

Information for patients and carers

Adult Squint Surgery



What is a squint?

A squint (also called strabismus) is a misalignment of the eyes so they do not look together towards the same object.

An eye may turn in (convergent squint) or turn out (divergent squint).

Occasionally one eye may be higher or lower than the other (vertical squint).

The squint may be there all the time (constant squint) or only some of the time (intermittent squint).

What does the operation involve?

The procedure is carried out under a general anaesthetic.

Surgery to correct a squint involves moving muscles attached to the surface of the eye to a new position. Six external muscles are attached to each eye, but usually only one or two muscles are operated on.

The eye is not removed during surgery.

What are the expected benefits of treatment?

Surgery is expected to improve the appearance of the squint by reducing the angle and may also enable the eyes to work together better, which helps 3D vision (the binocular function of the eyes).

In some cases, surgery may relieve double vision.

What are the alternatives?

Surgery will only be suggested when there are no alternatives. In a few cases, botulinum toxin injections may help a squint, but its effects are short term.

What are the potential risks and side effects?

- Squint surgery is very safe, and complications are rare
- A general anaesthetic is required, which carries some risk. Further information can be found in anaesthetics information leaflets
- You may experience nausea following surgery, but medication can be given to relieve this
- In the operated eye, bleeding and infection can occur. During surgery, perforation of the eye and damage to the retina at the back of the eye can occur, both of these are extremely rare
- There may be an under or over-correction of the squint and further surgery may be advised. It may not be possible to achieve perfect alignment
- There is a small risk of double vision, but this is often temporary. If double vision persists, this may require further management which your doctor would discuss with you. You should not drive if you are experiencing any double vision
- Scarring can occur at the surgery site, although this is usually not noticeable after some months
- Repeat squint surgery carries a slightly higher risk of noticeable scarring

Although you will sign a consent form for this treatment, you may at any time withdraw your consent. Please discuss this with your doctor.

What happens before admission?

You will be given an appointment in clinic for a preoperative assessment to check that you are fit for the surgery to go ahead. The nurse will ask questions about your general health, medical history and any medications you are taking. You may need to have a blood test and ECG of your heart.

You will also need an appointment to attend for a preoperative orthoptic assessment. This will normally be arranged during the final fortnight before the admission date. Please let the orthoptist know if you have to cancel this appointment.

These assessments are an important part of your treatment and non-attendance may mean your surgery has to be cancelled until you have attended.

If you have glasses, please bring them with you when you attend the hospital appointments.

How will I feel afterwards?

The eye may be red, gritty and a little sore and you may experience some blurred vision.

If you are having a squint operation with adjustable stitches (sutures), the consultant may need to adjust a stitch in the eye before you go home or the day after in the outpatient clinic. This is done under local anaesthetic and most patients experience only mild discomfort.

How long will I be in hospital?

You will usually only remain in hospital for the day, you will need to have a responsible adult to take you home and stay with you overnight.

What should I do when I go home?

You will be prescribed eye drops to take home and should use these as instructed.

You can return to normal daily activities but should avoid sporting activities for 2 weeks and swimming for 4 to 6 weeks. Continue to wear glasses as normal unless advised by the orthoptist or doctor. It is recommended you ask your surgeon about when you are able to drive following surgery.

Will I have to come back to hospital?

An appointment will be made for you to return to the eye clinic to see a doctor and an orthoptist soon after your surgery.

When can I return to work?

You can generally return to work 1 week after surgery.

Contact details

If you experience any problems, contact the number below:

Ophthalmology telephone triage service: **01257 245346**

Monday to Friday 9.00am to 4.30pm

If you feel that your eye condition needs an urgent assessment outside of these hours, please attend the nearest Emergency Department.

Sources of further information

www.lancsteachinghospitals.nhs.uk

www.nhs.uk

www.accessable.co.uk

www.patient.co.uk

www.lancsteachinghospitals.nhs.uk/veteran-aware

<https://bepartofresearch.nihr.ac.uk/>

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www.lancsteachinghospitals.nhs.uk/patient-information-leaflets

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If you want to stop smoking, you can also contact Smokefree Lancashire on Freephone **08081962638**

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This information can be made available in large print, audio, Braille and in other languages.

Our patient information group review our leaflets regularly, if you feel you would like to feedback on this information or join our reading group please contact on email address:

patientexperienceandinvolve@LTHTR.nhs.uk

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