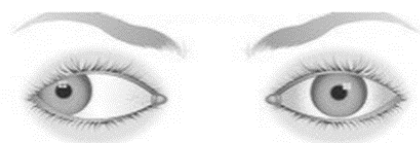


Patient information – Intermittent Exotropia

What is intermittent exotropia?

Intermittent exotropia is a type of squint in which one eye turns outwards (diverges) at certain times. It can happen when looking at any objects but tends to be noticed more when the child is looking at objects in the distance. The outward turn may be noticeable when the child is tired, unwell or day-dreaming. Most children are able to keep their eyes straight and working together when they view close objects or carry out near visual tasks such as reading.



How does this affect my child?

You may notice your child rubbing or closing one eye particularly in bright sunlight. As this type of a squint is intermittent, children are less likely to develop reduced vision (known as amblyopia or reduced eyesight). However, this can be a risk in young children especially if the squint deteriorates and becomes constant. This may also disrupt your child's ability to use both eyes together (binocular vision).

At your eye clinic visit

Your child will be seen in the Eye Clinic where initially an assessment of their vision, binocular vision and control of the squint will be undertaken by an Orthoptist.

We will be interested in finding out from parents and carers:

- How often the divergent squint is noticed (more or less than 50% of waking hours?)
- Whether or not the squint is seen at near viewing distances (e.g. reading) as well as when the child looks further away.

Following the orthoptist you are likely to see an optometrist who will check to see if glasses are required to improve your child's eyesight. You may also see an Ophthalmologist (eye doctor) who can perform a health check of the back of the eye.

Do we need to treat this condition?

Children with intermittent distance exotropia do not always require treatment. Unlike other types of squint, children have the ability to hold their eyes straight or control the squint most of the time. This control enables the child to use their eyes together as a pair. This is called binocular vision, and includes 3D vision.

Treatment may be indicated if:

- The squint is noticed more than 50% of waking hours or increased frequency
- The angle of the squint is large and/or becoming difficult to control
- There are problems such as double vision or regular headaches
- There are concerns about the appearance of the squint

Aim of treatment

The aim of treatment would be to reduce the size of the squint, improve control and allow better eye alignment. This would restore or maintain straighter eyes for more of the time and improve binocular vision.

Types of Treatment

- No treatment – often no treatment is ever required
- Glasses - in some cases a pair of glasses may be required to correct eyesight or minus lenses be prescribed as a temporary measure to help reduce the size of the squint and improve its control.
- Exercises - there are some circumstances in which control can be improved with eye exercises.
- Botulinum Toxin A (BT) - BT can be injected into an eye muscle. It temporarily paralyses the eye muscles which temporarily straighten the eyes. This can be done either to aid surgical planning or to allow the patient to regain long-term control without the need for surgery.
- Squint surgery - An operation will involve a general anaesthetic and, depending on the size of the squint, 1 or 2 muscles will be operated on. This could involve one or both eyes. Perfect alignment of the eyes cannot be guaranteed. We aim to reduce the amount of divergent squint so that it will be controlled more of the time. There is a risk of under or over correction of the squint and in some cases further treatment may be required. Children will need to be monitored for some time before surgery is considered so that accurate measurements of the squint can be obtained

We are always happy to answer any questions regarding your child's treatment, if after reading this leaflet you still have concerns or questions please call the department on 01423 553452 (8:30-4:30 Monday-Friday).

For further information visit:

www.orthoptics.org.uk/patients-and-public/
www.squintclinic.co

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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.