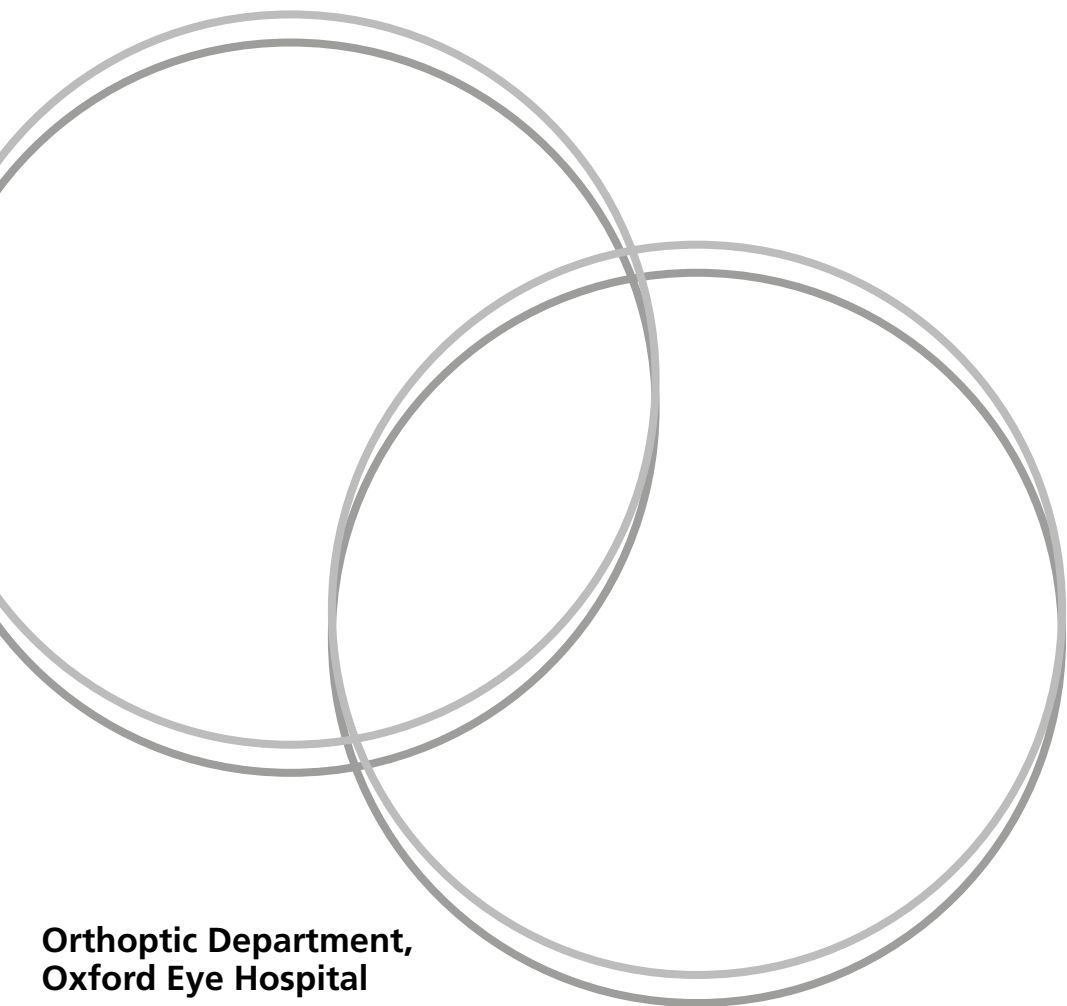




Oxford University Hospitals
NHS Foundation Trust

Information about squint surgery

Information for adult patients



Orthoptic Department,
Oxford Eye Hospital

What is squint surgery?

There are 6 muscles attached to the surface of each eye. These muscles are responsible for moving your eyes in different directions. The aim of squint surgery is to put your eyes in a straighter position by moving some of these muscles, to strengthen or weaken their action. The surgery may be carried out on one or both of your eyes. It may involve moving one, two or more of the six muscles, depending on the type of squint you have.

There are a variety of reasons for having squint surgery; it may be to improve your eye alignment and appearance; to correct double vision; or to make it easier for you to use your eyes together to achieve binocular (3D) vision. However, the surgery won't improve any defective vision in either of your eyes. Your Orthoptist or Ophthalmologist (Eye Doctor) will discuss with you the aim of squint surgery for your particular condition.

