

Squint Surgery

Surgery to correct a squint may be recommended if other treatments are not suitable or do not help. The aim may be to improve the alignment of the eyes/make the squint smaller in size. In some patients the aim is to reduce or eliminate double vision or to improve an abnormal head posture.

The operation involves moving the muscles that control eye movement so that the eyes line up better. It can be done at any age. In children it is usually carried out once they have been wearing glasses (if prescribed) and the best possible vision has been achieved by patching or atropine drops if required.

Preparing for squint surgery

- Accurate measurements by the Orthoptists (specialists in eye movements) allow the operation to be tailored to your needs
- You'll meet the surgeon to discuss the surgical aims and plan
- You'll be told when to come into hospital for the procedure, and if having a general anaesthetic, when you should stop eating and drinking beforehand
- You'll need to sort out how you'll be getting home – you can usually go home the same day, ideally with a friend or family member to escort you (as you may be sleepy); you will not be able to drive for at least a day or two if you've had surgery under general anaesthetic

What happens on the day of squint surgery

You will first meet the Nursing staff who will go through a checklist. Then you will meet the Ophthalmologist (eye doctor) and, if having a general anaesthetic, the Anaesthetist.

Squint surgery usually takes less than an hour, It may be done under general anaesthetic (where you're asleep). In adults it may be done under local anaesthetic (when you're awake but your eye is numbed).

Sometimes, in adults and teenagers, further adjustments to your eye muscles may be made some hours after you've woken up from the operation. This is called using an adjustable suture. Local anaesthetic eye drops are used to numb your eyes for this adjustment. Patients who may benefit from an adjustable suture technique will be specifically consented for this when listed for surgery. Adjustable surgery is offered to patients at risk of post operative double vision or a less predictable result (eg previous squint surgery or thyroid eye disease).

You or your child can usually go home the same day.

If your child is having surgery, you'll be able to accompany them into the operating room and stay with them until they've been given the anaesthetic. It may be 2 hours before your child returns to the ward.

During the procedure:

- the eye is held open using an instrument called a lid speculum
- sometimes it may be necessary to operate on both eyes to improve the alignment
- the surgeon detaches the muscle/s connected to the eye and moves it/them to a new position
- the muscles are fixed in their new position with dissolvable stitches – these are covered over by the conjunctiva (surface layer of the eye) and do not require to be removed.

After squint surgery

The eye(s) is likely to be sore for at least a few days. You may be given painkillers to reduce discomfort and some eye drops to help with healing. Bathing the eyelids with cotton wool balls dipped in cooled boiled water, with a pinch of added salt, is recommended to keep the lids clean in the first few days.

You may experience some of the following side effects:

- **eye pain** – this tends to last at least a few days and often feels like grit or sand in the eye; taking simple painkillers such as paracetamol can help. Children under 16 should not be given aspirin.
- **red eyes** – this can last for a couple of months until the sutures dissolve; you may also have blood in your tears for the first day or two.
- **itchy eyes** – this is caused by the stitches and it may last a few weeks; try not to rub your eyes.
- **double vision** – this usually passes after a week or so, but can last longer. The aim for patients experiencing double vision before surgery is to reduce or eliminate it. The likely outcome will be discussed before surgery.

You'll be asked to attend visits with your Orthoptist and Eye Specialist after surgery. If you wore glasses before surgery, you'll probably still need to wear them, but do not wear contact lenses until you're told it's safe to do so. Please bring your glasses to your post-operative clinic appointments. In children it is common for the squint to persist with the glasses off, but for the eyes to be straight when the glasses are on.

Contact the hospital or a GP if you have any severe or lasting side effects from surgery.

Returning to normal activities

It can take several weeks to fully recover from squint surgery.

Your doctor or care team can give you specific advice about when you can return to your normal activities, but generally speaking:

- you can read or watch TV and carry out other daily activities as soon as you feel able to
- you can return to work or school after 3 days if well recovered, or wait for your first post-operative review. Some adults need a longer time off work
- do not drive for at least a day or two (as the general anaesthetic may not have fully worn off), or for longer if you have double vision
- try not to get any soap or shampoo in the eye when washing
- most people return to exercise and sport after about a week
- avoid swimming and contact sports (such as rugby) for 2 weeks
- do not use make-up close to the eyes for 2 weeks
- your child should not play in sand or use face paint for 2 weeks

Risks of squint surgery

As with any kind of operation, there's a risk of complications after surgery to fix a squint. Serious complications are estimated to occur in 2 to 3 in every 1,000 procedures.

Risks include:

- further squint surgery being needed. This may be early for under- or over-correction. Or more commonly, later, due to the eye drifting out of alignment again with time.
- permanent double vision – this may require prisms on glasses, further surgery or rarely an occlusive lens. The aim for patients experiencing double vision before surgery is to reduce or eliminate it. The likely outcome will be discussed before surgery.
- an infection, abscess (build-up of pus) or cyst (build-up of fluid) around the eye – this may require treatment with antibiotics and/or a procedure to drain the pus or fluid.
- Infection inside the eye is extremely rare. Increasing pain and loss of vision are warning signs
- the eye muscles slipping out of position – further surgery may be needed to correct this
- a small hole being made into the eye as the eye muscles are stitched in place – this may require antibiotics to prevent infection and a procedure to close the hole
- loss of vision – this is very rare – 1 in 10,000 cases

Please don't hesitate to ask at the time of your clinic visits or surgery if you have questions that are not addressed in this information sheet.