Orthoptic Department

Squint surgery for children pre operative information

Your child has been referred for squint surgery. This leaflet aims to answer the most frequently asked questions

What is a squint?
- Squint is a condition where the eyes do not work together and only one eye is directed towards the object being looked at. The other eye usually turns inwards or outwards.
- In children, a squint is often associated with a lazy eye, where there is poor vision in the eye which is squinting. This is usually treated before an operation is considered.
- In a few cases, a squint may be associated with double vision.

What is the aim of squint surgery?
- In most cases the aim of surgery is to move the eyes into a straighter position so that the squint appears less obvious and is cosmetically acceptable.
- In some cases the surgery also aims to restore some degree of binocular vision (get the eyes working together), or eliminate double vision. If this is the case for your child, it will be discussed with you in more detail before the operation.
- Squint surgery does not restore the vision to a lazy eye. This can only be treated with patch therapy which may need to be continued for some time after the operation, especially in very young children.
- If your child wears glasses, they will continue to need them after the operation, unless advised otherwise by your Orthoptist or consultant.

What does the surgery involve?
The surgery involves moving the eye muscles from their original position, on the surface of the eye, to a new position in order to strengthen or weaken the action of the muscle. Changing the strength of the various muscles moves the eye into a new position and so straightens the squint.
The amount of strengthening or weakening that is done is determined by the degree of your child’s squint and past experience of what happens in most cases.
Drops need to be put into your child's eyes from the day following surgery, for up to 6 weeks.
Patient Information

What are the risks associated with squint surgery?

- In the majority of cases, the squint surgery leaves the eye in a cosmetically acceptable position. However, due to the different amounts of scarring that may occur in different children, squint surgery is not an exact science. A complete correction of the squint cannot be guaranteed. Further surgery is sometimes required to achieve the desired result.
- As there are limits to the amount of surgery that can be completed in one go, in some cases, particularly with a large squint, more than one operation may be required to achieve a good result.
- Some patients experience double vision after surgery. This does not usually last long and disappears after a few days or weeks when the brain has adjusted to the new eye position.
- In certain types of squint the aim is to over correct the squint at first, so the eye is turning inwards instead of outwards. This should settle quickly and the long term result is often better. The Orthoptist will advise about exercises to help this at the post op visit.
- Very occasionally, double vision may remain permanently and may require further surgery to correct it.
- There are always some risks associated with any general anaesthetic but your child will be under the care of a specialist paediatric anaesthetist. If you have any concerns about the anaesthetic, please ask to discuss them with the anaesthetist before the operation.
- Other problems that could influence the outcome of squint surgery, in your child’s case, will be discussed with you in more detail.

The following may occur, on very rare occasions, during surgery:

- Globe perforation – when stitching the muscle back onto the eye, the needle may penetrate too deeply into the eye. This is usually not a major problem, provided that it is recognised at the time and corrected accordingly.
- Slipped muscle – the eye muscles are very elastic and can slip back from their new position on rare occasions. This has a major influence on the outcome of surgery but can be corrected.

Do I need to do anything before the operation?
You and your child will be asked to attend an appointment on the ward, approximately one week prior to surgery. This will allow your child to see the ward and provide an opportunity for you to ask questions.

What happens on the day of the operation?

- The squint surgery is performed as a day case, under general anaesthetic, in most circumstances.
- A parent may accompany their child to the anaesthetic room and remain with them until they are asleep.
- Most children will be ready to go home during the afternoon, but some children may need to remain on the ward later or overnight due to the effects of the anaesthetic.
What happens after the operation?

- Try to make sure your child takes things easy for a few days after the operation. Gradually build up to normal activity over the following two weeks
- Restrict the time your child spends watching television or reading so that they do not make their eyes feel uncomfortable
- Use the eye drops supplied for two weeks after the operation, or as otherwise instructed
- Follow any specific guidelines given to you by your Orthoptist

Things that your child should avoid during the first four weeks after surgery

- Strenuous exercise
- Swimming
- Smoke, dust or fumes
- Eye make-up
- Please wash your child’s hair with their head tilted backwards if possible and try to ensure that no soap or shampoo enters the eye for the first two weeks

Returning to school

Your child should remain off school until after the first post operative visit. This usually takes place a few days after the operation. They may then require a further week off school if the wound is not sufficiently healed

Further Information:

If you have any further questions about your child’s surgery or aftercare please discuss the matter with a member of the Eye Department staff: Tel 024 7696 6521

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact 024 7696 6521 and we will do our best to meet your needs.

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