

# Information for parents and carers

## Squint surgery for children

A decorative graphic at the bottom of the page consisting of three overlapping, wavy horizontal bands in shades of blue, ranging from a light sky blue to a dark navy blue.

## What is a squint?

A squint (also called strabismus) is a misalignment of the eyes, where the eyes point in different directions. An eye (or both eyes) 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 is squint surgery and what does it involve?

Squint surgery 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.

If glasses are needed, surgery is generally performed to correct the squint that is present whilst they are worn.

The procedure is carried out under general anaesthetic, usually as a day case, which means your child should be able to go home later that day. Your child will be asleep throughout the procedure.

## What is the aim of squint surgery?

1. To improve the alignment of your child's eye(s) by reducing the size of the squint.
2. To improve eye co-ordination by making it easier for your child to use their eyes together and achieve 3D vision (this generally applies when the squint is controlled some of the time).
3. To improve the movement of your child's eyes, if this is abnormal when your child is looking in one or more direction(s).
4. Although it is very rare for children to have double vision, sometimes squint surgery can help to reduce or eliminate double vision.

**Squint surgery will not change your child's vision or their need for glasses.**

## **What will happen before my child has squint surgery?**

The orthoptist will need to make sure that measurements of your child's squint are stable across at least three visits. Once your child has been listed for squint surgery by the ophthalmologist (eye doctor) and a surgery date has been agreed, your child will need to attend a pre-operative assessment with an orthoptist and the ophthalmologist. Any glasses worn by your child should be brought to the pre-operative assessment.

Please let the orthoptist know if your child is unable to attend this pre-operative appointment. Failure to attend the appointment may mean that your child's surgery is cancelled.

The ophthalmologist will ask for your consent for the surgery to go ahead. If there is anything you are unsure about, or if you have any questions, please ask the ophthalmologist before signing the consent form.

## **After the squint surgery, when will I be able to take my child home?**

Squint surgery is usually a day case procedure, which means your child should be able to go home later that day, providing they are fit to be discharged.

## **Are there any specific aftercare instructions?**

Your child will be prescribed eye drops to take home and they should be used as instructed to help prevent any infection developing in the operated eye(s). Your child should continue to wear their glasses as normal unless advised otherwise by the orthoptist or ophthalmologist.

We recommend keeping your child off school or nursery for a few days after surgery. Try to discourage your child from rubbing their eyes, as this could cause irritation and increase the risk of infection.

Try to avoid irritants, such as soap and shampoo, from getting into your child's operated eye(s). If necessary, bathe the operated eye(s) with cooled boiled water and cotton wool.

Your child may return to normal daily activities but should avoid sporting activities for 2 weeks and swimming for 4 to 6 weeks.

## How should I put the drop into my child's eye(s)?

1. The eye drop should be instilled into your child's operated eye(s).
2. Wash your hands thoroughly.
3. Gently pull down the lower eyelid of the eye with your finger.
4. Ask your child to look up, if possible.
5. Instil one drop into the area between the eyeball and the lower eyelid.
6. Release the eyelid.

**Note:** you may also instil the drop at the inner corner of the eye, near the nose, while your child's eyes are gently closed. This allows the drop to seep into the eye.

7. Ensure you wash your hands after instillation.

## What is expected after the surgery?

Your child may have a headache, feel sick, dizzy or complain of a sore throat up to 24 to 48 hours after waking up from the anaesthetic.

The operated eye(s) will appear red for about 2 weeks and may appear slightly pink for about 2 months. The stitches used in squint surgery will not need to be removed as they will dissolve over 2 to 4 weeks. There may be some discomfort and a feeling of grittiness in the eye(s), which should settle within a few days. If your child's eye(s) is/are uncomfortable, please give paracetamol or ibuprofen.

You should notice an improvement in your child's eye alignment soon after surgery.

## When will my child receive a follow-up review in the eye clinic?

An appointment will be made for your child to return to the eye clinic to see an orthoptist and an ophthalmologist a few weeks after surgery.

## 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 the anaesthetic's information leaflets
- Bleeding and infection can occur in the operated eye. During surgery, perforation of the eye and damage to the retina at the back of the eye can occur, however, both 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 child's ophthalmologist would discuss with you
- Scarring can occur at the surgery site, although this is usually not noticeable after some months

Although you will sign a consent form for your child to have this procedure, you may withdraw your consent at any time. Please discuss this with your child's ophthalmologist.

## What should I look out for after squint surgery?

Most procedures are uneventful, however, please contact the eye clinic (using the contact details provided) if you notice any of the following:

- If you notice any haziness on the clear window at the front of the eye (cornea)
- If the eye looks extremely red, or if there is discharge from the eye
- If your child complains of reduced vision or persistent double vision

- If the eye is painful, and simple painkillers are not relieving the pain
- If the eyes look more misaligned than before surgery, or if there is reduced movement of the operated eye

## Contact details

Should you require further advice or information please contact the Orthoptic team on **01772 522417** (Monday to Friday between 8.30am to 4.40pm). If the Orthoptists are not available when you call, there is a 24-hour answerphone where you may leave a message.

Orthoptic Department:  
Broughton Suite (near the main entrance),  
Royal Preston Hospital,  
Sharoe Green Lane,  
Preston.  
PR2 9HT

## Sources of further information

[www.lancsteachinghospitals.nhs.uk](http://www.lancsteachinghospitals.nhs.uk)

[www.nhs.uk](http://www.nhs.uk)

[www.accessable.co.uk](http://www.accessable.co.uk)

[www.patient.co.uk](http://www.patient.co.uk)

[www.squintclinic.com](http://www.squintclinic.com)

[www.orthoptics.org.uk/patients-and-public/](http://www.orthoptics.org.uk/patients-and-public/)

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**Please ask a member of staff if you would like help in understanding this information.**

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

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