

Adult squint surgery

This leaflet aims to give you important information about your squint surgery. If there is anything you don't understand, or if you have any questions or concerns, please speak to your doctor, nurse or orthoptist (eye specialist).

What is a squint?

A squint is a condition where one eye turns inwards, outwards, upwards or downwards while the other eye looks forwards. The misalignment of the eye is caused by an incorrect balance of the eye muscles. The medical name is 'strabismus'.

What causes a squint?

Squints are very common and can be caused by:

- Hereditary factors; parents who squint are more likely to have children who squint
- Being long sighted
- Having different refractive errors in each eye
- Being born prematurely
- Birth trauma
- Illness, e.g. high temperature and infections
- Syndromes, e.g., Down's
- Injuries, e.g. head injury

How does squint surgery work?

Surgery involves moving the muscles attached to the outside of the eye to a new position. It may be necessary to operate on both eyes to balance them, even if the squint is only in one eye. The operation is carried out under a general anaesthetic (you are asleep) and is normally a day case procedure (you go home the same day) Sometimes, your eye doctor may recommend that you have adjustable stitch squint surgery, where we will reassess the position of your eyes immediately after surgery before tying the stitches firmly into position.

What are the benefits of having surgery?

- To help the eyes to work together
- To relieve diplopia (double vision)
- To improve the alignment of the eyes (and therefore their appearance)

Please note that squint surgery is not intended to alter the ability of the eye to see.

What are the risks of surgery?

- Most eyes will be straighter after surgery. In some cases, a secondary procedure may be required to get the best cosmetic result.
- Infection is a rare occurrence.
- Double vision may occur, but this usually gets better after a week or so.
- The eye can be uncomfortable after surgery and regular pain relief is advisable for the first 3-4 days after the operation, following the recommended dosage. It is a good idea to stock up on your regular painkillers before your procedure.
- Red eye (sub-conjunctival haemorrhage) is very common after squint surgery. This can take up to three weeks or longer to get better but has no bearing on the success of the operation.
- There is a slight risk of injury to the eyeball with this procedure, but it is very rare.

Types of squint surgery

There are two kinds of squint surgeries – non-adjustable and adjustable.

Non-adjustable surgery: Squint surgery is usually carried out under general anaesthetic and generally takes up to an hour, depending on the number of muscles that need surgery. When you have recovered from the anaesthetic and the nurses are happy for you to be discharged, you are free to go home, which will usually be a few hours later.

Adjustable surgery: Squint surgery using an adjustable stitch may give a better result in certain types of squint, for example, for patients who have had a squint operation before, those at higher risk of developing double vision after their surgery, or those with a squint due to injury or thyroid eye problems. However, the redness in the eye often takes a little longer to settle down after adjustable surgery.

- **Part 1: The main operation:** The main part of the operation is carried out in the operating theatre, usually under general anaesthetic (with you asleep).
- **Part 2: Adjusting the stitch:** The final position of the muscles is adjusted once you have woken up from the anaesthetic, and are able to look at a target. If you wear glasses for distance or near vision, please bring these with you for this part of the operation.

Adjustment is usually done on the ward, after anaesthetic drops have been put into your eye to take away any pain. However, you may feel some pressure or discomfort temporarily as the stitch is adjusted.

Are there any alternative treatments?

Most squints are treated as soon as possible (during childhood) to improve the chances of successful treatment.

Common treatments include glasses and eye exercises.

Some squints may benefit from an injection of botulinum toxin (Botox) into one of the eye muscles. However, the effect of this is usually temporary, and as such, is often only used to help plan for squint surgery. For some patients who have had previous squint surgery, it may not be possible to have more operations, and you may benefit from having repeat Botox injections instead. If these have been tried and have not worked, then surgery may be the only option.

Treatment before the operation

Before squint surgery, you will have an orthoptic assessment to monitor eye muscle movement and help the surgeon plan the surgery. You will also have a pre-operative assessment to check your fitness for surgery and to address any specific questions related to the operation and aftercare.

What happens on the day of surgery?

As the operation is done under a general anaesthetic, you will be advised of the fasting period before your admission and whether to take any medications you may be taking for other health conditions.

