

Squint surgery or eye muscle surgery to adjust eye position (children)

Ophthalmology

Information for Parents

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This leaflet aims to provide you with more information about your child's squint operation. The leaflet does not cover everything, as every patient is different. Your consultant and the orthoptist will discuss your child's particular case with you.

What is a squint?

A squint is when one eye is not pointing in the same direction as the other one. The eye may turn in any direction, but most often turns inwards (towards the nose), or outwards (towards the ear). This can happen all of the time, or it may come and go.

What are the aims of squint surgery?

- The most common aim of surgery is to make your child's eyes straighter (improve the alignment). This is done by operating on the muscles that control the movement of the eyes.
- In some cases surgery may be done to reduce symptoms of double vision, or to improve the way in which the two eyes work together.
- Occasionally surgery may be done to improve your child's head position, when they are having to hold their head at a particular angle, usually because of abnormal eye movements or wobbly eyes (nystagmus).

The aim in your child's specific case will be discussed with you in more detail before the operation.

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

Please note, squint surgery **does not**:

- improve how clearly your child sees.
- treat poor vision in a lazy (amblyopic) eye. A lazy eye is usually treated with patching therapy. Your child may have already had this and **may still need it after squint surgery**.
- change your child's glasses prescription. There may be occasions, however, where we do adjust the strength of the glasses after the eyes have settled down in order to achieve the best result.

What are the risks involved in squint surgery?

As with any operation, there is a risk of complications during or after squint surgery. The likelihood of the various complications depends largely on the type of squint your child has. Your child's orthoptist and/or their surgeon will discuss these in more detail before the operation.

The risk of damage to your child's sight is very low, as the operation is done on muscles which are on the surface of the eye. Squint surgery is not done inside the eye.

In most cases the position (alignment) of the eyes will improve after surgery. However, there may still be a small squint or the eye could turn the opposite direction.

The most common complications are:

- Need for further surgery - for some children, more than 1 operation may be needed to get the best result.
- Double vision - this usually goes away by itself after a few days to a few weeks. If it continues then further treatment may be necessary.
- Persistent redness or visible scarring. It is normal for the eye to be red after surgery, but occasionally this can last longer than expected, especially if this is not the first squint operation your child has had.
- Infection - this is uncommon, but if it occurs it may need treating with antibiotics.

More serious complications are very rare, but include:

- Damage to the eyeball (which can cause varying degrees of sight-loss),
- A slipped or lost muscle, which happens if the very elastic eye muscle moves from its new position or springs back in the eye socket (which then needs further surgery),
- Reactions to the general anaesthetic.

What happens before the surgery?

Before your child's surgery date you will be asked to come for a pre-operative assessment.

Your child will be assessed by the Children's Assessment Team. The nurse will ask about your child's general health and their medical history, and make sure that they are fit for a general anaesthetic. They will also give you information about what to expect on the day, what to bring with you, and advise you about the latest time your child can eat and drink and when to take any regular medication that they may be on.

If necessary, you will also see an orthoptist. Along with other tests, the orthoptist will be measuring your size of your child's squint, to make sure their eye condition is stable.

This appointment will also be an opportunity for you and your child to ask any questions you may have and for us to explain anything that you are not sure about.

We try to do as much of this as possible on the same day, however it is sometimes necessary for you to attend more than once. Sometimes the nursing assessment is done over the telephone.

What will happen on the day of my child's operation?

All children are asked to arrive at the same time, usually early morning. This is so that the surgical team can see them all before beginning their surgery lists. This is a good time to ask any last minute questions you or your child may have.

A **children's nurse** will explain to you what is going to happen and will check your child's weight, temperature, pulse and breathing. The nurse will put some cream onto the back of your child's hands and cover it with a dressing. This numbs the area where the anaesthetic is injected.

The **anaesthetist** will check your child's health and will explain about the anaesthetic. Squint surgery is done under a general anaesthetic, meaning that your child will be asleep throughout the procedure. The anaesthetic is given either by an injection into the back of the hand 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.

You will see the **eye surgeon**, who will answer any questions you or your child may have, make sure that you understand what is going to be done and confirm your consent to the operation.

Shortly before going to the operating theatre, the nurse will give you a theatre gown for your child to change into. Then your child will be taken to theatre and given the anaesthetic.

