

Patient Information

Adult Squint Surgery

What is a squint?

- A squint (also called strabismus) occurs when the eyes are not aligned properly, e.g. one eye may turn inwards, outwards, up, or down.
The squint may be constant (present at all times) or occur only intermittently.

What causes a squint?

- There are many causes but some of the most common causes include:
 - Childhood squints mainly due to being longsighted. These squints may have been treated with glasses and or surgery during childhood but have come back over time.
 - Poor vision in one eye can stop the brain being able to keep the eyes together. This may be due to a lazy eye or an eye that has become blind.
 - Some squints develop following trauma to the eye, orbit (bones surrounding the eye) or head.
 - Some squints develop due to conditions such as diabetes or hyperthyroidism, which affect the muscles that move the eyes.
- If the eyes are not looking in the same direction then they are sending different signals to the brain and this can cause double vision.

Orthoptists

- Orthoptists are trained professionals in the assessment, measurement and non surgical management of squints.

The benefits of squint surgery:

- The aim of squint surgery in most cases is to straighten the eyes to give a better cosmetic appearance or correct a compensatory head posture. Surgery can sometimes improve the ability of the two eyes to work together as a pair (binocularity) and provide better quality vision. Squint surgery may also reduce double vision or the need for a prism or occlusive lens in glasses. Surgery does not alter the vision in the eye.

Before Surgery:

- Two weeks prior to your surgery, you will meet with the orthoptist and the ophthalmologist (specialist eye surgeon). 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.

Patient Information

Adult Squint Surgery

What happens on the day of surgery?

- You will be seen by the anaesthetist who will discuss your general anaesthetic. This means that you will not be awake during your 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 called the conjunctiva on the white 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 and 90 minutes.

Adjustable sutures:

- Adjustable sutures (stitches) involve tying the stitches in a bow at the end of the operation. Once you are awake on the ward and are comfortable, the orthoptist and the surgeon remeasure the eye position. If the eye position is not entirely satisfactory, we move the muscle position by tightening or loosening the adjustable stitch. This is not painful although you may be aware of a tugging sensation. Anaesthetic drops are used to numb the eye. Adjustable sutures are particularly useful if you have already had a squint operation. If no adjustment is needed the bow is secured so the eye can be left alone to heal. The surgeon will have discussed this option with you if it is appropriate.

After the Operation

- The eye is not covered after the operation.
- The operated eye may look pink, red or puffy and there may be a blood stained tear.
- A local anaesthetic injection may be given at the end of the surgery to numb the eye and this makes the pupil very large and blurs the vision. It wears off after approx 4 hours.
- The eye may remain pink for 3 to 4 weeks especially if you have had previous squint surgery. It is not uncommon for redness to persist beyond this time. It has no bearing on the success of the operation.
- Most patients go home on the day of surgery usually after 2-3 hours having eaten and drunk something. An overnight stay is occasionally required to deal with sickness or provide additional pain relief.

Patient Information

Adult Squint Surgery

Pain and sickness management

- You will be given painkillers, Paracetamol and Ibuprofen (provided there are no contraindications), 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 5 days after the operation. You will be advised about this at the pre-assessment appointment and will be given a post-discharge pain relief guide when you go home.

Risks of squint surgery

- Redness of the eye that persists beyond 2 months
- Scarring of the white of the eye
- There is a risk of double vision after the operation.
- A squint may be over or under corrected and sometimes further surgery is required later on.
- Bleeding is usually minor. You may experience a red eye and some blood stained tears afterwards. You must let us know if you 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.
- Allergy to any of the medication used.

Post discharge advice

- You will be given eye drops to instill inside the lower lid of the operated eye 3 times a day. 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 boiled cooled 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.
- The stitches are sometimes visible as a blue fibre underneath the conjunctiva covering the eye surface. These will fade over time.
- You should stay off work until the eyes are comfortable – usually 5 to 10 days but this varies depending on how much surgery you have and what your job entails.

Patient Information

Adult Squint Surgery

Follow up after surgery:

- You will be seen in the adult squint clinic by the orthoptist and ophthalmologist in 1-2 weeks to check that things are healing well.
- If the eye is not quite straight after the operation it may settle by the three month appointment and if it does not then we may need to consider further options including another operation to fine tune the first outcome.

For 2 weeks after the surgery, you should avoid the following:

Swimming
Contact sports
Dusty environments
Wearing contact lenses

- You may start driving again as soon as you feel safe. If you have double vision after the operation you should not drive until you have seen the orthoptist and doctor.
- Most people are ready to get back to normal work after 7 days.
- 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 Day Surgery Ward. Alternatively, you should see your GP or visit the Emergency Medicine Department.

DAY SURGERY WARD: 01423 555400
LITTONDALE WARD: 01423 553650 after 6pm.
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
- You feel unwell
- Swelling and green discharge from the eye.

For more detailed information about your stay in hospital, 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.