

After the surgery

Your child will be very drowsy and may wish to sleep for some time. Their eye (s) may feel quite sore and they may find it uncomfortable to open their eyes. The white of the eye will be red and there may be some blood-stained tears.

Once your child is awake they will be given something to eat and drink. The nurse or doctor will re-assess them prior to discharge and discuss any pain relief they may need

You will be given eye drops to put in at home, it is very important to use these as instructed to prevent infection.

The eyelids can become sticky and crusted around the lashes, in this case they will need bathing. Use boiling water, which has cooled, and using clean cotton wool/pads gently cleanse the eyelids.

A follow-up appointment will be made for your child one week after their surgery. They will see the orthoptist at either Royal Blackburn Hospital or Burnley General Hospital for their squint to be assessed. If needed a doctor may check the healing of the eye

Once at home

Initially your child may be tired and irritable, or may sleep for long periods of time, this is normal. There is no harm in your child watching television or playing on the computer but they may experience blurred or double vision initially. If your child normally wears glasses encourage them to wear them as soon as possible after the surgery. If your child normally wears a patch you should not restart this until advised by the orthoptist.

Your child can normally get back to school after one week.

For the first four weeks your child should not go swimming, play contact sports, go into windy/sandy areas or wear any eye makeup/face paints.

If at any point you have any further questions or you are concerned please do not hesitate to contact us.

Ward 6 (eye ward) at Burnley General Hospital – 01282 804006

Orthoptist at Burnley General Hospital – 01282 804143

Orthoptist at Royal Blackburn Hospital – 01254 734653

Squint Surgery in Children

Orthoptic Department

Patient Information Leaflet

This leaflet aims to answer some of the questions you may have about your child's squint surgery. The leaflet does not cover everything as every patient and squint are different. Your consultant and the orthoptist will discuss your child's particular case with you. Please ask a member of staff about any aspect of your child's treatment you want to be made clear.

What is a squint?

Squint is a common name for 'strabismus' which is a medical term to describe that the eyes are not pointing in the same direction.

The squint may be present all or some of the time. It may be in one eye only or swap between the two eyes.

The aim of the surgery is to put the eyes into a straighter position.

Surgery does not affect the need for glasses, these will still be needed after surgery. The surgeon will correct the amount of squint present with the glasses on.

If your child has poor vision in one eye (lazy eye or amblyopia) surgery will not improve this.

Pre-operative assessment

Once a date for surgery has been offered, your child will be sent an appointment for an orthoptic pre-operative assessment, to confirm the size of the squint. This will normally be at Burnley General Hospital or the Royal Blackburn Hospital.

They will also receive an appointment for a medical pre-operative assessment at Burnley General Hospital to ensure they are well enough for the surgery.

They must attend both pre-op appointments before the surgery can go ahead. Please bring any glasses your child has been prescribed.

On the day of surgery

Your child must not eat or drink anything after midnight if they are to be admitted into hospital early the next day or from 7.30am the same day if they are to be admitted in the afternoon.

This is because they will need a general anaesthetic and will be asleep during the procedure.

What happens during the surgery?

There are six different muscles attached to the eyeball and the surgery will involve adjusting the balance of these muscles. The muscles are hidden under the conjunctiva (white of the eye) so a cut will be made in this to expose the muscle. The position of the muscles will then be altered as appropriate.

The surgery is often carried out on the squinting eye but may be done on the other eye or both eyes depending on the surgery necessary. This will have been discussed with you at the time of consent. The surgery normally takes up to 60 minutes although the total time in theatre may be longer because of the anaesthetic time.

Normally your child will go home on the same day.

Benefits of surgery

To improve the appearance of the eyes by making the squint less obvious.

To improve the way the eyes work together.

To relieve/reduce double vision.

To reduce any abnormal head posture.

Possible risks and complications of squint surgery

As with any operation, squint surgery carries a risk of complications. The most common complications are explained below:

As results of squint surgery are not always predictable it is possible the squint may not be corrected enough or may be corrected too much causing the eye to turn the other way. These problems may require another operation. The consultant will discuss this with you before you give consent to surgery.

Sometimes people have double vision as the brain adjusts to the new position of the eyes. This is common and almost always temporary but if persistent further management may be required.

There is a small risk of post-operative infection which may require further treatment.

Post-Operative Recovery

There will be a period of post-operative recovery.

Any soreness has usually resolved by around one week. The redness will last a few weeks, occasionally the eye doesn't completely return to its normal colour and a visible scar may remain. This is more common after repeated operations. Rarely the dissolvable stitches can become inflamed and cause a lump to form, this may require further treatment.

All eye surgery carries a very small risk of making the situation worse or damaging the sight in the eye. This may require further urgent surgery. This is most unlikely but must be taken into account when considering an operation.

If you are concerned about any of these complications please discuss this with the surgeon, prior to surgery.