Your child will be cared for by a surgical team: the surgeon, the anaesthetist, nurses, theatre staff and ward staff. As we are a teaching hospital there may also be trainees and medical students present.

The operation usually takes between 1 and 2 hours (including anaesthetic time) depending on the procedure being done. The surgeon will be able to tell you approximately how long it will take.

Please note, your child's eye is NOT taken out during surgery.

When the operation is finished, your child will be taken to the recovery room and monitored as they wake up from the anaesthetic.

Can I stay with my child?

We encourage 1 parent or carer to be with their child on the ward for the day. You can go with your child to the anaesthetic room and can usually stay until they are asleep if you wish to.

Once your child is asleep and the anaesthetist asks you to leave, please do so. This allows the team to focus solely on your child and to ensure your child's safety.

While the operation is being performed, the nurse will ask you to wait on the ward or to go for a break. After the operation the nurse will take you to the recovery room so you are there as your child is waking up.

When can my child go home?

You will be able to go home 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 4 and 6 hours after the operation. However if your child is feeling unwell or is not able to keep fluids down then they may need to stay overnight, so it is a good idea to come prepared for this possibility. If this is necessary then 1 parent can stay with the child.

Once home your child can eat and drink as normal.

What should I expect after my child's operation?

It is normal for your child's eye(s) to be very red after surgery. This will gradually improve and is generally a lot better after a few weeks, though it can take several months for the eye to fully recover.

Some pain after surgery is normal. Please make sure that you have some pain relief medication suitable for your child (paracetamol and ibuprofen) ready to use when you get home. Use this regularly as advised by the doctor. At first your child may be tired and irritable, or may sleep for long periods of time, but this is normal. It is advisable for your child to rest for the first 24 hours.

The eyelids can become sticky and crusted around the lashes, in which case they will need bathing. Use clean cotton wool soaked in cooled, boiled water to gently clean the eyelids.

Your child will have to have eye drops or ointment put in their eyes after the surgery, usually for 2 to 4 weeks. These are to reduce the inflammation and the risk of infection. You will be shown how to use these before you leave the hospital.

If your child wears glasses these should be worn as soon as possible after surgery.

If your child has been having patching treatment, then leave this until you are advised to re-start.

There is no harm in your child watching television, playing on the computer or reading, although it is best to vary activities rather than spend long periods of time doing the same thing. They may complain of blurred or double vision at first. This should settle down in the first few days. If it does not please contact the eye clinic for advice.

Your child will be seen again in the out-patient clinic usually within about 2 weeks of the surgery, depending on the consultant and when the surgery was. This will be arranged for you before you leave the ward.

Does my child need to avoid anything after surgery?

Avoid all of the following for 4 to 6 weeks:

- activities such as swimming, contact sports, gymnastics or trampolining,
- environments that are windy, dusty or sandy,
- the use of eye make-up, face paints or contact lenses.

If your child is returning to school soon after the surgery please tell the class teacher that they have had eye surgery. For the first week, younger children should avoid going out at playtime and if they do go out then they should be very closely monitored by staff. This is to avoid injury to the operated eye(s).

Your child's hair should not be washed for 2 days. If possible wash your child's hair with their head tilted backwards and try to ensure that no soap or shampoo enters the eye for the first 2 weeks.

When can my child go back to school/nursery?

Most children are well enough to go back to school after 1 or 2 days, so long as precautions are taken at playtimes (as mentioned above), however you may wish to keep them home for longer. In some cases the consultant may recommend longer. This can be anything up to 7 days, but this will be discussed with you before you go home.

Contact Us

Although problems after squint surgery are uncommon, if you are concerned about anything after your child's operation then you can discuss this with your GP.

You can also contact:

The Orthoptic Department: 0116 258 5277 (Monday to Friday, 8.30 am to 4.45 pm)

The Emergency Eye Department: 0116 2586273 (Monday to Friday 8.00am to 4.30pm, Saturday and Sunday 8.30am to 12.00midday)

Out of these hours you can contact the main Emergency department through the hospital switchboard: 0300 3031573 or call 111

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل

જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।

Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

Previous reference:

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email equality@uhl-tr.nhs.uk



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