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Introduction

This leaflet is designed to answer some of the questions you may have before the operation. The orthoptist or ophthalmologist will be happy to answer any further questions.

Children's Eye Care Team

- **Paediatric Ophthalmologist** – a surgeon who specialises in treating children's eye problems.
- **Orthoptist** – a professional specifically trained in eye problems related to binocular vision, amblyopia (lazy eye) and squint.
- **Anaesthetist** – a doctor specialised in giving an anaesthetic and pain relief.
- **Paediatric ward nurse** – a nurse specialised in caring for children who have operations.

What is a squint?

A squint is one of the commonest eye conditions affecting children. It means that when a child is looking at something the two eyes are not both pointing at that object. One eye can turn in, or out or less commonly up or down. The squint may be present some or all of the time. It can be in only one eye or it can alternate between the eyes.

Why does my child need squint surgery?

Squint surgery is carried out to straighten the eyes. This will be either to improve the appearance or to improve the use of the two eyes together.

Children may need to treat with patches, prism glasses or further surgery.

- **Infection.** Infection is a risk with any operation. Signs of infection include redness, swelling and oozing. These usually show up on the third day after the operation. It is quite normal for your child’s eye to be sticky first thing in the morning, but oozing that continues throughout the day may be a sign of infection. These signs of infection are easily treated with a course of antibiotics. In one in 20,000 cases the infection can get into the eye needing urgent treatment.

- **Slipped muscle.** This is a rare complication. The eye is in a good position after surgery but then suddenly worsens again in the days following the surgery. If this happens, your child may need a further operation under general anaesthesia, usually straightaway.

- **Damage to the retina of the eye.** This is a rare complication which could damage the sight of the eye. It is caused by one of the sharp instruments used during surgery piercing the wall of the eyeball. The surgeon can see whether this has happened and treat it during the same operation.

Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty. If they cannot resolve your concern, please contact our Patient Experience Team on 01932 723553 or email asp-tr.patient.advice@nhs.net. If you remain concerned, the team can also advise upon how to make a formal complaint.

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Post-operation Orthoptic appointment

Your child will be reviewed by the orthoptist and/or ophthalmologist approximately 2 weeks after the operation.

Although your child’s eyes may appear straight after the surgery, it is very important that the child continues to attend regular follow-up appointments. Your child will still need to wear glasses if previously worn and if the vision in the squinting eye becomes ‘lazy’ again then further patching may be necessary. Children are usually monitored until the age of about 7 years.

What are the risks of squint surgery?

Serious complications are rare. Obviously all procedures with a general anaesthetic carry a slight risk. There is very little risk to the eye sight as the surgeon does not go inside the eye.

- **Further squint surgery due to under and over corrections.** Not all children respond to surgery in the same way, so that for some children the amount of surgery may lead to an over or under correction. In addition some children have such large squints that it is not possible to fully correct it with one operation. For these reasons it is sometimes necessary to do more than one operation. Approximately one third of children will require a further operation/s later in childhood or adulthood.

- **Post-operative double vision.** Older children may experience some double vision after the operation. This is usually short-lived whilst the child’s brain re-adjusts to the new eye position. Before surgery the Orthoptist will test to see if this is likely to be a problem, but it is difficult to be certain that there will be no difficulties. In most cases it fades with time but in some cases it can persist. If it persists we

The decision for surgery is normally made once other treatments have been carried out if necessary:

- **Glasses.** If glasses have been prescribed these should normally be worn constantly.

- **Patching.** If poor sight persists in the squinting eye then patching treatment of the other eye may be needed. Patching treatment does NOT straighten the eye but it is very important as it improves the sight in the ‘lazy eye’.

If the squint remains noticeable (with glasses, if worn) then an operation is considered. The operation will NOT improve the eye sight.

When will my child have the operation?

Your child’s name will be added to the waiting list if you consent after discussion with the eye doctor. In due course you will be contacted by the hospital admission’s office to agree a suitable date for the surgery.

Pre-operation Orthoptic appointment

Your child will have an orthoptic appointment approximately 2 weeks before the operation. This is an important appointment when further measurements of the squint will be taken. If this appointment is missed the surgery cannot take place.

How long will my child be in hospital?

Squint surgery is done as a day case. This means the child goes home later the same day. Occasionally a child may need to stay in overnight if they feel sick or have a medical condition that requires monitoring.
What sort of anaesthetic will it be?
All squint surgery is done under general anaesthesia. This means your child will be asleep throughout the operation. You will have received information about how to prepare your child in your admission letter. Your child should not have had anything to eat or drink beforehand from the time set out in the letter. It is important to follow these instructions very carefully otherwise your child’s operation may need to be cancelled on the day.

What does the operation involve?
On the day of admission your child will see the eye surgeon and anaesthetist before the operation. The surgeon will explain the operation in more detail, discuss any worries you may have and ask you to sign a consent form giving your permission for the operation. The anaesthetist will explain about your child’s anaesthetic in more detail.

You will be able to go with your child into the operating theatre and stay until he / she has been given the anaesthetic.

The operation may be carried out on one eye or both eyes.

The surgeon will open the eyelids whilst the child is asleep. On the white part of the eye (sclera) there is a layer, rather like cling film, called the conjunctiva. When this is opened you can see the eye muscles. These muscles control the eye position. The surgeon will move these muscles connected to the eye to make them stronger or weaker to improve the alignment. The number of eye muscles moved depends on the type of squint.

The eyeball is NEVER removed from the eye socket.

The squint operation usually takes between 30 minutes and 90 minutes, depending on the number of eye muscles being operated upon.

What happens after the operation?
You will be able to go to the recovery room to be with your child when he / she wakes up. A pad is usually put on at the time of the operation but removed immediately the child wakes up. Your child will come back to the ward to wake up fully from the anaesthetic.

How will the eye feel and look after surgery?
Although the front of the eye has lots of nerve endings, the sides of the eye where the muscles are have very few. Your child may require some mild pain relief for 24 – 48 hours after surgery. The eye will look red due to bruising and there may be swelling of the eyelids.

Will my child require drops after surgery?
After surgery your child will need drops in the operated eye/s for 4 weeks. These are antibiotic and steroid drops that will aid healing.

When can my child return to school?
We suggest your child has about 5-7 days off school. We also recommend no swimming or sand play for 4 weeks after squint surgery. Reading, watching TV and computer work can be continued as normal.