



**Royal Victoria
Eye & Ear Hospital**

Squint

Information Booklet

WHAT IS A SQUINT?

A squint/cast/turn occurs when an eye turns inwards or outwards and stops working with the other eye. The eye may turn towards the nose (convergent squint) or outwards (divergent squint).

The incidence of squint is approximately 1.5% to 2% of population worldwide.

WHAT CAUSES A SQUINT?

In many cases the squint is caused by long sightedness and the child needs glasses. The effort made by the child to focus without glasses may cause the eye to turn inwards. In other cases there may be no obvious reason though there is often a history of wearing glasses and/or squint in the family.

WILL MY CHILD GROW OUT OF SQUINT?

No - but some squints improve, as the child gets older.

WILL MY CHILD NEED TREATMENT?

Treatment of children/adults with squint will include combinations of optical correction/patching and surgery. By using patches, and where glasses are necessary, the sight should improve in the squinting eye. For best results this form of treatment should be well under way before the child is seven years old. Some squints improve with glasses alone; others need surgery to straighten the eyes.



Convergent Squint



Divergent Squint

ARE ALL SQUINTS TREATED THE SAME?

No two squints should be compared. There are many different types of squints and therefore many treatment choices. Treatment will include combinations of optical correction, patching and surgery.

WHO WILL TREAT MY CHILD'S EYE?

Squints are treated by a team which is led by the Consultant Ophthalmologist and Optician. The Ophthalmologist (Eye Surgeon) will be responsible for your child's general eye care and will examine the eyes to ensure the eye is normal and will prescribe glasses where necessary.

The Orthoptist (a specialist in the treatment of squints and children's eye development) will monitor the development of sight and will advise you of any patching treatment. The Orthoptist may also advise on any exercises needed to help control the squint.

The Optician/Optomestrist will provide glasses and advise you when changes are needed.

HOW LONG DOES TREATMENT TAKE?

This varies from child to child. A good result is easier to achieve if treatment is started at an EARLY age.

WHAT IS A LAZY EYE?

A lazy eye or amblyopia occurs when the sight of one or both eyes is underdeveloped causing reduced vision.

WHAT CAUSES AMBLYOPIA?

A squint is the most common reason for one eye to be amblyopic but it can also occur when one eye is more longsighted or shortsighted than the other.

HOW DO WE TREAT AMBLYOPIA?

Amblyopia can be treated with glasses and or patching. Glasses help by letting the eye focus properly but patching may also be required. The amount of patching will vary from one child to another. The incidence of Amblyopia is approximately 2% - 4% of population worldwide.

HOW DOES THE PATCHING HELP MY CHILD'S SIGHT?

The sight will improve if the child uses the eye more since it is lack of proper use that has caused it to be lazy. By covering the good eye we force the lazy eye to gain visual experience. If the child needs glasses then those should be used at the same time as patching.

WHAT SHOULD MY CHILD DO WHEN WEARING THE PATCH?

Reading, drawing or playing with small toys are the best activities to encourage the eye to work harder. Your child may like to watch TV with the patch on but may need to sit closer to see properly. If your child's sight is very poor it is best to play with things that are big and bright so that they can be seen more easily.

HOW MUCH PATCHING WILL MY CHILD NEED?

This varies from child to child and depends on their age and how long the eye has been lazy.

DOES PATCHING REALLY WORK?

Patching will only work if your child wears the patch as instructed. If started at an early age, patching is usually successful. Patching will only help your child's lazy eye and will not improve the appearance of squint.

Squints are treated with glasses and/or surgery.

WILL IT GET BETTER ON ITS OWN?

No. If left untreated the child may have permanently damaged sight, which cannot be corrected when they are older.

IS THERE ANY TREATMENT OTHER THAN PATCHING?

All treatment for lazy eye involves covering the good eye to force the lazy eye to work harder. There are no operations to cure a lazy eye. Simply using the eye makes the sight improve. On occasions drops may be used to treat amblyopia/lazy eye.

HOW CAN I FIND OUT MORE ABOUT PATCHING?

Ask any of the eye care professionals involved with your child's treatment and they will be able to answer any specific questions you may have. The patch must be stuck onto the skin, not the glasses.

WHAT IS SQUINT SURGERY?

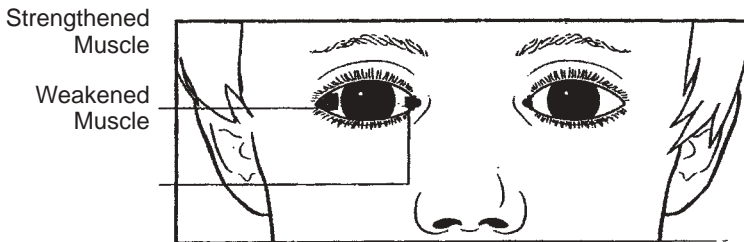
During surgery the muscles in the affected eye/eyes are adjusted surgically to make both eyes work together. Your child will be given a general anaesthetic (put to sleep) for this surgery. Your child can usually leave the hospital the same day/following day.

HOW IS THE OPERATION DONE?

During the operation the conjunctiva, the thin transparent layer that covers the white of the eye is lifted to reveal the muscles that control eye movement - one muscle is weakened by moving it towards the back of the eye and the other strengthened by shortening it. This straightens the eye. The conjunctiva is sewn back in place using dissolvable stitches.

CAN A SQUINT COME BACK?

Sometimes more than one operation may be required. Surgery will not change your child's vision and glasses may still be needed afterwards.



SO WHAT CAN GO WRONG?

Severe infection is a very rare complication. We use sterile instruments and gloves and use antibiotics at the end of surgery to reduce the chances, but every so often germs get into the eye and cause infection. Infection in the eye after squint surgery is very serious and requires prompt treatment with antibiotics. For this reason we always advise that you contact us if the eye gets very inflamed or painful soon after surgery. Infection can occur later than that, but most infections occur quite quickly. With treatment the infection can be cured and the eyesight preserved. Rarely there may be slippage of the muscles following surgery which may require re operation at a later date. There are other complications, but these are the important ones. It is important to realize that most people have a safe and successful operation.

AFTER YOUR CHILD'S SQUINT SURGERY

- Generally, an eye pad is not used after eye muscle surgery.
- Your child may not want to open his/her eyes initially other than intermittently because of mild discomfort.
- Most patients require mild pain relief tablets or syrup.
- The only medication we use after routine squint surgery is a combination antibiotic/steroid to help the eye heal faster and prevent infection. Be sure to get a prescription for it before you are discharged. Wash hands before instilling drops.
- Occasionally, patients may feel the stitches, which cause a slight irritation or a temporary gritty feeling. The sutures we use dissolve on their own and do not have to be removed. Severe eye pain or inflamed eyes may be a sign of infection and will need to be looked at by an eye doctor promptly.
- The only restriction is staying out of swimming pools for 3 weeks. Care should be taken when bathing and washing one's hair to avoid getting soap in the eyes. Try to avoid rubbing the eyes following surgery. The eyes may be cleaned with cooled boiled water and a tissue. Physical over exertion should also be avoided for 2 weeks. Your child can return to school after one week, but do let the teacher know about his/her surgery. Sunglasses can be worn at anytime, as the eyes may be a little sensitive to bright sunlight. As always, care should be taken crossing roads to school and cycling.

More information about squints may be obtained from the following website: -

<http://www.orthoptics.org, uk/informationforpatients/squint.html>

<http://www.orthoptics.ie>