

Squint surgery for children



Who is this leaflet for?

This leaflet aims to answer some questions you may have about squint surgery. Every child's eyes are different, so this leaflet may not cover all the questions you have. Feel free to discuss your child's particular case with the orthoptist or ophthalmologist and ask about anything you do not understand.

What is the aim of squint surgery?

There are several possible purposes:

- to improve the alignment of the eyes and make the squint easier to control
- to reduce or eliminate double vision or to improve depth perception (3D vision)
- occasionally to improve or eliminate the need for a compensatory head posture (an abnormal tilt or turn of the head).

How long will my child be in hospital?

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

The operation usually takes around an hour, depending on the number of muscles that need surgery. Your child will be in the theatre department for longer, because they will need to spend some time in the recovery area until they have fully woken up. When your child has recovered fully from the anaesthetic and the nurses are happy for them to be discharged, you are free to go home – this will usually be a few hours later.

What does the surgery involve?

Squint surgery is a very common eye operation. It is performed under general anaesthetic (your child will be asleep). During the operation one or more of the eye muscles on the surface of the eyeball are strengthened, weakened or moved. The eye muscles are quite close to the front of the eye, under the conjunctiva (a clear surface layer). The eye is not removed from the socket and the skin is not disturbed.

Dissolvable stiches are used to attach the muscles to their new position.

The orthoptist will see your child post operatively to review the healing and to assess the eye's new position.

You will receive eye drops with instructions. Information about the follow up appointment with the orthoptist will be sent in the post.

What happens before the operation?

Your child will have a pre-operative assessment with the orthoptist, and another pre-operative assessment with the nurse. The orthoptist will ensure the doctor 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. It is essential that your child attends both of these assessments.

What happens on the day?

You will be asked to come in early so that we can get your child ready for surgery. Most surgery takes place in the morning, so your child **must not** eat or drink from midnight the night before. The exact timings of surgery will be given by the ward nurses the day before or the day of the operation.

You will be able to go down to the operating theatre with your child and stay until he or she is asleep, but you will not be able to stay to watch the surgery.

Will surgery cure the squint?

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

Does surgery cure the need for glasses?

The operation does not change vision. If your child needed glasses for vision before surgery, they will need to continue wearing glasses afterwards. As with everyone, the need for glasses varies over time. We will monitor your child following the operation. Following discharge, we recommend you continue with regular eye tests with a high street optician.

Are there any risks or complications?

Squint surgery is generally a safe procedure. However, complications can and do occur in any operation. These are usually minor and rarely serious. For your information, we have listed all possible complications below, but please remember that most people have no significant problems after this operation.

- **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 child's squint may not be completely corrected.
- **Double vision:**
 - is common for a few days afterwards
 - some patients may continue to have double vision on extreme gaze
 - if your child gets lasting double vision looking straight ahead, they may need a further squint surgery procedure or an alternative treatment such as prisms or botulinum toxin.
- **Redness and discomfort** of 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** – 1 in 1,000 cases. Rarely, one of the eye muscles may slip back from its new position during the operation or shortly afterwards. Sometimes it is not possible to correct this.
- **Needle penetration** – 1 in 1,000 cases. Can result in visual disturbance, which is usually temporary.
- **Blurred vision** – 1 in 13,000 cases. Likely to be temporary. Any lasting blurred vision is more common in patients who have had multiple surgeries.
- **Infection** – can occur, as with any operation. To prevent this, during surgery the eye will be sterilised with iodine. Following surgery you will be given antibiotic eye drops.
- **Loss of vision** – very rare (1 in 30,000 cases).
- **Anaesthetic risks** – anaesthetics are usually safe, but there can be small and potentially serious risks. Unpredictable reactions can occur in around one in 20,000 cases and death in around one in 100,000.

What happens afterwards?

Following your child's operation, their eye(s) will be swollen, red and sore and their vision may be blurry. Start the drops you are given that same evening. Give your child regular paracetamol (Calpol) and ibuprofen. A cold compress is often as effective as paracetamol, and should be used in between painkiller doses. The pain usually does not last for more than a few days.

We recommend that your child returns to school on the Monday after the operation. Try to avoid extremes of sun, wind, dust etc. Your child can rub their eye gently with their hand or knuckle, but try not to let your child rub their eyes with their fingertips.

Do:

- use the eye drops as prescribed
- give your child painkillers as required
- attend your post-operative appointments
- continue using glasses if your child has them.

Don't:

- let your child swim for 4 weeks
- use contact lenses until you are advised it is safe to do so by your doctor or orthoptist.

Any questions?

If you have any questions about the procedure on the day, please contact Harlyn Ward on 01872 253910.

For any other queries, please contact the Orthoptic department:

Tel: 01872 253287

Email: rch-tr.rchorthoptic@nhs.net

If you are worried about any problem within the first six weeks following surgery, 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

