



Parents Information - Squint surgery in children

This leaflet aims to answer some of the questions you might have about your child's squint surgery. Please note that it won't cover everything, as every child and their squint is different. Miss West will discuss your child's particular case with you but if you are unclear about any aspect of this treatment or have any further questions, please ask.

What is the purpose of my child having squint surgery?

A squint is a turn or wander in an eye which may need to be corrected for several reasons:

- To improve the position of the eyes and make the squint smaller/less obvious.
- To help the eyes work better together, reduce (or get rid of) double vision or improve depth /3D vision.
- To improve an unusual tilt or turn of the head.

How is the surgery done?

Squint surgery is a very common eye operation. It usually involves tightening or moving one or more of the eye muscles on the surface of the eyeball, which in turn moves the eye. The muscle is reattached to the eye using stitches that dissolve in about 6 – 8 weeks. The eye is not taken out. Stephanie will advise you which muscle(s) need to be operated on to correct your child's squint. The operation may be on one eye or both eyes.

Squint surgery is nearly always a day-case procedure, so your child should be in and out of hospital on the same day. The operation is carried out under general anaesthetic and usually takes around an hour, depending on the number of muscles that need surgery.

However, your child will be in the theatre department for longer, because they will need to spend some time in the recovery area until they have fully woken up. When your child has recovered fully from the anaesthetic, eaten and drunk fluid and the nurses are happy for him/her to be discharged, you are free to go home – this will usually be a few hours later.



What happens on the day of surgery?

You will be asked to come in early so that we can prepare your child for surgery. Your child should not drink or eat before the operation (the exact timings of this will be given by the ward nurses the day before the operation).

You will be able to go down to the operating theatre with your child and stay until he/she is asleep, but you will not be able to stay to watch the surgery.

After the operation, you will receive eye drops with instructions, and a follow-up appointment will be booked for you.

Will the surgery cure my child's squint?

In general, about 90% of patients will notice some improvement in their squint after surgery. Please be aware that the squint might not be completely corrected by the operation. This is because the amount of correction that is right for one child might be too much or too little for another, even if they have exactly the same size squint.

Although your child's eyes could be straight just after surgery, many children will require more than one operation in their lifetime. Please note that if the squint returns, it might 'drift' in either the same or opposite direction. We won't be able to predict when this drift may occur.

Will the surgery cure a lazy eye or the need for glasses?

No, the operation will not change your child's vision or their need for glasses or patching. Sometimes, more patching is needed after the operation. In most cases children need to continue wearing their glasses after their squint operation. Stephanie will advise on this as necessary.

How is the anaesthetic given?

Squint surgery is done under a general anaesthetic. This is given either by an injection into the back of the hand (this is not felt because of the numbing cream) or by placing a mask over the nose and mouth.



The anaesthetist will choose the best method for your child but in very young children it is usually easier to use the mask.

What are the risks of the operation?

Squint surgery is generally a safe procedure. However, as with any operation, complications can and do occur. Generally, these are relatively minor but on rare occasions they may be serious. Please remember that the complications listed below are detailed for your information; most children have no significant problems following squint surgery.

Under and overcorrection

As the results of squint surgery are not completely predictable, your original squint may still be present (under correction), or the squint direction may change (overcorrection).

Occasionally a different type of squint may occur. Therefore, about 2 in 10 children may require another operation.

Double vision

Your child may notice double vision after surgery as their brain adjusts to the new position of their eyes. This is normal and generally settles in the following days or weeks. Some children might continue to get double vision when they look to the side. Rarely, the double vision can become permanent, in which case further treatment may be needed.

Allergy/stitches

Some children may have a mild allergic reaction to the medication they have been prescribed after surgery. This results in itching/irritation and some redness and puffiness of the eyelids.

It usually settles very quickly once the eyedrops are stopped.

You may develop an infection or abscess around the stitches. This is more likely to happen if your child goes swimming within the first four weeks after surgery, therefore this activity is not recommended.

A cyst can develop over the site of the stitches, but this normally settles with drops until the stitches absorb. This may occasionally need further surgery to remove it.

Redness

The redness of 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. This is seen particularly with repeated operations.

Scarring

Generally, the scarring of the conjunctiva (the skin of the eye) is not noticeable after three months following surgery, but occasionally



visible scars will remain, especially with repeat operations.

To reduce the chance of scarring it is important to use any drops which are prescribed after the operation.

Pupil dilation

Rarely, after an operation for a vertical squint you may notice that the pupil is slightly larger or a slightly different shape on the operated side.

It is normal for the pupil to be dilated immediately after surgery due to the local anaesthetic used, this will return to normal within 48 hours.

Lost or slipped muscle

Rarely, one of the eye muscles may slip back from its new position during the operation or shortly afterwards. If this occurs, the eye is less able to move around and, if this is severe, further surgery may be required.

Sometimes it is not possible to correct this. The risk of slipped muscle requiring further surgery is about 1 in 1,000.

Needle penetration

If the stitches are too deep or the white of the eye is thin, a small hole in the eye may occur, which may require antibiotic treatment and possibly some laser treatment to seal the puncture site.

Depending on where the hole is in the eye, the sight may be affected. The risk of the needle passing too deeply is very low- (about 0.1-1% risk).

Anterior segment ischaemia (poor

blood supply)

Rarely, the blood circulation to the front of the eye can be reduced following surgery, producing a dilated pupil and blurred vision. This usually only occurs in patients who have had multiple surgeries. The risk is about 1 in 13,000 cases.

Infection

Infection is a risk with any operation and, although rare, can result in loss of the eye or vision.

Loss of vision

Although very rare, loss of vision in the eye being operated can occur following squint surgery. Risk of serious damage to the eye or vision is approximately 1 in 30,000.

Anaesthetic risks

Anaesthetics are usually safe but there are small and potentially serious risks. Unpredictable reactions occur in around 1 in 20,000 cases and



unfortunately death in around 1 in 100,000. The Anaesthetist will discuss the details of

anaesthesia with you separately before your operation.

Post- operative advice

After your child's operation, their eye(s) will be swollen, red and sore and their vision may be blurry. You should start the drops you are given that same evening, and if your child is in pain, they can take painkillers suitable for children (for example, paracetamol and ibuprofen). The pain shouldn't last more than a few days; however, redness and mild discomfort can last for up to three months. This is most likely to happen with repeat squint operations.

You will be able to go home once your child feels well and is eating or drinking, most children go home between 2 and 4 hours after the operation. Occasionally children need to stay in hospital overnight.

Your child might need a few days or a week off school or nursery to recover. Normal activity except sports and swimming can be started again as soon as your child feels ready.

It is very important that you return for follow-up appointments as advised, so we can keep a check on your child's recovery.

Summary of post- operative care:

- Use the eye drops and/ or ointment as prescribed.
- If your child's eyes are painful, give them painkillers such as paracetamol and ibuprofen.
- Use cooled boiled water and a clean tissue/cotton wool to remove any stickiness from your child's eyes.
- Remind your child not to rub their eye(s) as this could loosen their stitches.
- If your child usually wears glasses, they should continue wearing them.
- Your child should avoid sports and strenuous activity for two weeks.
- Your child should not go swimming for four weeks.



- You can wash your child's hair but it best to avoid this is the first couple of days and try to avoid getting shampoo/water into the eyes.
- It is essential that your child returns for their follow up appointment in the clinic.

We will provide you with contact information in case of any queries or concerns.