

Ophthalmology Department

Squint Surgery in Children



Your child could be listed for squint surgery for any of the following reasons:

- To align the eyes and improve the appearance.
- To allow eyes to work together and improve depth perception (3D vision).
- To relieve double vision.
- To improve abnormal position of the head or neck.
- To improve the chance of the child's vision developing properly.



What does squint surgery involve?

Squint surgery is nearly always a day case procedure (in and out of the hospital on the same day).

Squint surgery is done under general anaesthesia, so your child will be booked a pre-assessment appointment where he/she will have a basic health check to assess fitness for surgery. Details of fasting information before surgery and risks of general anaesthesia will also be discussed with you.

There are six different muscles attached to the eyeball and squint surgery involves adjusting the balance of these muscles by moving the muscles. These muscles are attached close to the front of the eye under a thin film called conjunctiva.

Squint surgery may be done on the squinting eye or the other eye or both eyes.

Your Ophthalmologist (eye doctor) will advise you which muscle needs to be operated on to correct the squint as much as possible.

Different squint surgeries take different times, depending on the number of muscles that need surgery and the total time in theatre may be longer because of the anaesthetic time.

Squint surgery is usually done with dissolvable stitches so the eye may be red for weeks.

Results of Squint Surgery

In 2 out of 10 children having squint operation, one operation does not fully straighten the eye and another operation may be needed.

In some children the squint surgery aligns the eye well for some time but the squint might come back later on, requiring another surgery.

Occasionally, a second operation is needed because the eye turned in the opposite direction after the first operation.

Risks and Complication of Squint Surgery

- **Under correction:** Squint may not be corrected enough.
- **Overcorrection:** Squint may be corrected too much and it may turn the other way.
- **Diplopia:** Your child may have double vision after the operation which often settles in the first few days but can last longer and very occasionally be permanent. If so, further treatment might be needed.
- **Infection:** There is a very small risk of postoperative infection which may require further treatment.
- **Serious complication:** This is rare. There is a very small risk of making the situation worse or damaging the sight in the eye. This may require further urgent surgery.

If you are concerned about any of these complications, please discuss this with the eye doctor, prior to the surgery.

Postoperative Care

- Most children only need to be in hospital for the day of the operation. Overnight stay is only occasionally needed.
- We will give you eye drops to take home after squint surgery for your child, which will help the eye to heal.
- The operated eye may be a little uncomfortable for a few days after the operation but is not usually painful. Paracetamol or Ibuprofen can be taken.
- Eyelids tend to become sticky and crusted around the eyelashes following squint surgery especially in the morning. You can use boiled cooled water and a clean piece of flannel/ cloth to clean the operated eye.
- The white of the eye will look red after the operation but usually settles within 3 months.

Do's and Don'ts after Squint Surgery

- Most children feel well enough to go back to school/ nursery, a day or two after the operation, but you can judge how your child is feeling and decide accordingly.
- The child should avoid swimming, contact sports, playing with sand, face paints for 4 weeks after the operation.
- Encourage the child to wear glasses as soon as possible after surgery.
- If your child wears a patch, you should usually not restart this until after your first appointment with the orthoptist.

When will my child be seen after squint surgery?

A follow up will be made for your child with the Orthoptist and the Ophthalmologist usually 2 weeks after the surgery.

A few additional facts:

Surgery does not remove the need to wear glasses, or improve vision. Some children need more than one operation to achieve the required result. The Ophthalmologist/Orthoptist will discuss this with you.

If you have any comments about this leaflet or the service you have received you can contact :

Huddersfield Royal Infirmary (01484) 343237

or

Calderdale Royal Hospital (01422) 222218

between 9.00am – 4.30pm.

www.cht.nhs.uk

If you would like this information in another format or language contact the above.

Potřebujete-li tyto informace v jiném formátu nebo jazyce, obraťte se prosím na výše uvedené oddělení

Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym formacie lub wersji językowej, prosimy skontaktować się z nami, korzystając z ww. danych kontaktowych

ਬ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਪ੍ਰਾਚੂਪ ਜਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ,
ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਉਪਰੋਕਤ ਵਿਭਾਗ ਵਿੱਚ ਮਾਫ਼ੇ ਨਾਲ ਸੰਪਰਕ ਕਰੋ।

اگر آپ کو یہ معلومات کسی اور فارمیٹ یا زبان میں درکار ہوں، تو
برائے مہربانی مندرجہ بالا شعبے میں ہم سے رابطہ کریں۔

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