The surgery will be carried out under a general anaesthetic, which means you will be asleep. It is done as a 'day case', so you should be able to go home on the same day. However, there is a chance we may need you to stay in hospital overnight, so it is best to come prepared for this.

Sometimes more than one operation is needed to get the best result. If you need a further operation, this will be carried out at a later date.

What are the risks of having squint surgery?

The risk of damage to your vision is extremely low, as the operation is carried out on muscles which are on the surface of the eye. Squint surgery is not performed inside the eye itself.

A very small number of people experience some double vision after squint surgery. The risk of this happening will be discussed with you before surgery, both at the time you are put on the waiting list and again at the pre-operative assessment.

The double vision may last from a few days to a few weeks, but we would expect it to settle with time. In rare instances the double vision can continue, but there are a number of ways in which this can be managed. We would speak with you in more detail about this if it occurred, but it is rare.

Occasionally there may be an 'over-correction' of the squint. This would cause your eye to turn in the opposite direction (for example, the eye that turned inwards before the operation would be turning outwards following surgery). This will often straighten with time, but if it continues you may need another operation.

It is extremely rare for your eye position to be worse following squint surgery.

There is an extremely low risk of your eye being perforated (a small hole being made) during the operation. This could happen when we remove the eye muscle from the surface of the eye or when the muscle is re-attached with small sutures (stitches).

Infection is a risk following any type of operation, but every care is taken to minimise the chance of this happening. An infection to an area on the eye surface is treatable and would not cause a long term problem. An infection which develops inside the eye is much more serious and could lead to permanent loss of vision in the eye. However, this is exceptionally rare (less than a 0.5% or 1 in 200 chance).

There is a risk of visible permanent scarring of the conjunctiva (the thin film of tissue which covers the eye surface and eye muscles). The risk is very low but may be increased if you have had multiple procedures, scar easily, or have a more complicated procedure. The surgeon can discuss this in more detail with you.

Preparing for squint surgery

You will have the initial discussion about the operation with the Orthoptist. They will tell you the purpose of the operation and what it involves. You will then have an appointment with the Ophthalmology Clinic, to discuss your condition. The Ophthalmologist will discuss the operation with you, explaining the benefits and any risks. Any alternatives to an operation will also be discussed with you, including your choice of having no treatment/operation. You will then be asked to sign a consent form to confirm you are happy for the surgery to go ahead. If you have any questions, please discuss them with the Ophthalmologist before signing the consent form. If you decide to go ahead with an operation, the Ophthalmologist will put your name on the waiting list.

Pre-assessment

Your pre-operative assessment will either be a telephone appointment or a face-to-face appointment in the Pre-Assessment clinic. This will depend on your age and general health; if you are under 60 years of age, generally fit and well and have no cardiac or respiratory issues, your pre-operative assessment will be over the telephone. If it is advisable for you to have blood tests done, these can usually be done by your GP practice.

If you are aged over 60 and have any health issues that may cause any problems with a general anaesthetic, you will be asked to come to the Pre-Assessment Unit for a face-to-face assessment and you may need blood tests done at the hospital. You are welcome to bring someone with you to this appointment if you wish.

You will be advised if you need to stop taking certain medicines prior to your surgery. During these assessments you will have the opportunity to ask any questions you may have. It is a good idea to write these down, so you don't forget to ask anything you are unsure about.

These assessments occur approximately 3 months prior to your expected surgery date.

Coming in to hospital

You will be sent a date and time to attend the Specialist Surgery Day Surgery Unit in The West Wing, John Radcliffe Hospital. You can have one person to accompany you if you wish, but they must stay in the ward area or may leave the hospital whilst you are in the operating theatre.

You will be given a specific time to arrive, along with instructions telling you when you should stop eating and drinking (start fasting). Fasting is very important before an operation. If you have anything in your stomach whilst you are under a general anaesthetic, it might come back up while you are unconscious and get into your lungs.

Whilst you are on the unit, before the operation, you will be seen by the anaesthetist. They will explain what happens when you are taken to the operating theatre and will give you advice about pain relief after the operation. The Ophthalmologist will also visit you, to mark which eye is to be operated on.

