

Patient information factsheet

Squint in adults

We have given you this factsheet because you have been diagnosed with a squint. We hope that it answers some of the questions you may have. Please ask your orthoptist or eye doctor if you have any other questions.

What is a squint?

A squint is when one eye wanders or turns, so that it does not work properly with the other eye. The eye may turn inwards, outwards, or (more rarely) upwards or downwards. The eye may turn all of the time or it may only be noticeable when tired or concentrating. The technical term for a squint is strabismus.

What causes a squint?

There are many causes for squints. Your orthoptist or eye doctor will be able to tell you what has caused yours. Some of the most common causes are:

- a squint which was treated as a child but which has come back over time.
- a longstanding tendency to squint that has become harder to control over time.
- an accident or illness that has affected the muscles that move the eyes.

Treating a squint

We can treat a squint to improve the appearance of the eyes and to help double vision or eyestrain caused by the squint. There are a number of different methods for treating a squint:

Eye exercises: We may give you some eye exercises to improve the control of the eyes which can help some squints.

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Glasses: In some cases, glasses may improve the squint. In particular, glasses for long sight can correct some inward turning squints. Prism glasses can help to control double vision and eyestrain.

Operation: We can perform an operation to change the position of the muscles which move the eyes. This can improve or correct some squints.

Injection: An injection of botulinum toxin (Botox) into one of the eye muscles can improve some squints, but the effect is usually temporary. Ask your orthoptist or eye doctor for more information about Botox injections.

Not all squints respond to all types of treatment. The orthoptist's tests may show that only one of the above treatments is likely to help. You can discuss this with your eye doctor, and you can decide together on the best treatment for you.

Having an operation for a squint

What happens during an operation for a squint?

We will perform the operation under a general anaesthetic. This means that you will be asleep and will not be aware of anything during the operation.

In each eye, there are six muscles which control the eye's movements. The muscles are attached to the surface of the eye, under the white areas. By moving the position of a muscle, we can weaken or strengthen the muscle to straighten the eye(s). We will then reattach the muscle to the eye using stitches which dissolve in about six to eight weeks. We do not remove the eye.

You may also need to have stitches in the clear layer which covers the surface of the eye (the conjunctiva). These usually fall out in the first four to six weeks after the operation, but sometimes need to be removed. We may need to operate on more than one eye muscle, and may sometimes have to operate on both eyes.

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Adjustable operation

Your eye doctor may recommend an 'adjustable operation'. This means that we operate on the muscle as usual under a general anaesthetic, but instead of fully re-attaching the muscle to the eye at the end of the operation, we re-attach it loosely. When you wake up after the operation, the doctor will put local anaesthetic drops into the eye so that you cannot feel anything in the eye area. We will then adjust the position of the muscle to straighten the eye as much as possible, and then re-attach the muscle. An adjustable operation allows us to 'fine tune' the position of the eyes and can help to improve the success of the operation. It is not suitable for everyone or for every type of eye muscle operation and your doctor will discuss the options with you.

How long will I be in hospital for?

In most cases, squint surgery is a 'day case' operation, but some patients may need to stay in hospital overnight. You will need a responsible adult with you for the first 24 hours after the operation.

Will an operation cure the squint?

This will depend on the type of squint that you have. Your eye doctor will discuss this with you. The operation can only help the squint. It will not improve the level of your eyesight.

Risks

As with all operations, there are a number of possible complications to consider. Squint surgery is done under a general anaesthetic. Your anaesthetist will explain the risks of anaesthetic to you, some of which depend on your overall health.

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 will be quite uncomfortable for a few days after the operation, but should not be painful. If you have had a previous squint operation on the same eye muscle, you may have some more discomfort.

The white area of the eye where we performed the operation will

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look red afterwards. This should improve in the first couple of weeks after the operation, although it can take a few months to settle. Some redness may be permanent, but this is rare.

Like any operation, squint surgery carries a small risk of infection. This is usually easily treated. There is a very small risk (1 in 50,000) of infection which could permanently affect the vision.

Sometimes patients need more than one operation because the first operation helped, but did not fully correct the squint or double vision. Some patients need a second operation because the first operation made the eye turn in the opposite direction. Some people will need another operation, even though the original operation was successful, because the squint has returned over time.

Some people may notice double vision after the operation that was not there before. This usually goes away in the first few days. Sometimes it can last longer, and in rare cases, it can be permanent.

After a squint operation

We will give you eye drops to use every day for two weeks after the operation. This is to help the eye(s) to heal.

On average, patients need one week off work and full activities after a squint operation. This varies between patients. People who do heavy, manual work may need to have two weeks off work after the operation. You should avoid sports and strenuous activity for two weeks after the operation, and you should not swim for four weeks.

You can start driving again as soon as you feel safe and confident to do so. However, you should make sure you have someone to drive you home after the operation. If you have double vision after the operation, you should not drive until you have seen the orthoptist and the eye doctor and they have advised you that it is safe for you to drive.

You should not wear contact lenses in the operated eye(s) for at least

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one week after the operation. You will need to make sure that you have glasses available to use until the eye(s) have healed.

Useful links

For further information on squints, visit the squint clinic website:
www.squintclinic.com

Contact us

Orthoptic department

Telephone: **023 8120 4789**

Monday to Friday (8.30am to 5pm)

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