

Patient and Carer Information

Your Child's Squint Surgery

What is a squint?

- A squint or strabismus occurs when the eyes are not aligned properly, e.g. one eye may turn inwards, outwards, up or down.
- A convergent squint refers to an eye that turn inwards, and a divergent squint refers to an eye that turn outwards. Sometimes one eye may be higher or lower than the other (vertical squint). The squint may be constant (present at all times) or occur only intermittently.
- Most squints are managed by prescribing appropriate glasses and in some cases patching to improve vision in the squinting eye.
- The aim of squint surgery in most cases is to straighten the eyes, to give a better cosmetic appearance or to correct a head posture. Surgery can sometimes improve the ability of the two eyes to work together as a pair and provide better quality vision. Surgery does not eliminate the need for glasses and does not correct your child's vision.
- Two weeks prior to your child's surgery, you will meet with the Orthoptist and the Ophthalmologist. The squint will be re-measured. You will have the opportunity to discuss the surgery and ask further questions. You will sign a consent form.
- We will not perform the operation if your child has a cough or cold. The operation will be deferred for at least two weeks to allow a full recovery. Please inform Woodlands ward if your child is unwell.

Squint Surgery

- During Squint surgery, the position of one or more eye muscles is changed. The surgeon may operate on one or both eyes. The eye is not taken out during the operation. The eye muscles are located beneath a membrane on the surface of the eyeball.
- The amount of surgery depends on the angle of squint, which is measured before the operation.
- The operation takes between 45 to 90 minutes.
- In older children, adjustable sutures may be inserted so that alterations can be made when the child is awake. The surgeon will have discussed this with you if it is appropriate for your child.

After the operation

- Your child may be reluctant to open their eyes. This is normal. They may complain of double or blurred vision initially which is very common.
- The operated eye may look pink, red or puffy and there may be a blood stained tear. Local anaesthetic has been given to numb the eye and this makes the pupil very large and blurs the vision. It wears off after approximately 4 hours.
- Most children having a squint repair will go home on the day of surgery usually after 2-3 hours having eaten and drunk something. An overnight stay is occasionally required for adequate pain relief or sickness.

Pain and sickness management

- Your child will be given painkillers, Paracetamol and Ibuprofen (provided there are no contra-indications such as allergy), on admission before the operation.
- Additional stronger painkillers and anti-sickness drugs will be given during the operation.
- Regular Paracetamol and Ibuprofen will be required for about 3 days after the operation. You will be advised about this at the pre assessment appointment and you will be given a post-discharge pain relief guide when you go home.

Risks of Squint surgery

- There is a small risk of double vision after the operation. Normally this clears up on its own. If not, a change in your child's glasses, exercises or further surgery may be needed.
- A squint may be over or under corrected in which case further surgery may be required at a later date.
- Bleeding is usually minor. Your child may experience a red eye and some blood stained tears afterwards. You must let us know if your child or anyone in your family has a history of bleeding problems or easy bruising.
- Loss of vision after squint surgery due to infection or inadvertent perforation of the eye is an extremely rare complication.

Post discharge advice

- Your child should be encouraged to drink normally. Be guided by your child as regards to food.
- Your child should have rest and quiet play for a few days after the operation.
- You will be given eye drops to apply inside the lower lid of the operated eye 3 times a day. If your child will not tolerate these drops, try to apply one drop whilst they are asleep. These drops help to reduce inflammation and make the eye comfortable.
- Initially the eye may be sticky in the mornings. Remove the secretions around the eye using cooled boiled water and sterile gauze.
- The stitches are tiny and dissolvable. Some may unravel and wipe away after 2-4 weeks but it may take up to 6 weeks for them to go completely. As the stitches soften the gritty feeling goes away.
- Your child should stay off school until they are comfortable- usually 3-5 days.
- Your child will be seen in the paediatric ophthalmology clinic by the Orthoptist and Ophthalmologist 1-2 weeks after surgery. It is important to keep regular appointments after surgery as further treatment such as glasses or patching may be required to maintain good vision.

For 2 weeks after the Surgery your child should not

- Play in the sand
- Do any gymnastics or contact sports
- Go swimming
- Use face paint or make-up

If you have any concerns after discharge you have immediate access to telephone advice at any time of the day or night from the nursing staff on Woodlands Ward. Alternatively you should see your GP or visit the Emergency Department (A&E)

WOODLANDS WARD DIRECT LINE: 01423 553670 / 553671

EYE CLINIC RECEPTION: 01423 553423

ORTHOPTIC DEPARTMENT: 01423 553452

Contact the ward if any of the following occur:

- Inadequate pain control despite administration of regular painkillers.
- Persistent or excessive vomiting
- Bleeding from the wound
- Your child is hot or unwell
- Swelling and green discharge from the eye

For more detailed information about your child's stay in hospital for their operation, please go to www.hdft.nhs.uk

If you require this information in an alternative language or format (such as Braille, audiotape or large print), please ask the staff who are looking after you.