

Exotropia (Divergent Squint)

What is exotropia (divergent squint)?

Exotropia is a type of squint where an eye turns outwards away from the nose. For most children with exotropia the squint is not present all of the time and will often swap from one eye to the other. Exotropia is most often seen when a child is tired, unwell, day dreaming or if they are looking into the distance. The squint can also be more noticeable in bright sunny weather and you may notice your child closing one eye. In most cases an exotropia is caused by a problem with the brain control of eye position, rather than a problem with the eyes themselves. You are more likely to develop an exotropia if you have a family history of squint, premature birth, some conditions that affect a child's general development or less commonly a problem with the muscles that move the eye.

How does exotropia affect vision?

When a child develops a squint the brain usually ignores the images from the eye that is turning. In some instances a child may notice double vision (diplopia). When the squint is present a child will

not use their eyes together and will not see in 3D. However as exotropia is often intermittent when the eyes are straight 3D vision will be present. Most children with intermittent exotropia have good vision in both eyes.

How is exotropia treated?

The treatment needed will depend on how well the squint is controlled and whether it is causing the child any symptoms. Many children with exotropia do not notice any problems but some may complain of headaches, pain around the eyes or double vision if they are struggling to control the squint.

If your child is not getting any symptoms and the squint is well controlled they may not require any treatment but will need appointments with the Orthoptist to monitor the situation

If the squint is present frequently and mostly affects the same eye, the vision in that eye may not develop as well and the eye can become amblyopic (lazy). If this happens your child may need to wear a patch or use drops that blur vision in the non-squinting eye. Patching is not often needed in the treatment of exotropia.

If you are noticing the squint frequently or your child has symptoms treatment that can be considered include:

- specialised glasses with minus or prismatic lenses;
- eye exercises;
- surgery to the eye muscles to reduce the size of the squint, making it easier to control.

Who will I see?

Most of your care and any non-surgical treatment of a squint will be managed by an Orthoptist. The Optometrist will test for and prescribe any glasses your child might need. A Consultant Ophthalmologist (eye surgeon) may be involved in your child's care if surgery is considered necessary.

The Trust cannot accept any responsibility for the accuracy of the information given if the leaflet is not used by Royal Devon staff undertaking procedures at the Royal Devon hospitals.

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