Squint Surgery for Adults
Ophthalmology department

We can provide interpreters for a variety of languages, information in larger print or other formats (e.g. audio) - please call us on 01932 723553.

To use the Text Relay service, prefix all numbers with 18001.

Ashford Hospital
London Road
Ashford, Middlesex
TW15 3AA
Tel: 01784 884488
Website: www.ashfordstpeters.nhs.uk

St. Peter's Hospital
Guildford Road
Chertsey, Surrey
KT16 0PZ.
Tel: 01932 872000

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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.

Eye Care Team

- **Ophthalmologist** – eye doctor and surgeon
- **Orthoptist** – a professional specifically trained in eye problems related to binocular vision, amblyopia (lazy eye) and squint.
- **Ophthalmic nurse** – eye nurse.

Why do I need squint surgery?

You have an eye muscle imbalance that has resulted in one of the eyes turning in, out, up or down. The squint may be present some of the time or all of the time. It can be in one eye or alternate between the eyes.

The eye doctor has now decided that you may benefit from an operation to straighten the eyes. There are a number of reasons that surgery for a squint may be discussed. These include poor appearance of the squint (with glasses, if required), to help the eyes work better together, to treat a compensatory head posture or to alleviate double vision or eye strain. More than one operation may be needed to achieve the desired results.

The operation will **NOT** improve the eye sight.

- **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, you 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.

Are there any alternative treatments to squint surgery?

Surgery is the only way to have a long-term effect on the alignment of the eyes. Botulinum toxin injection to the eye muscles is a useful alternative for short-term management of squints or to assess the likelihood of double vision after squint surgery. The effects of Botulinum toxin rarely last longer than 6 months.

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 Advice and Liaison Service (PALS) on 01932 723553 or email pals@asph.nhs.uk. If you remain concerned, PALS can also advise upon how to make a formal complaint.
What happens after the operation?
You will be reviewed by the orthoptist and/or ophthalmologist approximately 2 weeks after the operation.

What are the risks of squint surgery?
Serious complications are rare. All procedures with a general anaesthetic carry a very small 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. It is impossible to be absolutely certain how much or how little an operation will improve the alignment of the eyes due to a large number of individual variations. In addition, some patients have a very large squint which is not possible to fully correct with one operation. For these reasons it is sometimes necessary to do further squint surgery.

• Post-operative double vision. Before surgery the orthoptist will test to see if this is likely to be a problem, but it is very difficult to be certain there will be no difficulties. The surgeon will discuss this with you. Persistent double vision after surgery may need to be treated 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 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 approximately one in 20,000 cases the infection can get inside the eye needing urgent treatment.

When will I have the operation?
Your 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 and general health assessment
You will have these important appointments approximately 2 weeks before the operation.

At the orthoptic appointment further measurements of the squint will be taken. The surgery cannot take place if this appointment is missed.

The general health assessment is to make sure you are fit for the surgery. You will see the ophthalmic nurse and anaethetist.

How long will I be in hospital?
Most squint surgery is done as a day case. This means you go home the same day.

What sort of anaesthetic will it be?
All squint surgery is done under general anaesthesia. This means you will be asleep throughout the operation.

Please follow the instructions very carefully in your admission letter. You should not have anything to eat or drink before-hand from the time set out in the letter.
What does the operation involve?
On the day of admission you will see the surgeon and the anaesthetist before the operation. The surgeon will confirm there have been no changes since the pre-assessment and mark the eye for operation on your forehead. You will be asked to sign a consent form giving permission for the operation.

The operation may be carried out on one eye or both eyes.
The surgeon will open the eyelids whilst you are 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 move the eyes and control the eye position. The surgeon will adjust these muscles to make them stronger or weaker to improve the alignment. The number of eye muscles adjusted 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.

The surgeon has suggested ‘adjustable sutures’, what are these?
Adjustable sutures are stitches that are left in a special knot so that they can be undone by the surgeon and adjusted when you are awake. After the main part of the operation has been completed and you are now awake and comfortable, local anaesthetic drops are put into the eye. The surgeon then makes further adjustments to give the best possible result. This procedure may take about 20 minutes.

Not many patients are advised to have this procedure. It will be discussed at your pre-operation appointment.

Will the eye be padded after the operation?
A pad is put on at the time of the operation but may be removed later the same day.

How will the eye feel and look like 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. The eye may feel gritty or itchy and may feel sore with certain movements. These sensations are usual and should soon improve. You 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. If this is your second or third operation the redness will be more marked and generally take longer to heal.

Will I require drops after surgery?
After surgery you will need drops in the operated eye/s for 3 weeks. These are antibiotic and steroid drops that will aid healing.

When can I return to driving?
You may drive 48 hours after a general anaesthetic providing with both eyes open you meet the legal visual requirement. You MUST NOT drive if you are experiencing any double vision.

When can I return to work?
We suggest you have about 5 days off to rest and get over the effect of the anaesthetic. No swimming is recommended for 4 weeks after squint surgery.