



Irish College of Ophthalmologists

PATIENT INFORMATION LEAFLET

Strabismus (squint) Surgery



Irish College of
Ophthalmologists
Eye Doctors of Ireland
Protecting your Vision

Irish College of Ophthalmologists

www.eyedoctors.ie

[@eyedoctorsirl](https://twitter.com/eyedoctorsirl)

Name of Consultant: _____

Address: _____

Telephone: _____

Emergency contact details: _____

What is Strabismus?

Strabismus or squint is a misalignment of the eyes where they are pointed in different directions. The eyes may be directed towards each other (Esotropia) or away from each other (Exotropia). Another form of strabismus is where one eye is higher (Hypertropia) or lower than the other (Hypotropia). Strabismus may be constant or intermittent, be present at or soon after birth (congenital) or acquired later in life. It is important that strabismus is detected and treated in children under 8 years of age in order to prevent progression to amblyopia (reduced vision in a structurally normal eye). Strabismus also results in the loss of binocular vision whereby the two eyes do not work together and in the loss of depth perception.

Strabismus in adults is often the result of progressive, untreated or unsuccessfully treated childhood strabismus. It can also develop secondary to injury or illness. Adult patients with new onset strabismus will get diplopia (double vision).

What are the benefits of surgery?

Realigning or straightening of the eyes allows the eyes to work together again and sometimes restores depth perception. It also improves appearance. In the past, strabismus surgery in adults was often considered to be cosmetic however recent studies have shown that there are multiple benefits including expansion of the field of vision, recovery of depth perception, improved self esteem and improved reading, driving and communication skills.

What are the alternatives to surgery?

Treatment options include glasses, patching, prism glasses, botulinum toxin and surgery. In children, surgery is often offered when other treatment modalities such as patching and spectacle correction has not fully corrected the condition.

How is the surgery performed?

In most instances a general anaesthetic is required. General anaesthesia is very safe but in rare instances complications can occur.

Surgery on the eye muscles involves moving their position on the surface of the eye. There is no incision to the eyelid and the eyeball is not removed from the eye socket. The muscles are attached to the white surface of the eye called the sclera and are identified by rotating the eye.

What to expect in the days after surgery

The eye will be bloodshot and you may notice bright red blood on the white of the eye. Some blood may be seen in the tears or on the lashes for a few days. This is expected. The lashes may be gently wiped with a clean moist cloth. There is usually little or no pain with the surgery.

Risks include:

All surgeries have some inherent risk but in the majority of cases none occur.

1. **Severe infection or endophthalmitis** (1/30,000-1/185,000). This could result in partial or complete permanent loss of vision in the operated eye.
2. **Under or over correction.** This occurs secondary to many causes including different healing responses among individuals and different neural control over eye position. The brain controls eye position and some individuals have stronger "lock-in" mechanisms than others.
3. **Slipped or lost muscle** (1/4800). Rarely, a muscle may break or slip away from its new attachment on the ocular surface. This can result in an immediate large misalignment of the eye requiring early reoperation. Occasionally the muscle may slip gradually over the years requiring reoperation many years later.
4. **Need for further surgery.** Approximately 20%-30% of people undergoing strabismus surgery will require reoperation for under or over correction, slipped muscle or double vision.
5. **Double vision.** This is not an uncommon problem in adult patients and older children in the immediate postoperative period as the eyes adjust to their new eye position. It almost invariably goes away as the brain suppresses the second image. In occasional cases it does not disappear requiring the use of prism glasses or repeat surgery.
6. **Infection.** Most infections are mild requiring antibiotics only. Severe infections are extremely rare but should they occur can result in the loss of vision or even of an eye.
7. **Altered lid position.** This may occasionally occur with surgery on certain muscles especially if associated with thyroid eye disease.
8. **Scleral perforation.** In rare instances (0.4-1.8%) there may be damage to the eye with passage of a suture resulting in perforation of the eye wall. This rare event can result in a retinal tear or detachment (1/39,600) requiring further surgery. It is a serious complication which could result in partial or complete permanent loss of vision in the operated eye.
9. **Haemorrhage.** As with any surgery bleeding can occur. If this occurs on the surface of the eye, it is of no visual consequence and clears within days. Severe haemorrhage is rare but can potentially cause vision loss.
10. **Allergic reaction** to eye drops or suture material.
11. **Corneal abrasion.** This is a scratch on the surface of the eye which heals within a few days but may be painful.
12. **Prolonged ocular redness** can occur in patients who have had reoperation due to prior scar formation.
13. **Anaesthetic risks** including sudden death, anaphylactic shock and bleeding around the eye.

Patient responsibilities:

Contact the emergency number you have been given or attend the eye accident and emergency department if you experience any of the following:

- a. severe eye pain or headache
- b. sudden change of vision
- c. increasing redness or discharge
- d. sudden appearance of floaters, black spots or streaks or flashes of light

Care of your eye following discharge from hospital:

Do:

1. Leave the protective dressing / shield in place for the length of time advised by your doctor particularly the first night after surgery.
2. Use your prescribed eye medicines as directed for the duration advised.
3. Read, watch TV and carry out light daily activities.
4. Avoid touching or rubbing your eye.
5. Avoid strenuous activity and lifting heavy objects.
6. Avoid getting soap or shampoo into your eye.
7. Avoid wearing eye make-up for up to one week.
8. Call your eye doctor (ophthalmologist) right away if you notice any of the above listed symptoms.
9. Keep all follow up appointments.

Do not:

1. Sleep on the side of your operation for one week.
2. Rub, touch or knock your eye.
3. Swim for 4 weeks or until you are advised that it is safe to do so.
4. Take part in sport where your eye might be knocked for 2-4 weeks.
5. Return to work until advised by your doctor if your job is physically strenuous or you are at risk of being exposed to dust or liquid in your work place.
6. Drive until you are prescribed new glasses for driving if you do not have good driving sight in your other eye.
7. Drive if you are experiencing double vision.

Irish College of Ophthalmologists

The Irish College of Ophthalmologists (ICO) is the training and professional body for eye doctors in Ireland.

The ICO is dedicated to promoting and setting the highest standards of excellence and patient care in the practice of ophthalmology in Ireland. We do this by educating eye doctors in training, providing on-going education for eye doctors in practice, giving accurate medical advice to the public and policy guidance to the government.

For further information, visit www.eyedoctors.ie