



Royal Berkshire
NHS Foundation Trust

Squint surgery

Information for patients

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 or nurse.

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 premature.
- Birth trauma.
- Illness e.g. high temperature & 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).

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 in adults, 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 optimum 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 so it is a good idea to stock up on your regular painkillers, following the recommended dosage.

- Red eye (sub-conjunctival haemorrhage) is very common after squint surgery. This can take up to three weeks or longer to resolve, but has no bearing on the success of the operation.
- There is a slight risk of injury to the eye ball with this procedure but it is very rare.

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, wearing patches and eye exercises.

However, 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 on 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 performed with a general anaesthetic you will be advised of the fasting period before your admission and whether to take any medications you may already be prescribed for other health conditions.

You will need to arrive on 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, you will be asked 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. Most patients are also given anti-clot stockings to wear for the duration of the operation and recovery period. These help reduce the risk of blood clots or deep vein thromboses (DVT) forming in your legs whilst you are in hospital and less active than normal.

Women are advised to not wear makeup 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 greatly between individual patients.

Occasionally, your eye is padded at the time of the operation. When this pad is removed it is likely to be blood stained. Your eye may weep blood stained tears for a couple of days and this is considered entirely normal.

What to expect after the operation

It is normal for most adult patients to be discharged from the hospital on the same day depending on recovery from general anaesthetic.

Your eye will be covered with an eye pad and plastic shield, and this usually remains in place until the following morning. Your eye may be bloodshot and sore after the operation.

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 following morning after the operation.

Our orthoptic team will arrange your follow up appointment in the outpatient clinic for approximately two weeks following your surgery. If you do not have an appointment, please contact the Orthoptic Department on 0118 322 7681 (Reading) or 01753 636431 (Windsor).

Aftercare advice

- Always wash your hands before and after cleaning your eye or applying medications to your eye.
- 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.
- If your eye is sticky, use cooled boiled water and a clean cosmetic pad to bathe it
- 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, please contact us as soon as possible (numbers on next page).

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.
- Ask your surgeon when you can drive again. You should 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.

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.

Contacting us

If you have got a minor eye problem, please seek advice from your GP, optician or pharmacist. If you think your problem might be urgent, please attend Eye Casualty.

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)

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