

Children's ophthalmology

Squint surgery

Information for patients, relatives and carers

This leaflet is intended for children who have been listed for squint surgery. We hope it will answer some of the questions that you may have at this time. This leaflet is not meant to replace the discussion between you and the medical team but aims to help you understand more about what is discussed. If you have any questions about the information below, please contact us using the details on the back page of this leaflet.

What is the aim of squint surgery?

To improve the alignment of the eyes and make the squint less noticeable. It can also be done to reduce/remove double vision, improve 3D vision or to 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 (each eye has six in total) on the surface of the eyeball. Stitches (usually dissolving ones) are used to attach the muscles in their new positions. The eye is not removed from the socket during squint surgery.

Squint surgery is usually carried out as a day case procedure. The operation is carried out under general anaesthetic (so your child will be put to sleep) and usually takes around one hour, depending 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 be there to monitor your child until they're ready to go home, usually a few hours later.

Does the surgery cure the squint?

Usually children find some improvement in their squint after surgery. As every child and every squint is different, the outcome of surgery might be that some of the squint remains after the operation.

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

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 the operation?

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

Under and overcorrection

Squint surgery results are not entirely predictable. The original squint might remain (under correction) or the squint direction could change (overcorrection). Occasionally, a different type of squint might occur. In some cases another operation is needed.

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 children 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/stitches

Some children may have a mild allergic reaction to the drops prescribed after surgery. This can cause itching/irritation, redness and puffiness of the eyelids. It usually settles very quickly when the drops are stopped. Children might develop an infection or abscess around the stitches. This is more likely to occur if they go swimming within the first four weeks after surgery. A cyst can develop over the site of the stitches, which occasionally 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 conjunctiva (skin of the eye) will fade within three months of surgery but, occasionally, visible scars will remain, especially after repeated operations. If this happens the eye moves poorly and more surgery may be needed. Sometimes it is not possible to correct this.

Needle penetration

If the stitches are too deep or the white of the eye is thin, a small hole can occur in the eye which may need antibiotics and possibly some laser treatment to seal. 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 and, though rare, can cause loss of the eye or vision.

Loss of vision

Although very rare, loss of vision in the eye being operated on can occur from this surgery.

Anaesthetic risks

Anaesthetics are usually safe, but there are small and potentially serious risks.

Before and after squint surgery

Pre-assessment appointment

Your child will attend the eye clinic one or two weeks before their 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.

After the operation

- 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 you're advised otherwise
- Use the eye drops and/or ointment as prescribed
- Use painkillers such as 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
- Don't rub the eye(s) as this could loosen the stitches
- Don't 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. Please keep this leaflet for future reference. Please 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).

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 3245**

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 3312 7777** (10.00 – 16.00, Monday to Friday). You can also email PALS at 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

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

Wi-fi

Wi-fi is available at our Trust. For more information visit our website: www.imperial.nhs.uk