

Squint surgery for children

Orthoptics

Information for patients and carers

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Caring for you

Introduction

This leaflet is part of the pre-operative information pack before squint surgery.

Please read this leaflet carefully. If you have any questions, speak to your eye surgeon or orthoptist.

This leaflet explains:

- what a squint is
- why surgery may be needed
- how the operation is performed
- the benefits and risks of surgery
- what happens before and after surgery
- frequently asked questions

What is a squint?

A squint (also known as strabismus) is when the eyes do not point in the same direction.

One eye may turn inwards, outwards, upwards, or downwards. The squint may be there all the time or only appear when looking in certain directions or when tired.

What is the aim of the surgery?

Squint surgery may be recommended to:

- improve the position of the eyes
- help the eyes work together
- reduce or improve double vision
- improve appearance and confidence

Squint surgery does not remove the need to wear glasses or a patch.

How is the operation done?

Each eye has 6 muscles attached to it. These muscles move the eye in different directions.

Squint surgery works by changing the position or strength of 1 or more of these muscles. This helps improve the position of the eye.

- The muscles are attached to the white part of the eye and can be reached easily during surgery.
- Your child's eye is not removed during the operation.

- Your child will have a general anaesthetic, which means they will be asleep during the operation.
- The operation usually takes about 60 minutes, although this can vary.

What to expect during your child's journey

1. Waiting list

Your child will be added to the waiting list for surgery.

2. Orthoptic appointment before surgery

At this appointment the orthoptist will:

- measure your child's squint
- check whether the measurements have changed
- help make sure the surgery planning is accurate

It is important to attend this appointment as the team needs up-to-date measurements to plan the surgery. If you do not attend this appointment, your child may be removed from the waiting list.

3. Surgery date

You will receive your child's surgery date by post.

4. Telephone call before surgery

A member of the Children's Nursing Team will contact you about 2 weeks before surgery by telephone.

5. Day of surgery

When you arrive, you and your child will be shown to your bed area on Ward B10.

The team will explain what will happen throughout the day.

You can go to the theatre with your child.

6. Going home

Most children go home on the same day.

Before discharge:

- you will be given eye drops and pain relief medication
- a nurse will explain how and when to use them

7. Follow-up appointment

Your child will usually be seen again 3 to 4 weeks after surgery.

At this appointment:

- the orthoptist will check how the eye is healing and the position of the eye
- the consultant may also see your child

8. Questions or concerns

If you have any questions at any stage, please contact the Orthoptic Department.

What are the possible risks or complications involved in squint surgery?

All operations carry some risks.

Most children recover without any problems, but complications can happen.

Possible risks / complications	
The eyes are not as straight as planned	Sometimes the operation does not correct the squint completely. If this happens, your child may need a second operation.
The eye turns too far in the opposite direction	Sometimes, surgery can correct the eye position too much. Your child may need further treatment or another operation.
Redness of the eye	This is common after surgery. • The eye may remain red for up to 3 months. • There may be some blood-stained tears. • Children who have had previous surgery on the same eye may experience more redness. Pain relief can be used if your child is uncomfortable.
Itching or irritation	Some children have a mild reaction to the stitches or eye drops. This can usually be treated by changing or

	stopping the medication, under medical advice.
Scarring	Scars are not usually noticeable after the eye has healed. Rarely, scarring may be more visible. This is more likely if the same eye has been operated on more than once.

Rare side complications	
Double vision	Double vision is uncommon in children but can occasionally happen after surgery. Treatment options may include: • special lenses called prisms • botulinum toxin (botox) injections • another operation
Slipped muscle	Very rarely, an operated muscle can slip from its new position. Your child may need another operation. It may not always be possible to correct this fully.
Infection	Infection is uncommon. Most infections can be treated with antibiotic eye drops. Very rarely, an infection can spread deeper behind the eye and become more serious.
Loss of vision due to damage during surgery	This is extremely rare. In around 1 in 3,000 operations , damage can occur during surgery that may affect vision. If further specialist treatment is needed, this may be provided at another hospital.

Frequently asked questions

Q. What should I do if I am concerned following my child's operation?

A. Please contact the Ophthalmology Urgent Triage Service using the telephone number provided by the hospital.

A nurse will assess your concerns and arrange appropriate advice.

Q: How long will my child need to be off school?

A: Most children do not need more than 1 week off school.

Q: When can my child go swimming again?

A: Your child should avoid swimming for 4 weeks after surgery to allow the eye to heal properly.

Q: Will my child still need to wear their glasses / patch after the operation?

A: Yes.

Squint surgery helps improve the position of the eyes, but it does not usually remove the need for glasses or a patch.

Your orthoptist will advise whether patching should continue or be paused after surgery.

Q: Can my child watch TV / play on a tablet / read?

A: Yes, your child can continue to:

- watch television
- use tablets and phones
- read books

Some children may notice temporary blurred or double vision after surgery. If this does not improve, please contact the Orthoptic Department.

Contacts and further information

If you have any further questions or concerns, you can contact us on the following numbers:

- Orthoptic Department
01925 662772
- Paediatric Children's Ward (Ward B10)
01925 662348/2167
- Ms Razzouk's secretary
01925 662403
- Ophthalmology Clinic Triage (for urgent enquiries)
01925 662694