



Belfast Health and  
Social Care Trust

## **Patient Information Leaflet**

**Squint Surgery**



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## The Eye Care Team

An OPTHALMOLOGIST is a doctor who specialises in eye disorders.

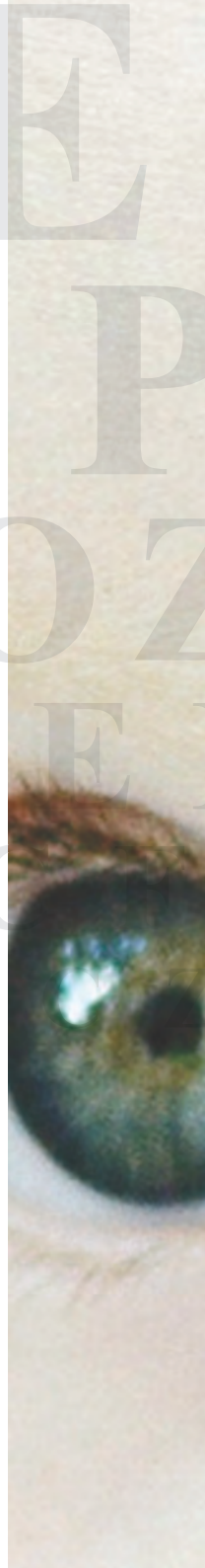
An ORTHOPIST is specifically trained to assess children with squint and “lazy eyes.”

An OPTICIAN (OPTOMETRIST) tests for and prescribes glasses, if required.

## Squint Pre-assessment Clinic

Your child is currently on the waiting list for squint surgery. At the squint pre-assessment clinic he/she will be re-examined by both the orthoptist and ophthalmologist to obtain up-to-date measurements of the squint before proceeding to surgery in the following few weeks. **If your child wears glasses, please bring the glasses to this appointment.** A date for surgery will be discussed with you at the clinic and you will be asked to sign the consent form on behalf of your child.

You and your child will also be shown to the Children’s Eye Ward where the pre-assessment nurse will begin the hospital notes for admission and explain the admission and ward procedures to you.



### Squint Surgery

In the majority of cases the aim of squint surgery is to **improve the cosmetic appearance**. More than one operation may be needed in order to achieve the desired result.

Less commonly, an operation may be performed to straighten the eyes so that they may once again work as a pair and allow binocular function (3D vision).

Children will still need to wear glasses (if worn) after the surgery and may still need patching.

Squint surgery is performed under a general anaesthetic. It normally takes between 30 and 90 minutes, depending on how much surgery is being performed. Your child will come into hospital as a day case but you should prepare for an overnight stay as, occasionally, a child may be sick after the general anaesthesia.

A squint operation may be performed on one or both eyes. Sometimes it is necessary to do surgery on the eye that seems to be straight to get the best result. Your surgeon will explain the surgical plan to you at the squint pre-assessment clinic before the operation.

A squint operation involves surgery to the muscles that move the eye from side to side or up and down. These muscles are attached to the white outer coat of the eye, (the sclera), but are hidden from normal view by a thin layer of covering skin called the conjunctiva. During the operation the muscles are exposed, by lifting the conjunctiva. The muscles are then weakened or tightened by a specific amount determined by the measurements previously taken by the Orthoptist. The muscles are sewn into place using a stitch that absorbs, and the conjunctiva is

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sewn back down on top, again with absorbable stitches. Afterwards, the operated eye(s) will be quite red for 2-3 weeks (but will gradually return to normal over 3-6 months) and there may be some grittiness and soreness for a few days

## **Consenting for squint surgery**

This section gives you some information you should know before agreeing to your child's squint surgery. It is very important that you are aware of the potential risks and complications before giving your consent for the procedure.

### **(i) Benefits**

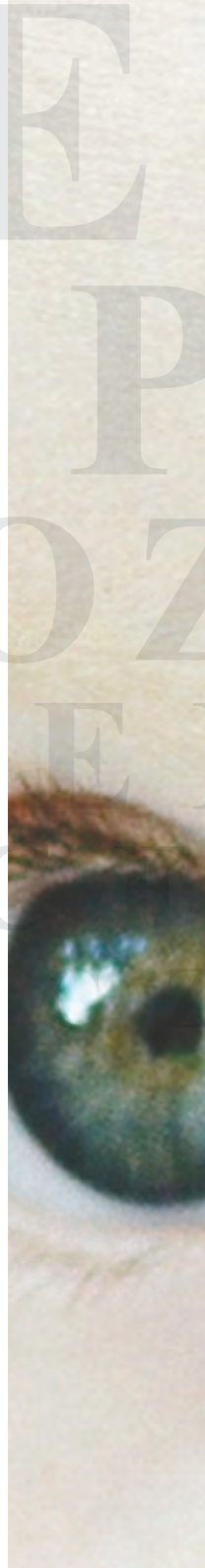
The main benefit of squint surgery is an improvement in the appearance of the squint.

