NHS
Royal Berkshire
NHS Foundation Trust

Squint surgery

This leaflet aims to answer some of the questions that you or your child may have about their operation. You will also have an opportunity to discuss any further queries or concerns with hospital staff on admission.

Important information

A general anaesthetic requires your child that has not eaten beforehand.

Morning admission:

- Last food: 2.30am
- Breastfeed: 4.30am
- Water or weak squash until 7.30am

Afternoon admission:

- Last food: 7.30am
- Breastfeed: 9.30am
- Water or weak squash until 12.30pm

Please be aware that milk and chewing gum is considered food.

If these instructions aren't followed, your child's procedure may be delayed or cancelled.

What is a squint?

A squint is the medical term for an eye that either turns in, out, up or down. The squint may be present all or part of the time and can exist in one eye only or can alternate between the two eyes.

Is there an alternative to surgery?

Your doctor will have discussed other forms of treatment with you – these include lenses, vision therapy and using eye patches.

How is squint surgery performed?

Squint surgery is carried out under a general anaesthetic (your child is asleep). It involves adjusting the relevant eye muscles, so the position of the eye is straighter.
Your child will be away from the ward for approximately two hours.

What are the risks of the procedure?

The risks of this kind of surgery are: over/under correction; infection; bleeding; double vision; loss of muscle attachment; and the need for further surgery. Most of these side effects are treatable and, therefore, there is a very low chance of a lasting problem as a result.

Every anaesthetic carries a risk, but this is small. The anaesthetic will be given by an anaesthetist (a specially trained doctor). After having an anaesthetic, some children may feel sick or vomit but are given anti-sickness medicines during the procedure to help with this. They may have a headache, sore throat, feel dizzy or be upset. These side effects are usually not severe and are short-lived.

What shall I bring to hospital?

It may reassure your child if they can bring a familiar toy from home. A play specialist may be involved in your child's care, and they will be able to provide a range of suitable toys and activities. A hospital gown will be provided to wear to theatre. However, children may want to bring their own nightwear, slippers and dressing gown to change into afterwards.

What happens on admission?

The surgeon will explain the procedure to you on the ward, and can discuss any worries that you may have. An anaesthetist will also visit you to explain the anaesthetic. If your child has any medical problems, for instance, allergies, please tell the surgeon and anaesthetist about these.
Your child may also have 'magic cream' (LMX4) local anaesthetic applied to the back of their hands so that the anaesthetic injection will be less painful. One parent/carer will be able to accompany your child to the anaesthetic room and stay with them until they are asleep.

What happens after the operation?

After your child has had their operation, they will be taken into the recovery room to wake up. Once they are sufficiently recovered, you may be able to accompany the nurse to collect them and bring them back to the ward. Children are given pain relief before their operation. If necessary, further pain relief will be given on the ward.
It is possible that your child may vomit following surgery – medicine can be given if vomiting persists. Following the surgery, the affected eye may look rather red, and some children have the tendency the rub the eye. This should be discouraged.

When can we go home?

Your child may go home later the same day providing both you and the staff are happy that they have recovered sufficiently. Your child should be awake and comfortable, and must have had something to eat and drink before we will let them go home.

Advice following squint surgery

- Use the prescribed eye drops as instructed, as this will ensure healing and prevent infections.
- Wash your hands thoroughly before and after using drops.
- Clean the eye with cooled, boiled water and clean cotton wool.
- Pain – take Paracetamol (Calpol) and Ibuprofen (Calprofen) as required; follow the dosage on the bottle. You will be advised what time you can first give it after the surgery.
- If the eye becomes very sticky, please contact the Eye Casualty or Kempton Day Bed Unit. The telephone numbers are at the end of this leaflet.
- Do not let your child rub their eye.
- Do not let your child swim for 4 weeks

- Your child may return to school after 1 week.
- Please keep your child's eye appointments.

If you have any further questions, please contact either:

Pre-clerking nurse:	0118 322 7518
Kempton Day Bed Unit:	0118 322 7512
The Paediatric Unit:	0118 322 8075
Eye Casualty (Triage Nurse)	0118 322 8855

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 Orthoptic Department / Paediatrics, November 2026
Next review due: November 2028