

## OP09 Correcting a Squint (adult)

Expires end of February 2023

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## What is strabismus?

Strabismus (or 'squint') is where one of your eyes points in towards your nose (convergent) or out towards your ear (divergent). Sometimes one eye may point up or down. Strabismus may be present all the time or only sometimes.

Your surgeon will assess you and tell you if strabismus surgery is suitable for you. However, it is your decision to go ahead with the operation or not.

This document will give you information about the benefits and risks to help you to make an informed decision. If you have any questions that this document does not answer, it is important that you ask your surgeon or the healthcare team.

Once all your questions have been answered and you feel ready to go ahead with the procedure, you will be asked to sign the informed consent form. This is the final step in the decision-making process. However, you can still change your mind at any point.

## How does strabismus happen?

Some people are born with strabismus and it can run in families.

Strabismus in adults can happen because of disease that affects your eye muscles (such as thyroid eye disease and myasthenia), disease that affects the nerves to your eye muscles (such as high blood pressure and

diabetes) or trauma (where a physical force is applied directly to your eye).

Strabismus can also be caused by trying to correct short- or long-sightedness, or by poor vision in one eye as a result of amblyopia (or 'lazy eye').

Strabismus may not cause any symptoms. For some people it can be serious because it can cause double vision.

## What are the benefits of surgery?

The aim of surgery is to improve the alignment of your eyes and reduce or stop any double vision. Most people who have a successful operation have a significant boost in self-confidence and are more comfortable with their appearance.

## Are there any alternatives to surgery?

Glasses or contact lenses can sometimes be used to control strabismus by helping your eyes to focus.

Double vision can often be controlled by wearing glasses with special prism lenses.

Botox injections into an eye muscle can temporarily straighten an affected eye.

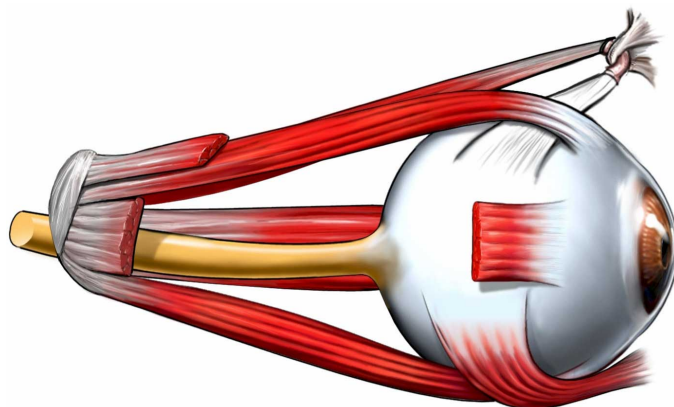
## What will happen if I decide not to have the operation?

You should continue treatment with your orthoptist (a specialist in the way your eyes move and in treating vision problems) to help improve your vision. The appearance of your eyes will usually stay the same. Wearing glasses with prism lenses may help to control any double vision.

## What does the operation involve?

If you wear glasses for short- or long-sightedness, bring them with you on the day of your operation.

The healthcare team will carry out a number of checks to make sure you have the operation you came in for and on the correct side. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having. The operation is usually performed under a general anaesthetic but various anaesthetic techniques are possible. Your anaesthetist or surgeon will discuss the options with you. You may also have injections of local anaesthetic to help with the pain after the operation. The operation usually takes about 40 minutes. Depending on the type of squint you have, your surgeon will need to tighten or loosen one or more of your eye muscles.



The muscles of the eye

Your surgeon will make a small cut on the surface membrane of your eye (conjunctiva). They will separate one or more eye muscles from the surface of your eyeball.

Using small dissolvable stitches, your surgeon will reattach the muscles, making them tighter or looser than they were before, depending on the correction that needs to be made.

### Adjustable stitches

Sometimes your surgeon may reattach your eye muscles using adjustable stitches. After the operation your surgeon will numb your eyes using local-anaesthetic eye drops. Your surgeon will measure your eyes and ask you if you have double vision. They will be able to make small adjustments to your eye muscles by tightening or loosening the stitches.

## What should I do about my medication?

Make sure your healthcare team knows about all the medication you

take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

## What can I do to help make the operation a success?

### Helping your surgeon

If you have adjustable stitches, you can help your surgeon by relaxing, listening carefully and following the instructions they give you.