You will need to arrive at the eye unit by 7.30am for morning surgery or midday for afternoon surgery, in order to see the anaesthetist and the surgeon. They will talk to you about the operation and make sure you are fit for the general anaesthetic. If you are happy to go ahead with surgery, we will ask you to sign your consent form.

Going to the operating theatre

You will be asked to remove your clothing apart from your underpants and to wear an operating gown.

You are advised not to wear make-up or metal hair clips or grips on the day of surgery.

The operation takes between 40-60 minutes to perform, although the time you spend in the operating department will depend on the time it takes to anaesthetise you and for you to wake up afterwards. This can vary between individual patients. You will be wearing a pad over the eye following the operation.

What to expect after the operation

It is normal for most adult patients to be discharged from the hospital on the same day as their surgery.

Your eye will be covered with an eye pad and plastic shield, and this usually remains in place until the following morning. When this pad is removed, it is likely

to be blood-stained. Your eye may be bloodshot and sore after the operation and may weep blood-stained tears for a few days. Do not worry as this is entirely normal.

You will be asked to use eye drops or eye ointment for up to two weeks after the operation. The drops are antibiotic and anti-inflammatory drops to prevent infection, reduce swelling and relieve pain. You will be shown how to use these drops before you leave the ward. Putting in eye drops/ointment in the operated eye usually begins the morning after the operation.

Our Orthoptic Team will arrange your follow up appointment in the outpatient clinic for around two weeks after your surgery. If you do not receive an appointment, please contact the Orthoptic Department on 0118 322 7681 (Reading) or email rbb-tr.cat2@nhs.net or 0300 6146431 (Windsor) or email rbb-tr.cat2a@nhs.net.

Aftercare advice

- Always wash your hands before and after cleaning your eye or putting eye drops in.
- Regular painkillers such as paracetamol are recommended for 3-4 days after the operation. Follow the dosage instructions on the packet.
- Please do not rub or cover the eye, as this may loosen the stitches or cause an eye infection.
- If your eye is sticky, use cooled boiled water and a clean cosmetic pad to bathe it. If both eyes were operated on, use a different pad for each eye.
- Use eye drops or ointments as instructed.
- Please remember, in the first few days after surgery, your tears may be blood-stained.
- Your eye may appear red or pink for several weeks – this is normal.
- If you experience severe pain, a heavy pus discharge or marked loss of vision, please contact us as soon as possible (numbers at the end of this leaflet) or go to Eye Casualty or the Emergency Department, immediately
- Avoid wearing contact lenses in the operated eye(s) until you are advised it is safe to do so by your doctor or orthoptist.
- Continue using glasses if you have them.
- Please attend your post-operative (follow-up) clinic appointment.

Resuming activities

- You should be able to return to work after about a week.
- Avoid vigorous sports and swimming for up to one month after the operation.
- Do not sign any legal documents or drive for 48 hours after a general anaesthetic.

- Do not drive if you have double vision.
- Follow any advice given to you by the orthoptist.
- You should return to wearing your glasses as soon as possible, unless advised otherwise by your orthoptist.
- It is safe to use your eyes for visual tasks such as reading and watching TV.

Follow-up

You will normally be reviewed in the outpatient clinic around two weeks after your operation. This review will be with the Orthoptic Team. The surgeon will be on hand in clinic if there are any problems or concerns.

If you have a problem...

If you have a minor eye problem, please seek advice from your GP, optician or pharmacist. If urgent, please attend Eye Casualty or call 111.

Eye Casualty (Reading):	Mon-Fri 9am to 5pm; Sat & Sun & bank holidays 9am-12.30pm; Closed Christmas Day and New Year's Day.
Eye Casualty: Prince Charles Eye Unit (Windsor):	Mon-Fri 9am to 5pm; Sat 9am-12.30pm; Closed Sun & bank holidays.
Dorrell Ward (Reading):	0118 322 7172 (24 hours a day)
Eye Day Unit (Reading):	0118 322 7123 (Mon-Fri 7am to 6pm)
Eye Day Unit (PCEU Windsor)	01753 636496 Mon-Fri 7am to 6pm)

Contact us

If you have any questions please ring 0118 322 7683 or 0118 322 7681 Monday to Friday between 8.30am and 4.30pm.

Orthoptic Department, Level 2 Eye Block, Royal Berkshire Hospital

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

RBFT Ophthalmology/Orthoptic Department, July 2023.

Next review due: July 2025