Other benefits may be an improvement in the control that your child has over the squint. In a few young children a benefit may be allowing the eyes to work together as a pair. This specific case will be discussed with you in detail.

### **(ii) Risks**

As with all operations, squint surgery is not without risks.

The risk of a serious complication associated with general anaesthesia in a fit person is estimated to be 1:100,000.



## Squint Surgery

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There is a 30% chance that more than one operation may be required. This may be soon after, or up to many years after the original surgery. After the operation, the squint may be under or over corrected - it is very difficult to make the eye absolutely straight with surgery so a small remaining turn in the eye is often present, (and in some cases is preferred) but it is usually a significant improvement compared to the appearance before surgery. In some cases, it is impossible to fully correct the squint with just one operation.

Even when the eyes are straight after the operation, your child may need further surgery in years to come as there is a tendency for the eyes to drift apart in later life. Rarely, a stitch may slip after the operation in which case it is necessary to re-operate soon after the first operation.

### Complications

- Nausea after the surgery
- Bloodshot eye(s)
- Gritty sensation in the eye(s): usually resolves after a few days
- Bleeding during the operation causing a red eye and bruising of the face. Occasionally, a persistent pinkness or discolouration can be noticed on the white of the eye long after the surgery. Very rarely, there is some noticeable scarring at the surgery site
- Obvious over or under correction of the squint
- Double vision, which does not settle within a few weeks (There is a small risk of post-operative double vision in some older children requiring squint surgery. However, most children are not bothered by this complication as, unlike adults, they have the ability to ignore the double vision)
- Further procedure or surgery

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- Cyst formation at the site of dissolvable sutures
  - 'Slipped muscle' - the eye is in a good position after surgery, but then suddenly worsens again in the days following surgery
  - Inflammation or infection of the eyeball (infrequent)
  - Needle going into the eye during surgery (rare) - infection of the eye and poor vision can sometimes result
  - Damage to the sight of the eye
  - Total loss of vision (very rare).

While serious complications are quite rare after squint surgery, they do occur regardless of who is doing the operation. For this reason, the success of the squint surgery cannot be guaranteed.

### **Post-operative care**

Usually children are comfortable after surgery with only a little grittiness on the first day. If the eye is slightly sticky, use a clean piece of cotton wool and cooled, previously boiled water to clean the eyelids. Wipe gently from the nose outwards then discard the cotton wool and repeat as necessary. Use separate cotton wool for each eye.

Your child will require drops four times a day into the operated eye(s) for 2-4 weeks.

It is generally advisable to keep your child out of nursery/ school for about 1 week after the operation although children often recover quite quickly from the surgery.

It is also advisable to avoid swimming for about 3-4 weeks after the operation.

All patients are reviewed by the Ophthalmologist and the Orthoptist at 1-2 weeks post-operatively and again at about 3 months.

Follow up appointments are still required after an operation. Your child will still need to wear glasses (if worn), and if the vision in the squinting eye becomes “lazy” again he/she may need further patching treatment.

## **Advice after the operation**

If your child’s eye becomes very red and painful or if he/she complains of a sudden or marked deterioration in the vision please seek immediate advice by contacting:

- The Regional Acute Eye Service at 028 9063 3288 (9am - 5pm) or
- Wards 28/31 at 028 9063 2392 / 028 9063 3344 (5pm - 9am) and ask to speak to the Senior Nurse.

If you have any questions which are not answered in this leaflet, please do not hesitate to ask the staff in the Eye Department who will be happy to try and answer them for you.

Paediatric Ophthalmology Department, Royal Group of Hospitals,  
Belfast Health & Social Care Trust, Grosvenor Road, Belfast, BT12 6BA.

The Regional Acute Eye Service - Tel: 028 9063 3288 (9am - 5pm)

Ward 31 - Tel: 028 9063 3344 (5pm - 9am)

Ward 28 - Tel: 028 9063 2392 (5pm - 9am)