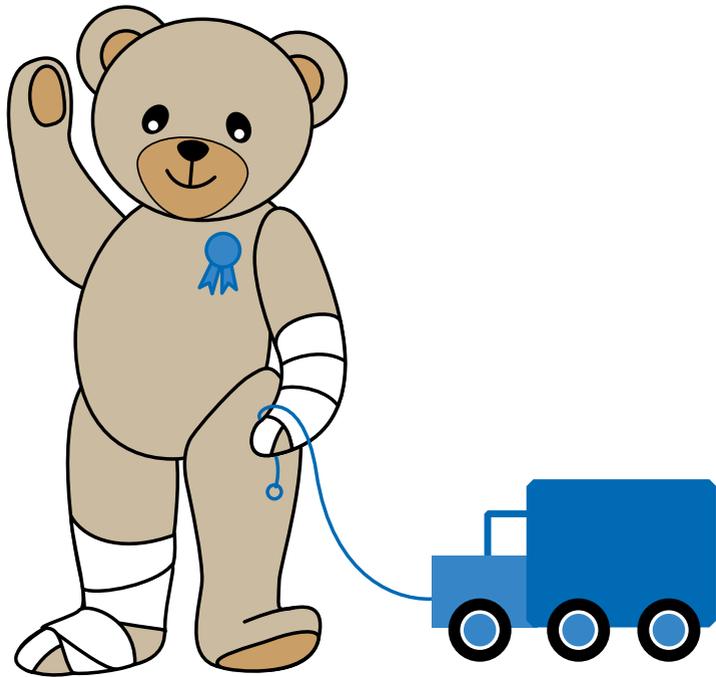


Squint surgery in children

Eye Department



Patient information leaflet

What is the aim of surgery?

The main aim of squint surgery is to improve the alignment of the eyes so that the squint is less noticeable. It may also make the eyes work together more comfortably, depending on the type of squint.

In some patients, squint surgery is carried out to reduce an abnormal head position, such as turning or tilting.

We will discuss the aims fully with you, so that you know what can be expected from surgery.

Surgery will not improve the vision, or affect the need for glasses or patching.

How is surgery planned?

If squint surgery is recommended, and you decide to proceed with treatment, the Admissions Office will be notified and your child's name will be added to the waiting list. Surgery will usually take place within 4–5 months of being added to the list.

The admissions office will contact you in writing to offer a date for surgery.

What happens at the pre-operative assessment?

This appointment will be approximately 1–2 weeks before surgery. At this visit you will see the Orthoptist for a detailed assessment and measurements. You will also see the Consultant surgeon, and will be able to discuss details concerning the surgery plans. Please take this opportunity to let us know of any concerns, and to ask any questions you may have.

Should your child be unwell in the days prior to surgery, please telephone the Orthoptist to discuss whether surgery should still go ahead on the planned date.

How is squint surgery carried out?

Squint surgery usually involves repositioning one or two of the muscles which move the eye. These muscles are on the outside of the eye, beneath the conjunctiva or clear surface layer. Stitches are used to attach the muscles in their new position. These stitches are soluble, so will not need to be removed.

The eye is never taken out of the socket during surgery.

The surgery is always carried out under general anaesthetic.

What are the risks of surgery?

Under or overcorrection

- The squint may not be fully corrected, or may be overcorrected.
- The eyes may be straight immediately after surgery, but the squint may recur in the future.

Many children require more than one surgery to achieve the desired result.

Double vision

There is a small risk of double vision in the post op period, while the brain adjusts to the new position of the eyes. This is very rarely a persistent problem in children.

Redness

- The eye will be red after surgery. This will gradually improve, but may take up to 3 months to settle fully.
- Rarely, there may be an allergic reaction to the antibiotic drops used in the post op period. This usually settles rapidly after stopping the drops.
- Infection may sometimes occur, but is very rare if drops are used as recommended.

Scarring

Usually the scarring of the conjunctiva, or clear surface layer, is unnoticeable by 3 months.

Lost or slipped muscle

One of the eye muscles may slip, during or after surgery. This reduces the range of eye movement, and may require further surgery to correct. This is very rare – the risk of requiring further surgery is approximately 1 in 1,000.

Needle penetration

Rarely, the needle may penetrate the eye during surgery, which could affect vision. This may require antibiotics or laser treatment.

Anaesthetic

There are no specific risks for squint surgery under general anaesthesia, but children are more likely to suffer from post-op nausea and vomiting than following other types of surgery.

What happens on the day of surgery?

On the day of surgery, you will be asked to arrive at 7.00am. It is essential that your child fasts from midnight the previous night. Please do not give your child anything to eat or drink on the morning of surgery.

You will be seen by the Consultant surgeon and anaesthetist early in the morning on the day of surgery. The Consultant surgeon will place a mark above the eye to be operated, and will check your child's name and details with you.

Please mention to the anaesthetist any general health concerns that you feel may be relevant.

You will be able to stay with your child in the anaesthetic room until they are asleep.

Surgery usually takes approximately 1–1½ hours, including the anaesthetic and recovery times. However, this time can vary considerably. You will be contacted when your child is in the recovery room, and will be able to join them there. You will usually be able to go home by late afternoon.

What to expect after surgery

The eye will be red and there may be some swelling of the eyelids. This may be more obvious a few days after surgery, as your child may rub the eye. This will gradually settle as the eye heals.

What is the post op care?

Drops

You will be given antibiotic eye drops when discharged from the ward. These should be used in the operated eye 3 times daily for one week. When you attend the post op appointment one week after surgery, this is usually reduced to twice daily for one week, then once daily for a further week. The eye will not be padded. Any glasses should be worn as before, unless you have been advised otherwise.

Should the drops cause persistent discomfort, or the skin around the eye become red or develop a rash, please telephone for advice. If necessary, we can prescribe alternative drops.

Pain relief

Use a suitable painkiller such as paracetamol or ibuprofen, if required. This should only be needed for a few days.

Stitches

Stitches do not have to be removed, as they will gradually dissolve.

Exercises

If your child is advised to carry out eye movement exercises in the post op period, the Orthoptist will discuss these with you before surgery and give full instructions on how to carry them out.

Precautions

- Your child should avoid swimming for one month after surgery. This is due to the risk of infection. Showering and hair washing may continue as normal, taking care not to get water in the operated eye, particularly in the first few days after surgery.
- Sand play areas should be avoided until the eye has healed.

Returning to school/nursery

Your child should be able to return to normal activities within 2–3 days of surgery.

If you have any concerns or queries, either before or after surgery, please telephone us. We will be happy to discuss these with you.

Key reference sources

1. Moorfields Eye Hospital NHS Foundation Trust patient information – Surgery for squint (strabismus): information for parents
2. The Royal College of Ophthalmologists – Guidelines for management of Strabismus in Childhood January 2012
3. NICE guidelines for the management of squint in children March 2016

Eye Department contact details

Useful telephone numbers

Admissions office: 01483 571122 ext 6465

Orthoptist: 01483 464810

Eye Clinic: 01483 571122 ext 4648

PALS and Advocacy contact details

Contact details of independent advocacy services can be provided by our Patient Advice and Liaison Service (PALS) who are located on the right hand side as you enter the main reception area. PALS are also your first point of contact for health related issues, questions or concerns surrounding RSCH patient services.

Telephone: 01483 402757

Email: rsc-tr.pals@nhs.net

Opening hours: 9.00am–3.00pm, Monday to Friday

If you would like information documents in large print, on tape or in another language or form please contact PALS.

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