

Adult Squint Surgery – Information for Patients

This leaflet explains what is involved and details the benefits and risks of having squint surgery.



Eye Muscles

What is a squint?

A squint is where the eyes are not looking in the same direction and are out of alignment with each other. The squint can be there all the time or just some of the time, such as when eyes are tired. An eye may turn in (convergent squint) or out (divergent squint) or one eye can be higher or lower than the other (vertical squint). A squint might be in one eye or swap between the two eyes.

What is squint surgery?

Squint surgery is an operation that tightens or moves one or more muscles on the coat of the eye (the sclera) to help change the position of the eyes. The eye is never removed from the socket during surgery.

What are the benefits of squint surgery?

The surgery is carried out for different reasons. In some people who have double vision it will eliminate, reduce or move the field of double vision. It may improve the appearance of the eyes by making the squint look less obvious. It may allow the eyes to work together better and in some it may reduce a compensatory head posture.

Are there any alternatives to surgery?

Alternatives are available in some cases such as prisms in glasses, regular Botulinum Toxin injections or use of a patch or contact lens to block the vision in one eye. It is also an option to do nothing and have no intervention.

Information for Patients

Before surgery

You will receive two appointments:

1. For a pre-operative assessment to ensure you are fit for surgery under general anaesthetic.
2. To see the Orthoptist for a final check of your squint.

It is very important that you attend these appointments as surgery cannot go ahead without these assessments.

The squint surgery

The surgery is performed in two parts:

First part of surgery

The operation to move the eye muscles is usually performed under a general anaesthetic. Please ensure you have received instructions about food, drink & arrival time & that you have understood them, as they are essential for your safety. The operation takes from 20 minutes to 1 hour depending on how many muscles need to be moved and whether you have had previous surgery. The operation is performed using very fine instruments and tiny stitches (sutures).

Second part of surgery: the adjustment

In some cases we will perform an adjustment to fine tune the surgery. This is under local anaesthetic after the first part of the main surgery. Local anaesthetic means you are awake and you will be given anaesthetic drops to numb the eyeball. The anaesthetic means you will not feel pain. In this part the stitches will be relaxed, tightened or just tied off.

Please make sure you bring your glasses as they will be required for the adjustment.

After the surgery and adjustment

The majority of patients will go home the same day. Your eye(s) will be bloodshot and may feel a little sore but most patients do not complain of much pain. Simple painkillers like Paracetamol usually help to ease any pain or discomfort. You are advised to rest and not exert yourself. The redness will gradually reduce over the next few weeks.

Despite having a major operation on your eye you will probably feel quite well. It is therefore important to remember to be sensible and to rest.

It is normal for the vision to be blurred for about 24 hours after the operation. It is normal for the eye to feel gritty and a little sore for several weeks after the operation.

You do not need the stitches removed as they gradually dissolve after 6 – 8 weeks. You will be given eye drops to take home. The eye may be a little sensitive to light.

You will be invited for a follow-up appointment about 2 weeks after surgery to review the results.

What are the risks?

Some people may require more than one procedure to achieve the results required.

Risks include:

- **Under or overcorrection:** This might improve with time. It takes up to six months for the results of the operation to become stable. Further treatment may be necessary or it might not be possible to have straight eyes.
- **Double vision:** This may occur as the brain adjusts to the new position of the eyes. This often settles over days to weeks. If it is permanent other treatment may be necessary.
- **Scarring:** Every operation causes some amount of scarring. This will be noticeable over the white part of the eye. Most settle by 3 months. It is important to use the eye drops prescribed after the operation to reduce the chance of scarring.
- **Change in eyelid position:** This is not very common but if noticeable you may need lid surgery to correct the position.

Rare but serious risks:

- **Inflammation of the coat of the eye (scleritis).**
- **Lost or slipped muscle:** 0.09% or 1 patient per 1100. Rarely, one of the eye muscles might slip back from its new position during the operation or shortly afterwards. If this occurs, the eye is less able to move around and further surgery may be required. Sometimes it is not possible to correct this.
- **Needle penetration:** 0.1% or 1 patient per 1000. Antibiotic treatment is usually prescribed. Depending on the location of the hole, the sight could be affected.
- **Anterior segment ischaemia (reduced blood flow to front of eye)**
- **Loss of vision** is rare but can result from a detached retina or infection in the eye: 0.05% or 1 patient in 2000.

Sometimes there are other unexpected occurrences and this may require further surgery.

Following surgery:

- Try to read & watch television normally. Wear your glasses as previously advised.
- Do use your drops strictly as advised
- Do use boiled cooled water and cotton wool to clean any stickiness from the eyes.
- Do contact the Ophthalmology Department if your vision suddenly gets worse, if there is increased pain or discharge around the eye or if you are worried.

Things to avoid:

- Avoid rubbing or applying any pressure to the eye.
- Avoid getting fluid or dirt into the operated eye(s) and always wash your hands before putting in your drops.
- Avoid swimming for up to 4 weeks after surgery.
- Avoid using make-up in close proximity to the eye for 4 weeks.

Information for Patients

- Contact lenses should not be worn while the eye is red. This may be up to 8 weeks after surgery but varies from person to person.
- If you experience double vision after surgery, please do not drive or operate machinery. If it persists or worsens, please contact the department.

When can I go back to work?

Returning to work will depend on your occupation. Please discuss this with the surgeon or Orthoptist prior to surgery.

If you have any concerns post-operatively or queries about your surgery, please contact the Orthoptic clinic where you have previously been seen.

Appointments:		Nurses answer phone:	Orthoptic Office:
Heartlands	0121 424 0543	0121 424 1536	0121 424 0950
Solihull	0121 424 4463	0121 424 4456	0121 424 4450
Good Hope	0121 424 9651	0121 424 9533	0121 424 9677
Eye Casualty (City Hospital)			0121 507 6780

References / Sources:

Patient – Strabismus (Squint)

Severe complications of Strabismus surgery

Cochrane Database System rev: 2015 Nov 20;11:CD010868. Doi: 10.1002/14651858.CD010868.Pub2