



Paediatric information: for parents

Accommodative esotropia

The medical term for this condition is accommodative esotropia but it is often known as squint with long-sightedness.

How your child sees the world

Your child is long-sighted (hypermetropic). This makes everything appear blurred, both in the distance and close up. However, because the natural lens in a child's eye is still very elastic, with effort they can bring things into focus by changing the shape of the lens ('accommodation').

How your child looks

Your child's eyes have an inward-turn (convergent squint or 'esotropia') which is usually more noticeable when they look at something close up.

How did they get it?

Most children are a bit long-sighted. If children are more long-sighted than other children their age, or more prone to have a squint, then the long-sight can cause the eyes to turn in. Why some children are more long-sighted or more prone to squint than others is not known. This sometimes runs in the family, at other times the child is the only one in the family to wear glasses.

How can the team at the hospital tell?

Your child will have a number of tests. First the orthoptist measures how well your child can see by asking them to name or match letters or shapes. Then they check your child's eye movements to see whether there is a squint. The orthoptist also tests your child's 3D vision (stereopsis) – when the eyes are not straight, you cannot see true 3D. Then eye drops are used to widen the pupil and temporarily reduce the focusing mechanism of the eye by relaxing the muscle that controls the shape of the crystalline lens. The drops normally take 30-45 minutes to work. In some children, particularly those with dark eyes, the standard drops do not work well.

In that case, we may ask you to take some stronger drops home and to apply these over two/three days before your next appointment.

When the pupils are dilated, the optometrist or ophthalmologist (eye doctor) measures the strength for glasses that would make the world perfectly clear to your child's eyes. This test is called retinoscopy. A light is moved up and down and side to side in

front of your child's eyes and corrective lenses are held up to measure the glasses prescription.

Lastly, the optometrist or doctor checks that the eyes are healthy by looking at them in more detail with a slit lamp and/or a headset and strong magnifying lens.

Getting it sorted

The first step is to correct the long-sightedness by giving your child glasses. These should be worn during all waking hours, including when watching TV and playing outdoors. Sports goggles can be worn for swimming. The glasses have three effects: firstly they allow your child to relax the lens of the eye to avoid putting as much effort into focusing; secondly they allow your child to develop clear vision in both eyes and, thirdly, they reduce the inward-turn of the eyes. For most children, the only treatment they need for their squint is glasses to keep their eyes straight.

Children continue wearing their glasses, because they give them better vision and keep their eyes straight while they are worn. For some children, the long-sightedness eventually reduces as they get older and they may get less reliant on glasses. Alternatives to glasses can be considered as your child gets older, such as contact lenses and, once they are over 21 years, laser-assisted refractive surgery (this is not available on the NHS).

If your child's eyes are not straight enough when wearing their glasses

surgery can be considered. It is important to understand that surgery only corrects the inward-turn and it does not help your child to see clearly - most children will still need their glasses after the operation to have the best possible vision. The surgery straightens the eyes with glasses on but even with successful surgery, when your child takes the glasses off, the eyes will still turn in somewhat. In addition, eye straightening surgery has risks and does not work in all cases.

There are no exercises to correct this particular type of squint.

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Moorfields Direct telephone helpline
Phone: 020 7566 2345
Monday-Friday, 8.30am-9pm
Saturday, 9am-5pm
Information and advice on eye conditions and treatments from experienced ophthalmic-trained nurses.

Patient advice and liaison service (PALS)

Phone: 020 7566 2324/ 020 7566 2325
Email: moorfields.pals@nhs.net
Moorfields' PALS team provides confidential advice and support to help





you with any concerns you may have about the care we provide, guiding you through the different services available at Moorfields. The PALS team can also advise you on how to make a complaint.

Your right to treatment within 18 weeks

Under the NHS constitution, all patients have the right to begin consultant-led treatment within 18 weeks of being referred by their GP. Moorfields is committed to fulfilling this right, but if you feel that we have failed to do so, please contact our patient advice and liaison service (PALS) who will be able to advise you further (see above). For more information about your rights under the NHS constitution, visit www.nhs.uk/choiceinthenhs