

## Children's ophthalmology

# Squint (strabismus) surgery

## Information for patients, relatives and carers

### Introduction

This leaflet is meant for children listed for squint surgery. We hope it answers some of the questions you may have at this time. This leaflet is not meant to replace the discussion between you and the medical team. It aims to help you understand more about what is discussed. If you've got any questions about the information below, please contact us (see details on page 4)

### What is the aim of squint surgery?

The surgery aims to improve the alignment of your child's eyes and make their squint less noticeable. It can also be done to reduce or eliminate double vision, improve 3D vision or improve an abnormal tilt or turn of the head.

### How is the surgery done?

- squint surgery usually involves tightening or moving one or more of the eye muscles on the surface of the eyeball. Each eye has six muscles in total
- stitches are used to attach the muscles in their new positions. These stitches are usually dissolvable
- the eye is not removed from the socket during squint surgery
- squint surgery is usually a day case procedure. The operation is done under general anaesthetic, so your child will be put to sleep
- it usually takes about one hour. This depends on the number of muscles that need surgery
- after surgery, your child will be taken to the theatre suite to recover from the anaesthetic. The nursing team will monitor your child until they're ready to go home, usually a few hours later

### Does the surgery cure the squint?

Usually, patients find some improvement in their squint after surgery. As every child and every squint is different, some of the squint might remain after the operation.

Although your child's eyes could be straight just after surgery, many children require more than one operation in their lifetime.

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## Does the surgery cure a lazy eye or the need for glasses?

No, the operation does not aim to change the vision or the need for glasses or patching. Sometimes, more patching is needed after the operation.

## What are the risks involved in having surgery?

Squint surgery is generally a safe procedure. However, as with any operation, complications can and do occur. Generally, these are minor.

- **under correction and over correction:** squint surgery results are not completely predictable. The original squint might still be there (under correction), or the squint direction could change (over correction). Occasionally, a different type of squint might occur. In some cases, another operation is required
- **double vision:** your child may notice double vision after surgery, as the brain adjusts to the new position of the eyes. This is normal and generally settles in days or weeks. Some might continue to get double vision when they look to the side. Rarely, the double vision can be permanent, in which case further treatment might be needed
- **allergy:** some children may have a mild allergic reaction to the drops given after surgery. This can cause itching or irritation, redness and puffiness of the eyelids. It usually settles very quickly when the drops are stopped
- **stitches:** children might develop an infection or abscess around the stitches. This is more likely to happen if they go swimming within four weeks of surgery. A cyst can develop over the site of the stitches, which sometimes needs further surgery to remove it
- **redness:** the redness in your child's eye can take as long as three months to go away. Occasionally, the eye does not completely return to its normal colour, particularly with repeated operations
- **scarring:** generally, scarring of the skin of the eye (conjunctiva) will fade within three months of surgery. But occasionally, visible scars will remain, especially after repeated operations
- **needle penetration:** if the stitches are too deep or the white of the eye is thin, a small hole can occur in the eye. We might need to use antibiotics and possibly laser treatment to seal the hole. Depending on the location, sight can be affected but the overall risk of penetration is very low
- **infection:** infection is a risk with any operation. Though rare, it can cause loss of the eye or vision
- **loss of vision:** although very rare, this surgery can cause loss of vision in the eye being operated
- **anaesthetic risks:** anaesthetics are usually safe. But there are small and potentially serious risks

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## What happens before squint surgery and on the day?

### **Pre-assessment appointment:**

Your child will attend the eye clinic one or two weeks before the day of the operation for an up-to-date assessment by the orthoptist and the ophthalmologist. Your orthoptist will repeat all the measurements and discuss these with your consultant.

### **On the day of surgery:**

Your child should not drink or eat before the operation. We will ask you to come early so that we can prepare your child for surgery. The exact timings will be given by the ward nurses before the day of the operation.

**Please bring any medicine or inhalers to the clinic on the day of the operation.**

## What happens after the surgery?

- your child's eye(s) will be swollen, red and sore and their vision may be blurry. Pain usually improves within a few days. Redness and mild discomfort can last for up to three months, particularly with repeat squint surgeries
- your child may need up to one week off school or nursery
- glasses should still be worn full-time unless advised otherwise
- use the eye drops or ointment, or both, as prescribed
- use painkillers like paracetamol and ibuprofen if your child's eyes are painful
- use cooled boiled water and a clean tissue to clean any stickiness from the eyes
- do not rub the eye(s) as this could loosen the stitches
- do not swim for four weeks
- attend your child's post-operative clinic appointment

If your child has increased redness, pain or complains of loss of vision go to the emergency department at the Western Eye Hospital (open 08.00 to 20.30).

## Who can I contact for more information?

If you are not clear about any aspect of this treatment or have any questions, please ask the doctor, nurse or orthoptist to explain further. Contact us if you have any questions or concerns:

**St Mary's Hospital** – children's outpatients: Telephone 020 3312 7683 (08.30 – 16.30, Monday to Friday, except public holidays).

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**Western Eye Hospital** – orthoptic department: Telephone 020 3312 3256 (08.30 – 16.30, Monday to Friday, except public holidays)

**Emergency department at Western Eye Hospital** (08.00 – 20.30)

The Western Eye Hospital, 153-173 Marylebone Road, London NW1 5QH

Telephone: 020 3312 3247

**Please keep this leaflet for future reference.**

## How do I make a comment about my visit?

We aim to provide the best possible service, and staff will be happy to answer any of the questions you may have. If you have any **suggestions** or **comments** about your visit, please either speak to a member of staff or contact the patient advice and liaison service (**PALS**) on **020 3313 0088** (Charing Cross, Hammersmith and Queen Charlotte's & Chelsea hospitals), or **020 3312 7777** (St Mary's and Western Eye hospitals). You can also email PALS at [imperial.pals@nhs.net](mailto:imperial.pals@nhs.net) The PALS team will listen to your concerns, suggestions or queries and is often able to help solve problems on your behalf.

Alternatively, you may wish to complain by contacting our complaints department:

Complaints department, fourth floor, Salton House, St Mary's Hospital, Praed Street  
London W2 1NY

Email: [ICHC-tr.Complaints@nhs.net](mailto:ICHC-tr.Complaints@nhs.net)

Telephone: **020 3312 1337 / 1349**

## Alternative formats

This leaflet can be provided on request in large print or easy read, as a sound recording, in Braille or in alternative languages. Please email the communications team: [imperial.communications@nhs.net](mailto:imperial.communications@nhs.net)

## Wi-fi

Wi-fi is available at our Trust. For more information visit our website: [www.imperial.nhs.uk](http://www.imperial.nhs.uk)

Children's ophthalmology department  
Published: November 2024  
Review date: November 2027  
Reference no: 1040  
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