

Patient information factsheet

Squint surgery for children

We have given you this factsheet because your child has been diagnosed with a squint. One of the treatment options for a squint is an operation to correct it. We hope this factsheet will help to answer some of the questions you may have.

A squint is a turn or wander in an eye, which may need correcting for several reasons:

- The orthoptist's tests may show that the 3-D (depth) vision could be improved if the squint is corrected.
- A squint can sometimes cause double vision, or make the eyes feel strained or uncomfortable. This is rare in children.
- The squint may affect the appearance of the eyes and make it difficult to tell where the child is looking.

Will the operation cure the squint?

We aim to make the eyes as straight as possible so that there is little or no squint after the operation. For most types of squint, we can straighten the eyes with one operation in approximately eight out of ten cases. The success rates vary between each child. Your child's orthoptist and eye doctor will discuss this with you.

In some children, the 3D (depth) vision improves and the eyes will work together. In other children, although the eyes look straight, they still work separately after the operation.

What happens during the operation?

There are six muscles that move each eye. The muscles are attached to the surface of each eye under the white areas of the eye. By moving the position of a muscle, we can weaken or strengthen the muscle to straighten the eyes. We will then reattach the muscle to the eye using stitches that dissolve in about six to eight weeks. We do not take the eye out. Your child's eye doctor will tell you which muscle(s) they will operate on to correct your child's squint.

The operation may be on one eye or both eyes.

We will perform the operation under a general anaesthetic. This means that your child is asleep and is not aware of anything happening during the operation.

What are the risks of the operation?

As with any operation, there are a number of possible complications to take into account. The operation is on the surface of the eye. Any risk of damage to the eye or to the vision is very small.

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The eye may be uncomfortable for a few days after the operation, but it is not usually painful. The white area of the eye where we performed the operation will look red afterwards. This should improve in the first couple of weeks, 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 that could permanently affect the vision.

Occasionally, children may notice double vision after the operation. This usually goes away in the first few days. Sometimes it can last longer and in rare cases, it can be permanent.

Some children (approximately two out of ten) may need a second operation because the first operation does not fully straighten the eye. For other children, the operation may have worked originally but the squint comes back later on. This can take a long time to happen but it may mean that your child could need another operation in the future.

What happens once I have decided to go ahead with my child's operation?

Once you and your child's eye doctor have decided that a squint operation is the best option for your child, we will put their name on the waiting list. The length of the waiting list varies. We will tell 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.

Before the operation

The orthoptist will usually keep checking your child's eyes while they are on the waiting list.

We will send you an appointment for the pre-admission clinic in the orthoptic department. This is usually two to 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 answer any questions you may have.

We will also advise you where to go when you arrive on the day of the operation, what time 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. We will give you information about this at the pre-admission appointment.

On the day of the operation

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

You should arrange your own transport to and from the hospital. You should 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 taxi fares, please bring proof of this and tell the nurse when you arrive.

When you arrive at the hospital, please go straight to the John Atwell children's day ward on G Level in the main part of the General Hospital. You should arrive at the time stated in your letter. We ask all children to arrive at the same time so that the doctor and the anaesthetist

When you arrive, the children's nurse will explain the plan for the day. They will also check your child's weight, temperature, pulse and breathing. You will see the eye doctor who can answer any questions. They will also ask you to sign a consent form.

The children's nurse will put some numbing cream (called 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 also check on your child's health and explain about the anaesthetic.

The nurse will ask you to change your child into a theatre gown, and will then take you and your child to the eye unit for the operation.

What kind of anaesthetic do you use?

Squint surgery is done under a general anaesthetic. We give this either by an injection into the back of the hand (your child will not feel this 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. In very young children, it is usually easier to use the mask.

Can I stay with my child?

We encourage one parent or carer to stay with their child on the ward for the whole day. You can go to the anaesthetic room with your child. If your child is over one year old and you wish to stay until they are asleep, you are welcome to.

During the operation, the nurse will ask you to wait at 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 when your child wakes up.

After the operation

Once your child is awake, the nurse will take you both back to the John Atwell children's day ward. Your child will be able to rest in a bed or cot on the ward until they are ready to go home.

When can we go home?

Most children only need to be in hospital for the day of the operation. Some children may need to stay overnight, particularly if there is a long journey home.

The children's nurses will monitor your child's progress. Once your child feels well and is eating and drinking, you will be free to go home. Most children can go home two to four hours after the operation.

The eye doctor does not routinely see all children before they go home. However, if your child needs to see them, the nurses can contact the doctors.

You should encourage your child to wear their own glasses or sunglasses on the way home to protect their eyes.

Aftercare

The nurse will give you a leaflet with detailed information about aftercare before you leave.

You should encourage your child to rest for the remainder of the day of the operation.

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Your child's eye(s) may be uncomfortable for a few days after the operation, but are not usually painful. While you are on the ward, the nurses will give your child any medication needed to help with any discomfort. Please make sure that you have some pain relief medication suitable to give to your child after you get home, if necessary.

Before you leave the hospital, the nurses will advise you when you can give your child medication. If in doubt, the nurses can answer any questions. We will also give you some eye drops to help the eyes to heal.

You can wash your child's hair, although it is best not to do this for the first day or two after the operation. You should avoid getting water or shampoo into their eyes.

We will send you an outpatient appointment to come back to the clinic to see the orthoptist and the doctor.

When can my child get back to normal after the operation?

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

Will my child still need glasses 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 my child still need to do eye patching after the operation?

You should not do any eye patching straight after the operation, but some children do need to use a patch again once their eyes have healed. The orthoptist and eye doctor will advise you if your child needs to start patching again.

Useful links

For further information about squint surgery, visit the squint clinic website.

www.squintclinic.com

Contact us

If you have any concerns after the operation, please contact the orthoptic department or the eye casualty department.

Orthoptic department

Telephone: **023 8120 4789**

Monday to Friday (8.30am to 5pm)

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