Patient information Squint surgery in adults

This leaflet aims to answer some of the questions you may have about squint surgery. The leaflet does not cover everything as every patient and every squint is different. Your surgeon will discuss your particular case with you

What is the aim of surgery?

- 1. To improve the alignment of your eyes, to make the squint smaller in size.
- 2. In some patient to reduce or try to eliminate double vision.

The procedure is an operation under general anaesthesia.

How is the surgery done?

Squint surgery is a very common eye operation. It usually involves tightening or moving one or more of the outside eye muscles which move the eye. These muscles are attached quite close to the front of the eye under the conjunctiva, the clear surface layer.

The eye is never taken out of the socket during surgery. Stitches are used to attach the muscles in their new positions. Squint surgery is nearly always a day case procedure.

There are two kinds of squint operation – non-adjustable and adjustable:

Non-adjustable surgery

Squint surgery is usually carried out under general anaesthetic and generally takes from 30-60 minutes depending on the number of muscles that need surgery. When you have recovered from the anaesthetic and the nurses are happy for you to be discharged, you are free to go home, usually a few hours later.

Adjustable surgery

Squint surgery using an adjustable suture may give a better result in certain types of squint. For example, patients who have had a squint operation before, or those with a squint due to injury or with thyroid eye disease.

Part 1: The main operation

The main part of the operation is carried out in the operating theatre usually under general anaesthetic.

Part 2: Adjusting the stitch

The final position of the muscles is adjusted once you have woken up from the anaesthetic, and are able to look at a target. If you wear glasses for distance or near vision, please bring these with you for this part of the operation.

Adjustment is usually done in the clinic, after drops of anaesthetic have been put into your eye to take away any pain. You may however feel a pressure sensation.

On the day of your operation

You will see the consultant and anaesthetist. If you have any question you can ask them.

Before being discharged, you will receive eye drops and information to take home.

What are the risks of the operation?

Squint surgery is generally a safe procedure. However, as with any operation, complications can and do occur. Generally, these are relatively minor but on rare occasions they may be serious.

Under and overcorrection

As the results of squint surgery are not completely predictable, your original squint may still be present (under correction) or the squint direction may change (overcorrection). Occasionally a different type of squint may occur. These problems may require another operation, although this is rare. Using an adjustable suture lessens the chance of this complication.

Double vision

You may experience double vision after surgery, as your brain adjusts to the new position of your eyes. This is common and often settles in days or weeks but may take months to improve. Some patients may continue to experience double vision when they look to the side in order to achieve a good effect when the eyes look straight ahead. Rarely, double vision whilst looking straight ahead can be permanent, in which case further treatment might be needed.

Stitches

You may develop an infection or abscess around the stitches. This is more likely to occur if you go swimming within the first four weeks after surgery. A cyst can develop over the site of the stitches, which occasionally needs further surgery to remove it.

Redness

The redness in the eye can take as long as three months to go away. The eye may not completely return to its normal colour, particularly with repeated operation, but this is rare.

Scarring

Most of the scarring of the conjunctiva (the skin of the eye) is not noticeable by there months after your surgery, but occasionally visible scars will remain, especially with repeat operations.

Infection

Infection is a risk with any operation and, although rare, can result in loss of the eye or vision.

Loss of vision

Although very rare, loss of vision in the eye being operated can occur following squint surgery. Risk of serious damage to the eye or vision is approximately 1 in 30,000.

Remember: these complications are detailed for your information; the vast majority of people have no significant problems following squint surgery.

After care of operation

- Your eye(s) will be swollen, red and sore and your vision may be blurry
- Use painkillers such as paracetamol and ibuprofen if your eyes are painful. The pain usually wears off within a few days.
- Use cooled boiled water and a clean tissue or gauze to clean any stickiness of your eyes and avoid water entering your eyes from the bath or shower for the first week
- Don't rub your eye(s) as this may loosen the stitches
- Don't swim for four weeks
- You may need one, or occasionally two weeks off work
- Please attend your post-operative (follow-up) clinic appointment
- Continue using glasses if you have them
- Use your eye drops
- Avoid wearing contact lens in the operated eye until you are advised it is safe by your doctor or orthoptist.
- Don't drive for 48 hours.

If you have any further questions please contact the office:

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