

Patient information factsheet

Squint in adults

We have given you this factsheet because you have been diagnosed with a squint. We hope that it helps to answer some of the questions you may have. If you have any further questions or concerns, please ask your orthoptist (someone trained to diagnose eye problems) or eye doctor.

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 you are 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 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.

How is a squint treated?

We can treat a squint to improve the appearance of the eyes and to help improve 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 your eyes which can help some squints.

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 may recommend an operation to correct a squint if other treatments are not suitable or do not help.

The operation involves a surgeon moving the muscles that control eye movement so that the eyes line up better. This type of operation is performed under a general anaesthetic (a medicine that puts you into a state of controlled unconsciousness so you do not feel anything during an operation or procedure).

In some cases, the surgeon may recommend having an adjustable operation. This involves measuring the squint when you wake up and further adjusting the eye position under a local anaesthetic if necessary. This allows us to 'fine tune' the position of the eye and can improve the success of the operation. If the surgeon feels you would benefit from this type of operation, they will discuss this with you before your operation. For more information, please see our 'Squint surgery for adults' factsheet: www.uhs.nhs.uk/for-patients/patient-information-leaflets

Injection: An injection of botulinum toxin (Botox) into one of the eye muscles can improve some squints, but the effect is usually temporary. For more information about Botox injections, ask your orthoptist or eye doctor, or see our 'Botulinum toxin (Botox) injection for a squint' factsheet: www.uhs.nhs.uk/for-patients/patient-information-leaflets

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.

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Contact us

If you have any questions or concerns, please contact us.

Orthoptic department

Telephone: **023 8120 4789** (Monday to Friday, 8.30am to 5pm)

Useful links

www.squintclinic.com

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