Patient information factsheet

Squint surgery for children

The first part of this leaflet gives general information about squint surgery in children. The second part explains what will happen from the time a child is put on the waiting list for squint surgery until after the operation. Please talk to your orthoptist or eye doctor if you have any other questions.

Why does the squint need to be corrected?

A squint is a turn or wander in an eye, which may need to be corrected for several reasons.

- The orthoptist’s tests may show that the eyes could work together better and that 3-D (depth) vision might be improved if the squint was corrected.

- The squint may affect the appearance of the eyes and make it difficult to tell where the child is looking. Your opinion and your child’s opinion (if old enough), on the appearance of the squint, are very important when deciding to operate for this reason.

- More rarely, a squint may cause double vision, or make the eyes feel strained or uncomfortable.

Is an operation the only way to treat a squint?

Some squints, especially where the eye turns inwards, can be corrected by wearing glasses. Other squints are not correctable with glasses so an operation may be considered.

Some children with squints need to do eye patching. This means covering the better eye to improve the sight in the squinting eye. Patching does not treat the squint itself but it is a vital stage in treating some squints, as it is important to improve the vision in the squinting eye as much as possible before operating.

Will the operation cure the squint?

The operation aims to make the eyes as straight as possible so that little or no squint is noticed afterwards. For most types of squint there is about an 8 out of 10 chance that one operation will do this. For some types of squint the success rates vary and your orthoptist and eye doctor will discuss this with you.

In some children the eyes will work together after the operation so that the 3-D (depth) vision improves. However, for many children this does not happen and although the eyes look straight, they still work separately after the operation.
What happens during the operation?

There are six muscles that move the eyes. The muscles are attached to the surface of each eye, the sclera (the white of the eye). By moving the position of a muscle, it can be weakened or strengthened to straighten the eyes. The muscle is reattached to the eye using stitches that dissolve in about 6 – 8 weeks. The eye is **not** taken out. Your eye doctor will advise you which muscle(s) need to be operated on to correct your child’s squint. The operation may be on one eye or both eyes.

The operation is done under a general anaesthetic. This means that the child is asleep and is not aware of anything happening during the operation.

What are the risks of the operation?

- Any risk from the general anaesthetic is very small.
- The operation is on the surface of the eye so any risk of damage to the eye or to the vision is very small.
- The eye may be uncomfortable for a few days after the operation but is not usually painful.
- The white area of the eye where the operation was done will look red after the operation. This will improve in the first couple of weeks after the operation but may take a few months to settle. Rarely some redness may be permanent.
- As with any operation, squint surgery carries a small risk of infection. This is usually easily treated but there is a very small risk (1 in 50,000) of infection that could permanently affect the vision.
- In about 2 out of 10 children having a squint operation, one operation does not fully straighten the eye and another operation may be needed. In most cases this is because the first operation helped but did not fully correct the squint. Occasionally a second operation is needed because the eye turned in the opposite direction after the first operation.
- In some children the operation straightens the eye well but the squint comes back later on. This may take a long time to happen but may mean that another operation is needed eventually.
- Occasionally children may notice double vision after the operation. This usually goes away in the first few days but can occasionally last longer and very occasionally can be permanent.

How long does my child need to be in hospital for?

Most children only need to be in hospital for the day of the operation. Occasionally an overnight stay is needed, particularly if there is a long journey home.
When can my child get back to normal after operation?

On average, children need one week off school or nursery after a squint operation. They should avoid strenuous activities/sports for two weeks and swimming for four weeks.

Will glasses still be needed after the operation?

In most cases children need to continue wearing their glasses after their squint operation. Your orthoptist and eye doctor will advise you about this.

Will eye patching still be needed after the operation?

You should not do any eye patching straight after the operation but some children do need to do more patching once the eyes have healed. The orthoptist and eye doctor will advise you if you need to start patching again.

We hope that this section covers most of the general questions you may have about squint surgery. The rest of the leaflet explains what happens once you and your eye doctor decide to go ahead with squint surgery for your child.

Information for parents and carers of children on the waiting list for squint surgery

Once you and your eye doctor have decided that a squint operation is the best option for your child, the first step is for your child’s name to be put onto the waiting list. The length of the waiting list varies and we will advise you how long it is likely to be. If you have any questions about the wait for the operation, please contact the Eye Unit Admissions Department or the Orthoptic Department (numbers below).

Will my child be seen whilst on the waiting list for the operation?

The orthoptist will usually keep a check on the child’s eyes whilst they are on the waiting list.

We will send you an appointment for the pre-admission clinic in the Orthoptic Department, usually between two and four weeks before the operation. At this appointment we will discuss the planned operation date with you, the orthoptist will check your child’s eyes and the doctor will do a brief check on your child’s general health. We will explain the operation to you and answer any questions.

At the pre-admission appointment, you will be able to visit the Eye Short Stay Unit and the John Atwell Children’s Day Ward. You will be advised where to go when you arrive on the day of the operation - either the Eye Short Stay Unit or the John Atwell Children’s Day Ward - when to arrive and what to bring with you.

Because the operation is done under a general anaesthetic, it is very important that your child does not eat or drink before the operation and the latest times when he/she can eat or drink will be explained to you.
What happens on the day of the operation?

