation one or more muscles are repositioned to relax or strengthen their action.

The surgery is performed under the conjunctiva (the lining of the white of your eye). You will be left with a red eye but no external scars. The eye is not removed from the socket.

Dissolvable stitches are used to attach the muscles to their new position, so you do not need to come back and have them surgically removed. There are two types of squint surgery – adjustable and non-adjustable. Most squint surgery is non-adjustable, however using an adjustable suture may give a better result in certain types of squint.

### **What happens with an adjustable suture?**

This allows the surgeon to adjust the eye position during the immediate post-operative period. If no adjustment is necessary then nothing further will need to be done.

If it is felt that the position of your eye needs modifying then your eye surgeon will carry out the adjustment. Adjustment is usually done on the ward, following administration of anaesthetic eye drops. Please ensure you bring any glasses you wear for reading or distance as you will need to wear these for the immediate post-operative measurements.

Once you have woken up from the anaesthetic and are able to look at a target, the final position of the muscles is adjusted. The adjustable stitches are manipulated to adjust the muscle or muscles and more measurements of the position of the eye are taken. The stitches are then secured once the desired position has been achieved. The redness in your eye may take a little longer to settle down after adjustable surgery.

### **How do I prepare for it?**

You will have two pre-operative assessments – one with the orthoptist and one with the nurses. It is essential for your surgery that you attend both of these assessments.

The orthoptist will ensure the surgeon has up-to-date measurements to work out exactly how much surgery needs to be done. The nurse will take a medical history including current medication and perform investigations as required, to ensure that your general anaesthetic takes place safely.

### **What happens on the day of surgery?**

You will be asked to come in early so that we can get you ready for surgery. Most surgery takes place in the morning, so **do not** eat or drink from midnight the night before.

### **How long does the operation take?**

It usually takes between 30-60 minutes depending on the number of muscles that need surgery.

You will be discharged when you have recovered from the anaesthetic and the nurses are happy for you to go home. This is usually a few hours after the surgery.

## Will surgery cure my squint?

Overall, about 90% of patients feel some improvement. Following surgery, your eyes may be straight, but over time the squint may return. We are unable to predict if this will occur but the orthoptist may be able to tell you how likely this is for you.

## Does surgery cure the need for glasses?

It does not change your vision. If you needed glasses for vision before surgery, you will need to continue wearing glasses after the surgery. As with everyone, the need for glasses varies over time. We recommend you continue with regular eye tests with a high street optician.

## Are there any risks or complications?

As with all operations there are some possible risks. For squint surgery, these include:

- **Over and undercorrection** – the amount of correction that is right for one patient may be too much or too little for another with the same size squint, so your squint may not be completely corrected.
- **Double vision:**
  - can be common for a few days after surgery
  - some patients may continue to have double vision on extreme gaze
  - if you get longer lasting double vision in the central position, further treatment may be needed
  - around one patient in every 500 develops double vision that cannot be treated with further surgery. This is known as 'intractable double vision'.
- **Redness and discomfort** on the sclera (white part of the eye) – this is very common. This should start to settle after a few days and usually takes about two months to return to its normal colour.
- **Scarring** – a small slightly milkier colour on the sclera
- **Lost or slipped muscle** – rarely, one of the eye muscles may 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 this is severe, further surgery may be required. Sometimes it is not possible to correct this. The risk of slipped muscle requiring further surgery is about 1 in 1000.

- **Needle penetration** – if the stitches are too deep or the white of the eye is thin, a small hole in the eye may occur, which may require antibiotic treatment and possibly some laser treatment to seal the puncture site. Depending on the location of the hole, your sight may be affected. The risk is very low (about 0.1-1% of cases).
- **Anterior segment ischaemia (poor blood supply)** – rarely, the blood circulation on the front of the eye can be reduced following surgery, producing a dilated pupil and blurred vision. This usually only occurs in patients who have had multiple surgeries. The risk is about 1 in 13,000.
- **Infection** – can occur, as with any operation. To prevent this, during surgery the eye will be swabbed with iodine. Following surgery you will be given antibiotic eye drops.
- **Loss of vision** – although very rare, loss of vision in the operated eye can occur. The risk of serious damage to the eye or vision is around 1 in 30,000.

### **What happens afterwards?**

- Start using your eye drops.
- Take painkillers such as paracetamol and ibuprofen as necessary.
- Cold compresses in the form of a damp cloth or a proprietary refrigerated eye mask can help greatly with the pain in the first two days after squint surgery.
- As you will have had a general anaesthetic you should not drive for 48 hours.

### **When can I resume normal activities?**

We usually recommend that you take 1-2 weeks off work.

You can resume work and normal activities including sport as soon as you feel comfortable to do so. It is safe to do visual tasks such as reading and watching television.

### **Will I need any follow up?**

Your orthoptist will see you around two weeks after your operation to review the healing and your eye's new position.

**Do:**

- use the eye drops as prescribed
- take painkillers as required
- use cooled boiled water and a clean cotton wool pad to clean any stickiness from your eyes
- attend your post-operative assessment with the orthoptist
- continue using glasses if you wear them.

**Don't:**

- rub your eyes – this may loosen stitches, cause damage or infection
- do not swim for at least four weeks.

**What should I look out for?**

If you are worried about any problem, such as a sudden reduction in vision or pain in your eye during the first 6 weeks following your operation, please contact Mr Jones' secretary on 01872 253907.

If you would like this leaflet in large print, braille, audio version or in another language, please contact the General Office on 01872 252690

