

Pre-operative Information for Children and Parents about Strabismus (Squint) Surgery

Introduction

We expect your child to make a rapid recovery after their operation and to experience no serious problems. However, it is important that you should know about minor problems associated with squint surgery, and more serious problems that can occasionally occur. The section 'What problems can occur after the operation?' describes these. The headings from this section will also be included in the consent form you will be asked to sign before your child's operation.

What is a squint?

A squint is the term used to describe any condition where the eyes are not parallel. The medical term is strabismus but it is also known as a cast, turn, lazy or crossed eye. In most people the eye muscles function normally and it is the control of the eye position that causes the misalignment of the eyes.

Reasons for having squint surgery

Aims of squint surgery can be to improve alignment of the eyes, to eliminate double vision if present, to improve 3D vision, and to eliminate an abnormal head posture. Squint surgery is not a cosmetic procedure but should be more appropriately considered as reconstructive surgery. Cosmetic surgery alters a normal appearance whereas reconstructive surgery

changes abnormal appearance to one that is more normal. Squint surgery can be performed at any age.

Alternative treatments

Alternatives to strabismus surgery include wearing prisms in spectacles, which help join double vision in some patients. Also the adjustment of the strength of lenses may be an option. The Orthoptist and Ophthalmologist (eye surgeon) will go through these options with you before surgery.

What happens after your child has been put on the waiting list for squint surgery?

A letter will be sent with your child's admission details which will explain the procedures before admission such as timing of the last food and drink intake. Squint operations are carried out as day cases and your child will be cared for on Bramble Ward at the Royal Devon and Exeter Hospitals (Wonford), Exeter. You will need to attend a pre admission clinic in WEEU Outpatients. This clinic will involve a nursing assessment, necessary for the day of the operation and may also include an orthoptic assessment if needed. This visit will also provide you and your child with the opportunity to familiarise yourselves with Bramble Ward, its facilities, the nursing staff and the plan for the day of operation.

How squint surgery is performed

Usually the eye that squints all or most of the time is the eye that is operated on. Depending on the type of squint, sometimes both eyes are operated on. Under general anaesthetic the appropriate muscles around the eye are repositioned and strengthened or weakened as necessary. This alters the balance of forces on the eye and helps the brain to straighten the eyes. Dissolvable stitches (sutures) are used to place the eye muscles into their new position on the surface of the eye ball. LASER's are not used in squint surgery and the eye is never removed from the eye socket.

After the Surgery

If your child makes a satisfactory recovery he/she can go home 2 hours after returning to Bramble ward. Occasionally a one night stay is necessary if recovery is not made as quickly, but this is rarely necessary. Your child will be given eye drops to use for 10 days following surgery.

What problems can occur after the operation?

Potential risks associated with squint surgery

Some children may experience double vision (seeing two of everything) after surgery, as they are not used to the new straighter position of the eyes. The double vision goes away in at least 90% (9 out of 10) of cases as patients get used to their eyes being straighter.

Other risks of surgery include:

- Severe infection of the eye; risk 1 in 1,500
- Severe inflammation around the stitches; risk 1 in 5,000
- Damage to the eyeball from the suture needles; risk 1 in 1,000

Any of these last three complications can lead to loss of vision in the eye, which is a risk of 1 in 10,000.

The risks of a general anaesthetic

General anaesthetics have some risks, which may be increased if chronic medical conditions are present, but in general they are as follows:

- **Common temporary side effects** (risk of 1 in 10 to 1 in 100) include bruising or pain in the area of injections, blurred vision and sickness, these can usually be treated and pass off quickly.
- **Infrequent complications** (risk of 1 in 100 to 1 in 10,000) include temporary breathing difficulties, muscle pains, headaches, damage to teeth, lip or tongue, sore throat and temporary problems with speaking.
- **Extremely rare and serious complications** (risk of less than 1 in 10,000) include severe allergic reactions and death, brain damage, kidney and liver failure, lung damage, permanent nerve or blood vessel damage, eye injury, and damage to the voice box. These are very rare and may depend on whether the patient has other serious medical conditions. The chances of not surviving a general anaesthetic are about 1 in 200,000.

Prognosis

Overall squint surgery has the desired effect in approximately 80% of cases. Therefore approximately 1 in 5 patients require further treatment or surgery to successfully align the eyes. The success rates vary among different types of squints because the underlying reason for the squint (various brain or eye muscle problems) differs widely between patients.

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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