- Please make sure that your child has not had anything to eat or drink after the times that you have been told.

- Please arrange your own transport to and from the hospital but do not use public transport to take your child home after the operation.

- If you are on income support or other benefits and would like help with fares, please bring your book and tell the nurse when you arrive.

- If you have parked for more than six hours, the nurse will give you a discounted ticket for the car park before you leave.

- The information you have been given will tell you to go to either the Eye Short Stay Unit, on Level C of the Eye Unit or to the John Atwell Children’s Day Ward, on G Level in the main part of the General Hospital. Please arrive at the time you have been given.

- All children are asked to arrive at the same time so that the doctor and the anaesthetist can see them before they start operating. This means that there may be a wait before the operation.

- When you arrive the nurse will show you to the children’s area. The children’s nurse will explain the plan for the day to you and will check your child’s weight, temperature, pulse, and breathing.

- You will see the eye doctor who will answer any questions, confirm your consent to the operation and ask you to sign a consent form.

- The children's nurse will put some cream (EMLA or Ametop) onto the back of one or both of your child’s hands and cover it with a dressing. This numbs the area where the anaesthetic is injected.

- The anaesthetist will check on your child’s health and will explain about the anaesthetic.

- Shortly before going to the operating theatre, the nurse will ask you to change your child into a theatre gown.

How is the anaesthetic given?

Squint surgery is done under a general anaesthetic. This is given either by an injection into the back of the hand (this is not felt because of the numbing cream) or by placing a mask over the nose and mouth. The anaesthetist will choose the best method for your child but in very young children it is usually easier to use the mask.

Can I stay with my child?
We encourage one parent/carer to be with their child on the ward for the day. You can go with your child to the anaesthetic room and, if you wish to and your child is over one year old, you can usually stay until he/she is asleep.

During the operation the nurse will ask you to wait back on the Eye Short Stay Unit or to go for a coffee. After the operation the nurse will take you to the recovery room so you are there as your child is waking up.

**What happens after the operation?**

Once your child is awake the nurse will take you to the John Atwell Children’s Day Ward on G Level in the main part of the General Hospital. There will be a bed (or cot) there for your child to rest until they are ready to go home.

**When can we go home?**

- You will be able to leave once your child feels well and is eating and drinking. The children’s nurses will monitor your child’s progress and let you know when he/she is ready to go
- Most children can go home between 2 and 4 hours after the operation. Very occasionally children need to stay in hospital overnight after the operation.
- The eye doctor does not routinely see all children before they go home. However the nurses can contact the doctor if needed.
- If possible, encourage your child to wear their own glasses or sunglasses on the way home to protect the eyes.

**What should we expect after the operation?**

- The nurse will give you a leaflet with detailed information before you leave.
- The eye(s) may be uncomfortable for a few days after the operation but are not usually painful. Whilst you are on the ward the nurses will provide medication, if needed, to help with any discomfort. Please make sure that you have some pain relief medication suitable for your child, for example paracetamol or ibuprofen, to use if needed after you get home. Before you leave the hospital the nurses will advise you when medication can next be given. When using medication to relieve discomfort, please follow the instructions and ask the nurses for advice if in doubt, particularly if your child is very young or has other health problems.
- The nurse will give you eye drops to take home for your child. The drops help the eye(s) to heal. Before you leave the nurse will explain how and when to use the drops.
- The white area of the eye(s) where the operation was done will look red after the operation. This will improve in the first couple of weeks after the operation, but may take a few months to settle completely. You may also notice that there is some red discharge from the eye(s) and that the eyelids are sticky on waking for the first few days after the operation. The nurse will explain how to clean the eyelids.
- Try to encourage your child to rest for the remainder of the day of the operation.
- Most children stay off school or nursery for one week after the operation. Some children are ready to go back sooner, whilst others need to stay at home for a little longer. You will need to judge how your child is feeling.
- Things your child should avoid after the operation:
  - Swimming - for 4 weeks
• Sports and strenuous activities - for 2 weeks
• Activities which risk getting something into the eye, for example playing with sand - for at least one week
• You can wash your child’s hair, although it is best not to do this for the first day or two after the operation. Try to avoid getting water or shampoo into the eyes.
• If your child has glasses, please encourage her/him to wear them as soon as she/he is feeling well enough (unless you have been advised that glasses will not be needed after the operation).
• Do not do any eye patching before your next appointment, when the orthoptist will advise you.
• We will give or send you an outpatient appointment to come back after the operation to see the orthoptist and the doctor. If you have any concerns before this please do not hesitate to contact us.

Useful Phone Numbers

Orthoptics: 023 8079 4789
            (0830 – 1700 Monday to Friday)

Eye Unit Admissions Department
023 8079 8734 or 023 8079 4197
(0900 – 1600 Monday to Friday)

Eye Short Stay Unit:
023 8079 6595 or 023 8079 8600
(0730 – 1700 Monday to Friday)

Eye Casualty:
023 8079 6592
(Anytime - 24 hours, all days of the week)

John Atwell Day Ward:
023 8079 6157
(0730 – 2000 Monday to Friday)

For a translation of this document, an interpreter or a version in large print, Braille or on audio tape, please telephone 023 8079 4688.