The operation itself will take approximately 40 minutes to 1 hour.

After the operation

You will feel sleepy after the operation and will have an oxygen mask on your face, to help you recover from the anaesthetic.

A pad will be placed over your eye(s) immediately after the operation. A nurse will remove this and bathe your eye(s) before you go home.

You may experience some leakage of tears, which may be blood stained immediately after your surgery, but this should clear after a day or two.

After the surgery the white part of your eye(s) that has been operated on will be red and there may be some swelling of your eye lid. Your eye(s) may feel sore and gritty. This may last for a few days. You can take pain relief tablets such as paracetamol for this, if necessary.

The redness can take up to 6-8 weeks to settle and return to normal, but can sometimes take a bit longer, especially if you have had previous squint surgery. Eventually, there will be little visible evidence that you have had eye muscle surgery, although you may notice a very fine ridge on the white part of your eye, similar to any scar elsewhere on your body.

The Ophthalmologist may have told you of an option for an operation with adjustable sutures (stitches). This is a method of doing some 'fine tuning' of the eye position (with your eye numbed by a local anaesthetic), by tightening or weakening the sutures once you have woken up from the general anaesthetic. This is not done routinely, but if we think it would benefit you, the Ophthalmologist will discuss this with you before your surgery.

You will not need to wear an eye pad or eye shield when you leave the hospital. You will be given eye drops to use after the operation, to help with the healing.

You will be seen in the Orthoptic Department two weeks after your surgery to check on your eye alignment.

Going home

You should not go home on public transport after this operation. You will need someone to collect you and take you home by car. This will be more comfortable for you and also quicker for you to return to the hospital if there are any complications on the journey home.

General anaesthetic, combined with a change to your eye position, can sometimes make you unsteady on your feet. We recommend that you also have someone responsible to stay with you overnight after you have left hospital.

For 24 hours after the general anaesthetic:

- do not go to work
- do not drive a motorised vehicle (your insurance will not cover you)
- do not operate machinery
- do not make important decisions
- do not sign legally binding documents
- do not drink alcohol.

Your recovery

Returning to work

You need to allow time to recover from the general anaesthetic, but you should be able to return to work two to three days after the operation.

You will need to avoid vigorous exercise for two weeks after the surgery and swimming and contact sports for 4 weeks, due to the risk of infection and/or injury.

If you normally wear contact lenses you will need to allow four weeks for the conjunctiva (eye surface) to heal before you start wearing them again. During this period you should wear your normal prescription glasses.

If you have prisms in your glasses, you will be advised before the operation to have glasses prescribed without prisms built in. If you used a plastic Fresnel prism before the surgery to help control double vision, this can be removed from your glasses after your operation. You may still need a smaller prism, but this will be checked by the Orthoptist at your two week post-operation appointment.

The alignment of your eyes may vary for the first few weeks and can take time to settle; this can occasionally be accompanied by some double vision. You will have the opportunity to discuss this at the post-operation appointment with the Orthoptist.

How to contact us

If you have any questions about coming into hospital for your squint surgery please contact:

Specialist Surgery Day Surgery Unit

Tel: **01865 231 296**

(Monday to Friday, 7.30am to 8.00pm)

If you have an eye emergency, please do not come to Oxford Eye Hospital straightaway.

Call our specialised telephone triage number.

Tel: **01865 234 567**

and select the option for **Eye Emergencies**

Monday to Friday 8.30am - 4.30pm

Saturday and Sunday 8.30am - 3.30pm (including Bank Holidays)

You will be able to speak to an ophthalmic health professional who will advise you.

If you need advice **out of hours**, please phone **NHS 111** or your out of hours GP practice.

If you have any concerns about your eye position or double vision, please contact the:

Orthoptic Department

Tel: **01865 234 567**

and listen for the option for the Orthoptic Department (Monday to Friday, 8.30am to 4.30pm)

If you have concerns about your general health, please contact your GP or the NHS helpline 111.

Further information about squint surgery

Squint Clinic:

www.squintclinic.com

www.squintclinic.com/videos/squint_surgery/patients_experiences/adults_experience/

NHS website:

www.nhs.uk/Conditions/Squint

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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Oxford University Hospitals NHS Foundation Trust
www.ouh.nhs.uk/information



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