

Squint Correction

Your child has been recommended to have an operation to correct a squint (strabismus). This leaflet explains the procedure and aims to answer the main questions you're likely to have. If you have any additional questions please feel free to discuss them with your child's doctor or nurse before the procedure.

What is squint correction?

A squint is where both eyes do not look in the same direction as each other (also known as lazy eye). In a squint correction, the muscles can be operated on to straighten the eyes.

What are the alternatives?

It may be possible to give your child some exercises to treat his or her squint and, in some cases, prescription glasses may encourage realignment of the eyes. Your child's doctor can discuss these options with you.

Preparing for your child's operation

If your child has a cold or infection in the week before the operation, please let us know. The operation may need to be postponed until your child has fully recovered.

Squint correction is usually done as a day-case procedure under general anaesthesia. This means your child will be asleep during the procedure. It also means he or she must not eat anything or drink milk for about six hours beforehand. Water can be drunk until two hours before the procedure.

When you arrive at the hospital, a nurse will measure your child's heart rate and blood pressure and ask you questions about his or her general health. You must tell the nurse if your child has any allergies or if there is any history of bleeding problems in the family. The surgeon and anaesthetist will also visit your child before the operation.

You will be asked to sign the consent form if you have parental responsibility for the child. People with parental responsibility are usually, but not invariably, the child's birth parents. Your child may wish to sign this form too. In some circumstances a child can sign their own consent form independently, providing he or she understands what they are being asked to do.

About the procedure

The surgery performed will depend on the type of squint that your child has. The surgeon will make small cuts a few millimetres from the cornea (the clear structure at the front of the eye) and assess the muscles around your child's eye. The muscles are then adjusted to correct the squint. If the muscle is too tight, it is detached from the eye and moved further back. If it is too weak, a section of the muscle is removed to tighten it.

What to expect afterwards

Your child will be monitored for a short while and then brought back to the ward to recover. He or she may be sleepy, and feel or be sick. It's possible that your child will be upset after their procedure. He or she will need to rest until the effects of the general anaesthetic have passed. When your child feels ready, he or she can begin to drink and eat, starting with clear fluids.

The surgeon will usually put special packs, soaked in icy water, on your child's eyes. It is likely that you will have to continue doing this at home for up to 36 hours. The surgeon will explain if this is necessary.

Most children are well enough to leave hospital three to four hours after the operation.

Recovering from the operation

Your child's eyes will be red and he or she may have some facial bruising. This will last for about two weeks. You may notice that the eyes are not in perfect alignment immediately after the operation because the eye muscles are swollen. This will settle down after a few weeks. Your child should carry on wearing their prescription glasses and follow any advice that the surgeon gives.

Pain relief

You can give your child over-the-counter painkillers such as paracetamol or ibuprofen syrup (eg Calpol or Calprofen). Follow the instructions in the patient information leaflet that comes with the medicine and ask your pharmacist for advice. Do not give aspirin to children under 16 years old.

Other medication

You will be given eye medication to put in your child's eye. Follow the instructions in the patient information and always remember to wash your hands before and after cleaning and treating your child's eye.

Eating and drinking

Your child should be able to eat and drink normally after the operation.

Stitches

The stitches will dissolve by themselves within approximately one to two weeks. Before they dissolve they may irritate your child and be uncomfortable. If this happens you can give your child an over-the-counter painkiller (see above).

For the first 24 hours after the operation, you should reduce your child's activities and keep them under adult supervision. He or she will be able to go back to school two or three days after the operation.

Follow-up

Your child will be seen again in the outpatient department, generally one to two weeks after the operation. This will be arranged by the nurse or the consultant's secretary.

What are the risks?

Squint correction is commonly performed and generally safe. However, in order to make an informed decision and give your consent, you need to be aware of the possible side-effects and the risk of complications of this procedure.

Side-effects

These are the unwanted, but mostly temporary effects of a successful procedure, for example feeling sick as a result of the general anaesthetic. Common side-effects of squint correction include discomfort, irritation from the stitches and watering and redness of the eye. Most of these symptoms usually resolve within a week or two.

Complications

This is when problems occur during or after the operation. Most children are not affected. The possible complications of any operation include an unexpected reaction to the anaesthetic or infection. Complications may require further treatment such as returning to theatre to stop bleeding, or antibiotics to treat an infection.

Specific complications from squint correction can include a scratch of the cornea (corneal abrasion). It is also possible that the squint could return.

Contact

With these, or any other concerns, contact Starfish Ward directly on +44 (0)20 7460 5991 and you will be able to speak to a paediatric nurse or a doctor.

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