

Eye Clinic

Botox for Squints

This leaflet aims to answer some of the questions you may have about the Botulinum Toxin (Botox) Clinic and the treatment you will be receiving.

What is Botox?

Botulinum Toxin A (Botox) is a protein that temporarily paralyses muscles by blocking the chemical interaction between nerves and muscles.

There are six muscles that move each eye and others that move the lids. These muscles are injected with BT (Botox) for the treatment of some eye conditions.

Why is it used?

Some conditions that may be treated with Botulinum Toxin are:

- Squint (Strabismus)
- Nystagmus (rhythmical eyeball movement)
- Blepharospasm (uncontrolled lid closure)
- Lid retraction (exaggerated opening of an eyelid)
- Entropion (turned in eyelid)
- Eye ulcers (lid is closed with BT to help ulcer heal)

Botulinum Toxin use in squints

- To temporarily straighten the eyes for patients with long-standing squints. This is done to determine whether permanent double vision would occur after squint surgery and helps the surgical planning. It also helps the patient to reach a decision regarding surgery.
- To treat a poorly controlled latent squint, thereby reducing double vision and headache. This might allow the patient to regain long-term control without the need for surgery.
- To treat squints caused by paralysis of a muscle e.g. most commonly a 6th nerve palsy. This avoids permanent shortening of other eye muscles and may reduce double vision. The aim is to aid recovery in these types of squint
- To treat a shortened muscle so that permanent surgery can be planned.

Is Botulinum Toxin Injection an alternative to Squint Surgery?

BT (Botox) may be used to treat squints in some patients where surgery or a general anaesthetic might be of higher risk. In most cases, however, the effect of BT is temporary and the injection may have to be repeated every few months, if the indication persists. Occasionally this may result in a permanent effect.

Patient Information

What will happen when I come to the Botox clinic?

Anaesthetic drops are used to numb the surface of the eye. Two wires are placed on the forehead to monitor the position of the injection using an EMG (electromyographic) machine. This is to allow the exact site of the injection to be carefully monitored by detecting the electrical activity of the muscle and it can be heard through a loudspeaker connected to a monitor during the injection. The patient is asked to move the eye right and left or up and down during the procedure.

We recommend, if possible, that someone accompanies you and you don't drive to this appointment.

We also ask that you avoid heavy facial make-up on the day as this makes it more difficult for the electrodes to be attached to the skin. The skin needs to be cleaned in order for the electrodes to be attached around your eyes.

This procedure should not be painful and only takes a very short time to carry out.

What happens after this?

You will be advised to rest for a short while afterwards in the Department until you feel happy to leave. We advise that you do not lie down for one hour after the injection as this will increase the chance of a droopy eye lid

Can I drive?

If possible, you are advised to bring someone with you who can drive you home or accompany you on public transport. If you have double vision it is important to remember that it is illegal to drive and should you be involved in an accident, your insurance company would be unlikely to support you.

Are there any side effects?

Some patients feel a slight ache in the eye or eyelids immediately after the injection. If this is not better after an hour, take whatever medication you would normally take for a headache, such as paracetamol. There may be some temporary swelling or bruising of the eye or lids.

There are some other temporary side effects, which will almost always improve without further treatment:

- You may notice reversal of the direction of the squint (squint can turn the opposite way). This is often the desired effect and we will have discussed this in clinic before the injection. As the paralysis of the muscle wears off, the eye will gradually straighten.
- Double vision, which may be different to the one experienced before surgery if it is present. It may occasionally have a vertical element, or it may cause disorientation. This is transient and for patients that are finding this to be extremely bothersome we can give prisms or occlusive tape to alleviate the symptoms. If you have significant double vision, you are advised not to drive
- Drooping of the eyelid

Patient Information

- Eye irritation
- Difficulty closing the eye

There is a remote chance of damage to the eye or vision, if the needle penetrates the coat of the eye. This may introduce infection or bleeding inside the eye but this is extremely uncommon.

Can the treatment affect my general health?

BT has been used to treat eye conditions for more than 20 years and is safe. Allergic reactions are rare. The dose used in the eye is very small and there is no risk to general health, even after repeated injections. In particular, there is no risk of Botulism or food poisoning. There is no known risk to pregnant women but most patients and surgeons will prefer to postpone the treatment until later.

How long does the effect of Botox last?

The treatment takes effect within 2 to 3 days and will be at its greatest 1 to 2 weeks afterwards. The effect lasts for 2 to 3 months and then gradually wears off.

When do I return to the clinic?

We like to see all our patients 10 days after the injection. If the injection has not produced an adequate effect, it may be necessary to repeat the injection. The procedure cannot be repeated for 12 weeks

What should I do if I have any further questions or concerns?

Please do not hesitate to contact us on: (024) 7696 6521

If you need to contact us, please tell us if you have had an injection of Botox.

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.

The Trust operates a smoke free policy

Document History

Author	Judith Scott
Department	Ophthalmology
Contact Tel	26521
Published	December 2009
Reviewed	May 2019
Review	May 2021
Version	6
Reference	HIC/LFT/944/09