

Paediatric information

Surgery for squint (strabismus): information for parents

This leaflet aims to answer some of the questions you might have about your child's squint surgery. It doesn't cover everything as every child and squint is different. Your surgeon will discuss your child's particular case with you. Please ask the clinical staff about anything you want to be made clear.

What is the aim of squint surgery

- To improve the alignment of the eyes and make the squint smaller/less obvious
- Sometimes to reduce (or get rid of) double vision or improve depth /3D vision
- Occasionally, to improve an abnormal tilt or turn of the head

How is the surgery done?

Squint surgery is a very common eye operation. It usually involves tightening or moving one or more of the eye muscles on the surface of the eyeball which move the eye. These muscles are attached quite close to the front of the eye under

the conjunctiva, the clear surface layer. The eye is never taken out of the socket during squint surgery. Stitches (usually dissolving ones) are used to attach the muscles in their new positions. Squint surgery is nearly always a day-case procedure, so your child should be in and out of hospital on the same day.

The operation is carried out under general anaesthetic and usually takes around an hour, depending on the number of muscles that need surgery. Your child will be in the theatre suite for more than an hour, because they will spend sometime 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 him/her to be discharged, you are free to go home – usually a few hours later.

Before the day of surgery

A pre-assessment is performed in the weeks leading up to your child's operation date. Up to date squint measurements are taken by the orthoptist.

On the day of surgery

You will be asked to come early so that your child can be prepared for surgery.

Your child should not drink or eat before the operation (the exact timings of this will be given by the ward nurses before the day of the operation).

You may go down to the operating theatre with your child and stay until he/she is asleep but you may not come in to watch the surgery. After the operation, you will receive eye drops with instructions, and a follow-up appointment.

Does the surgery cure the squint?

Overall, about 90% of patients find some improvement in their squint after surgery. The amount of correction that is right for one child might be too much or too little for another with exactly the same size squint, so the squint might not be completely corrected by the operation.

Although your child's eyes could be straight just after surgery, many children require more than one operation in their lifetime. If the squint returns, it might 'drift'

in either the same or opposite direction. We can't predict when the drift may occur.

Does the surgery cure a lazy eye or the need for glasses?

No, the operation does not aim to change the vision or the need for glasses or patching. Sometimes, more patching is needed after the operation.

What are the risks of the operation?

Squint surgery is generally a safe procedure. However in any operation, complications can and do occur. Generally, these are minor but rarely are they serious.

Under and overcorrection

Squint surgery results are not completely predictable. The original squint might persist (undercorrection) or the squint direction could change (overcorrection). Occasionally, a different type of squint might occur. In some cases another operation is required.

Double vision

Your child may notice double vision after surgery, as the brain adjusts to the new position of the eyes. This is normal and generally settles in days or weeks. Some might continue to get double vision when they look to the side. Rarely, the double vision can be permanent in which case further treatment might be needed.

Allergy/stitches

Some patients might have a mild allergic reaction to the drops they have been prescribed after surgery. This can cause itching/irritation and redness and puffiness of the eyelids. It usually settles very quickly when the drops are stopped.

Children might develop an infection or abscess around the stitches. This is more likely to occur if they go swimming within the first four weeks after surgery.

A cyst can develop over the site of the stitches, which occasionally needs further surgery to remove it.

Redness

The redness in your child's eye can take as long as three months to go away. Occasionally, the eye does not completely return to its normal colour, particularly with repeated operations.

Scarring

Generally scarring of the conjunctiva (skin of the eye) is not noticeable by three months, but occasionally visible scars will remain, especially after repeat operations. It is important to use any treatment prescribed after the operation to reduce the chance of scarring.

Lost or slipped muscle

Rarely, one of the eye muscles might slip back from its new position during the operation or shortly afterwards. If this

happens the eye moves poorly and more surgery may be needed. Sometimes it is not possible to correct this. The risk of a slip needing surgery is about 1 in 1,000.

Needle penetration

If the stitches are too deep or the white of the eye is thin, a small hole in the eye can occur, which may need antibiotics and possibly some laser treatment to seal the puncture. Depending on the location of the sight can be affected. The risk of penetration is about 2%.

Infection

Infection is a risk with any operation and, though rare, can cause loss of the eye or vision.

Loss of vision

Although very rare, loss of vision in the eye being operated can occur from this surgery. Risk of serious damage to the eye or vision is approximately one in 30,000.

Anaesthetic risks

Anaesthetics are usually safe, but there are small and potentially serious risks. Unpredictable reactions occur in around one in 20,000 cases and, unfortunately, death in around one in 100,000.

Remember: these complications are detailed for your information – the vast majority of people have no significant problems.

Pupil dilation

Rarely after an operation for a vertical squint you may notice that the pupil is slightly larger on the operated side.

After the operation

After your child's operation, their eye(s) will be swollen, red and sore and their vision may be blurry. Start the drops that evening, and use painkillers suitable for children, such as paracetamol and ibuprofen, as required. The pain usually improves within a few days. Redness and mild discomfort can last for up to three months, particularly with repeat squint operations.

Your child might need a few days or one week off school or nursery. Normal activity including sports (apart from swimming) can be resumed as soon as your child feels comfortable to take part. You should return for follow-up appointments as advised.

Summary of Post- Op care

- Use the eye drops and/ or ointment prescribed
- Use painkillers such as paracetamol and ibuprofen if your child's eyes are painful

- Use cooled boiled water and a clean tissue or cotton wool to clean any stickiness from the eyes
- Don't rub the eye(s) as this could loosen the stitches
- Don't swim for four weeks
- Attend your child's post-operative clinic appointment
- Continue using glasses if your child has them


Any other important information I should know?

If you are not clear about any aspect of this treatment or have any questions, please ask the doctor, nurse or orthoptist to explain further. Please keep this information sheet for future reference.

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Moorfields Direct telephone helpline
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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 or 020 7566 2325

Email: pals@moorfields.nhs.uk

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.