### Lifestyle changes

If you smoke, stopping smoking now may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

If you have not had the coronavirus (Covid-19) vaccine, you may be at an increased risk of serious illness related to Covid-19 while you recover. Speak to your doctor or healthcare team if you would like to have the vaccine.

## What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you. Some risks are higher if you are older, obese, you are a smoker or have other health problems. These health problems include diabetes, heart disease or lung disease.

Some complications can be serious.

You should ask your doctor if there is anything you do not understand.

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

### General complications of any operation

- Bleeding during or after the operation. Usually there is little bleeding. It is normal for your eye to be red and this usually settles within 3 to 4 weeks. Rarely, some redness may be permanent.
- Infection, which may cause blurred vision or even loss of vision (risk: 2 in 100,000). If your eye becomes red and painful, and your vision becomes blurred, let your surgeon know straight away.

- Allergic reaction to the equipment, materials or medication. The healthcare team is trained to detect and treat any reactions that might happen. Let your doctor know if you have any allergies or if you have reacted to any medication or tests in the past.

- Chest infection. If you have the operation within 6 weeks of catching Covid-19, your risk of a chest infection is increased (see the 'Covid-19' section for more information).

### Specific complications of this operation

- Continued strabismus (risk: 2 in 10). The results of surgery to correct a squint can be difficult to predict. The squint may be under- or over-corrected, or a different squint may develop. You may need another operation.

- Worse strabismus (risk: less than 1 in 100).

- Double vision (risk: 5 in 100). Your surgeon may be able to assess your risk of developing double vision before the operation. Any double vision usually gets better but if the problem continues you may need treatment with special glasses, Botox injections or another operation. Rarely, double vision can be permanent and you may need to wear special glasses or a contact lens that

completely blocks vision from one eye.

- A slipped or lost eye muscle, muscle scarring or making a hole in the eye with a needle (risk: less than 1 in 1,000). You may need another operation.

- Reduced blood supply to the front of the eye (anterior segment ischaemia) (risk: less than 1 in 10,000). This can cause blurred vision. The risk is higher if you have had a similar operation previously.

### Covid-19

A recent Covid-19 infection increases your risk of lung complications or death if you have an operation under general anaesthetic. This risk reduces the longer it is since the infection. After 7 weeks the risk is no higher than someone who has not had Covid-19. However, if you still have symptoms the risk remains high. The risk also depends on your age, overall health and the type of surgery you are having.

You must follow instructions to self-isolate and take a Covid-19 test before your operation. If you have had Covid-19 up to 7 weeks before the operation you should discuss the risks and benefits of delaying it with your surgeon.

### Consequences of this procedure

- Scarring of the conjunctiva is common immediately after surgery



and usually settles within a few weeks. In rare cases, small scars may be visible for a few months. Avoid wearing contact lenses for 4 to 6 weeks after surgery.

- Pain is usually only mild and easily controlled with simple painkillers such as paracetamol. If you are in severe pain, let your surgeon know as this is unusual.

## How soon will I recover?

### In hospital

After the operation you will be transferred to the recovery area and then to the ward or day-case unit. You should be able to go home after a few hours. However, your doctor may recommend that you stay overnight.

If you had adjustable stitches, your surgeon will assess you and make adjustments to the stitches.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

### Returning to normal activities

If you had sedation or a general anaesthetic and you do go home the same day:

- a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours;

- you should be near a telephone in case of an emergency;
- do not drive, operate machinery or do any potentially dangerous activities (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination; and
- do not sign legal documents or drink alcohol for at least 24 hours.

Your surgeon will tell you when you can return to normal activities. It is important to look after your eye as you are told, to reduce the risk of complications. Do not wear eye make-up for at least a week.

Do not swim or lift anything heavy until you have checked with your surgeon. Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Do not drive until you can control your vehicle, including in an emergency, and always check your insurance policy and with the healthcare team.

Ask your healthcare team if you need to do a Covid-19 test when you get home.

### The future

Most people make a good recovery. The healthcare team will arrange for you to come back to the clinic regularly so your surgeon and

orthoptist can check your vision and how well your eyes are working together.

Even if you have a successful operation, the strabismus can come back as the way your eyes work changes over time. You may need another operation.

## Summary

Strabismus surgery should make your eyes point in the same direction and improve any double vision.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

## Acknowledgements

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