

Patient information

Adult squints and surgery

What is a squint?

A squint is a misalignment of the two eyes so that they do not point together towards the same object. An eye may turn in (convergent squint) or turn out (divergent squint). Occasionally one eye may be higher or lower than the other (vertical squint). The squint may be constant (present at all times) or occur only intermittently.

If the eyes are not looking in the same direction then they are sending different signals to the brain and this can cause double vision.

Why do squints develop?

A squint can develop for a number of different reasons:

- Poor vision in the eye can stop the brain being able to use the eyes together. This occurs in adults who have had a squint as a child
- Damage to the nerves controlling the muscles
- Damage to the muscles controlling the eye
- Poor development or damage to the eye muscle control centres in the brain

Why is diagnosis important?

A large squint can be a cosmetic problem. It can also cause double vision, which can be very disabling. Double vision may also mean that you cannot drive.

Can squints be treated?

You will be assessed by an orthoptist who is specialised in the diagnosis and management of squints and eye movement disorders.

A full assessment of your eyes and vision will be carried out and the cause of the squint determined. If the squint is intermittent then it will be necessary to watch and document any change. It may be possible to treat the squint with glasses, prisms or exercises. If these do not work then it may be that we need to consider doing an operation. The aim of surgery is to improve the appearance of the squint by reducing the size. It may also enable the eyes to work together better which helps your 3-D vision and long-term ability to keep the eyes straight. In some cases, it may relieve double vision.

If I need an operation, what happens next?

The angle of the squint is measured and the movement of each affected muscle needs to be assessed. The amount the eyes are working together is also assessed. The details of the operation will be discussed with you and you will then be asked to sign a consent form to say that you understand the type of operation that is going to be performed and any associated risks. You will also have a nursing and medical assessment with one of our specialised nurses.

What are the risks?

Although most squint operations successfully straighten the eyes, all surgery carries risks and squint surgery is no exception.

- There may be some temporary bruising on the eye which can make it look red.
- There may be under or overcorrection of the squint.
- You may get some double vision although this often settles
- Loss of vision is **very** rare. It may be caused by bleeding inside the eye or infection.

The result of squint surgery is not completely predictable as the healing and the brain-eye coordination are variable. If the eye is not quite straight after the operation it should settle by the three-month post-operative appointment. If it does not then we may need to do a further operation to improve the position of the eye/s.

What happens during an operation for squint?

There are six muscles that move each eye. The muscles are attached to the surface of each eye, under the white of the eye. By moving the position of a muscle, it can be weakened or strengthened to straighten the eye. The muscle is reattached to the eye using stitches which dissolve in about six to eight weeks and which do not usually need to be removed. Stitches may also be needed 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 occasionally need to be removed. The operation is on surface of the eye and the eye is **not** taken out.

Often two eye muscles need to be operated on to correct a squint and the operation may need to be on one or both eyes. Your eye doctor will advise you on the best option for you.

The operation is done under a general anaesthetic. This means that you are not aware of anything during the operation.

Adjustable stitches?

In some adults who have squint surgery a better surgical outcome may be achieved by using adjustable stitches. The doctor will tell you if this is an option. The operation is performed under general anaesthetic and the stitches are tied in a bow at the end of the operation. You are then woken up and the eyes position measured. If the eye position has not been altered enough we can tighten up the bow to adjust the position, using some drops to numb the eye. This makes the operation more precise, especially, when there has already been previous surgery.

What happens on the day of surgery?

You will be seen by the anaesthetist who will discuss with you the anaesthetic. This will be a general anaesthetic so you will be asleep during the operation. One or both eyes are operated on and the muscles will be either weakened or strengthened. Your eye position may not be exactly right after one operation and sometimes a second operation is necessary.

What happens after surgery?

You can go home once you have woken up properly; this is usually 2 - 4 hours after the operation. The eye will feel gritty for around 3 - 5 days following surgery. The eye may well look pink after surgery for up to 2 - 3 weeks and you will be asked to use eye drops for this length of time. A nurse will discuss with you who will put the drops in

your eyes at your pre-assessment appointment a couple of weeks before the surgery. A clinic appointment will have been made for a few weeks after the operation to check things are healing well and the eye position has improved. The exact position of the eyes will be fully assessed at a follow-up 3 months after the operation.

Any problems?

Please contact the eye clinic on 01284 713815.

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the website for AccessAble (formerly DisabledGo)

<https://www.accessable.co.uk>



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