

Oxford Orthoptic Service

Information about squint surgery

Information for adult patients



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 performed on one or both of your eyes and may involve moving one, two or more of the six muscles, depending on the type of squint that 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 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 eye muscle 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 performed 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 when 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 this risk. 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 low risk of visible permanent scarring of the conjunctiva (this is the thin film of tissue which covers the eye surface and eye muscles), but again this is exceptionally rare.

Planning 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 need to have an appointment with the Ophthalmology Clinic to discuss your condition. If you decide to go ahead with an operation, the Ophthalmologist will put your name on the waiting list.

Pre-assessment

You will have an appointment around two to four weeks before the surgery for a full pre-operative assessment. You must attend this appointment or the surgery will not be able to go ahead. It is important that you bring with you (or wear) any glasses you have been prescribed.

There are three parts to the pre-assessment and you should be prepared for being at the hospital for two to three hours. You will see:

1. **The Orthoptist** – for an assessment of your eye muscle balance and measurements to help the Ophthalmologist plan the surgery.
2. **The Ophthalmologist** – who will discuss the operation with you, explaining the benefits and any risks. Any alternatives to an operation will 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 speak to the Ophthalmologist before signing the consent form.
3. **The Nurse** – you will be seen by the pre-assessment nurse for a general check of your health to make sure you are fit for surgery. This may include other tests, such as taking a blood sample. You will also be advised about preparing for a general anaesthetic and stopping certain medications.

At each point during the assessment you will have the opportunity to ask any questions you may have. It is a good idea to write these down before you come to make sure you don't forget to ask anything you are unsure about. You are welcome to bring someone with you to the pre-op assessment.

Coming in to hospital

You will stay on the Lichfield Day Surgery Unit. You can have one person to accompany you if you wish, but they must stay in the ward area whilst you are in the operating theatre.

You will be given a specific time to arrive on the ward, 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 ward, 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.

Immediately after the surgery the white part of your eye 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 under 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 Orthoptics two weeks after your surgery to check on your eye alignment.

Going home

You should not go home on public transport after this procedure. 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 are discharged.

For the next 24 hours after the general anaesthetic you will need to follow these guidelines:

- 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 in two to three days after the operation.

You will need to avoid swimming, contact sports and vigorous exercise for two weeks after the surgery. 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 on by the Orthoptist at your two week post operation appointment.

The aim of the operation will be discussed with you before the surgery. However, 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:

Lichfield Day Surgery Unit

Tel: 01865 231 296

(Monday to Friday, 7.30am to 8.00pm)

On weekends and outside of these hours please call
01865 234 760

If you have an urgent problem with your eyes please make an appointment with:

Eye Emergency

Tel: 01865 234 800

(Monday to Friday, 9.00am to 5.00pm)

(Saturday, 10.00am to 3.00pm, Sunday 10.00am to 2.00pm)

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

Orthoptic Department

Tel: 01865 234 742

(Monday to Friday, 8.30am to 4.30pm)

If you have concerns about your general health, please contact your GP.

Further information about squint surgery

Squint Clinic:

www.squintclinic.com

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

NHS Choices:

Website: www.nhs.uk/Conditions/Squint/Pages/Surgery.aspx

If you have a specific requirement, need an interpreter, a document in Easy Read, another language, large print, Braille or audio version, please call **01865 221 473** or email **PALSJR@ouh.nhs.uk**

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