

Your child's squint surgery

This leaflet is about your child's surgery to correct a squint, which is when the eyes point in different directions. It explains what you should do before your child's procedure, on the day of the procedure and when you return home.

Your child's condition and procedure

What is a squint?

A squint, also called strabismus, is a condition where the eyes are crossed or do not point in the same direction. One eye can turn in, out, up or down while the other eye looks ahead. This may happen all the time or sometimes.

Squints can affect people of any age, but are especially common in young children. About 3 out of 100 children (3%) have a squint.

How can a squint affect my child's eyes?

A squint may cause:

- reduced sight in one or both eyes
- headaches or eye strain
- loss of the ability to use the eyes together as a pair
- noticeably crossed eyes, which can affect your child's appearance and confidence
- unusual eye movements
- double vision (seeing 2 images of the same thing)

Why does my child need squint surgery?

We may recommend squint surgery to:

- help your child use their eyes together as a pair again, if this is possible
- improve the position of both eyes and make them look straight
- improve the eye movements
- reduce double vision

During the procedure, we move the muscles that control eye movement to make the eyes line up better.

Are there any other treatment options to this procedure?

Other possible treatments for a squint may involve some or all of the following:

- **Glasses**
If your child's squint is caused by an eyesight problem such as being long-sighted, glasses can help. An eye specialist prescribes the glasses and explains the types of frames and lenses that are most suitable for your child.

- **Patching**

If the sight in one of your child's eyes is not developing normally, they may need to wear a patch over the eye with better sight. They do this for a certain period of time every day. The aim is to encourage the sight in the weaker eye to improve.

- **Eye exercises**

In some cases, your child may need to do regular eye exercises at home to help their eyes work together better.

- **Prisms**

A prism is a clear, wedge-shaped lens that bends rays of light. Glasses with prisms can help to correct a mild squint and reduce double vision or eye strain.

- **Botox® injections**

Injections of Botox weaken overreacting eye muscles that have caused a change in eye position. This can help the eyes to line up better, but the effect usually lasts under 3 months.

Your child is examined by:

- an orthoptist (a specialist in squints and eye movement problems)
- an ophthalmologist (a medical doctor who can do eye surgery, diagnose and treat eye conditions, and prescribe medicine, glasses or contact lenses)

These eye specialists make a treatment plan for your child and explain if and when surgery is suitable.

Before your child's procedure

What needs to happen before my child's procedure?

We need to see your child at a pre-admission clinic. This clinic may take place face to face or online. We make sure that your child is ready for an anaesthetic, which is a medicine to make them sleep during the procedure, and surgery.

After the pre-admission clinic, our admissions team contacts you by letter, text message or phone. We offer you a date for your child's procedure.

Your child should not eat for 6 hours before the procedure. They can drink water until they arrive at the Evelina London children's day surgery unit. We give you more guidance about this (fasting instructions).

Do I need to get pain medicine ready for my child?

Please make sure that you have a week's supply of paracetamol (a painkiller) and ibuprofen (an anti-inflammatory medicine) at home before the procedure. We do not routinely give these medicines to take home for your child after day surgery.

You can buy paracetamol and ibuprofen from a pharmacy, supermarket or shop. Paracetamol for children may also be called Calpol®. Ibuprofen for children may also be called Calprofen® or Nurofen®. You need the type of medicine that you would give your child if they were unwell with a cold or ear ache. If your child cannot take paracetamol or ibuprofen for any reason, please speak to their healthcare team about other options.

On the day of the procedure

When you arrive at the children's day surgery unit

We give you a time to arrive at the Evelina London children's day surgery unit. It is important that you arrive at the correct time and have followed the fasting instructions for your child. If you arrive late or have not followed the fasting instructions, we may not be able to do the procedure.

You and your child meet the surgical and anaesthetic teams on the admissions ward before the procedure. We confirm that you have given your permission (consent) for the procedure. You can ask us any more questions that you may have.

During the procedure

We give your child a general anaesthetic. This is a medicine that makes your child sleep and stops them feeling any pain during the procedure. You can stay with your child until they are asleep. Please see our separate leaflet called "Your child's general anaesthetic" for details.

We may do the procedure on one or both eyes and talk to you about this in advance. When your child is asleep, the surgeon opens their eyelids. On the white part of the eye (sclera), there is a layer like cling-film called the conjunctiva. When this is cut, the surgeon can see the eye muscles that control the position and movement of the eyes. The surgeon moves these muscles to make them stronger or weaker and fixes them in their new position with dissolvable stitches.

The aim of the procedure is to change the position of the eyes and make them point in the same direction. In some cases, our aim is to restore more usual movement of the eyes.

During the procedure, the surgeon does not cut into the skin around the eyes. This means that your child does not have any scars on the eyelids afterwards.

The procedure usually takes about 30 to 60 minutes.

Are there any risks to my child's procedure?

Every procedure involving an anaesthetic has some risks of complications. To reduce these risks, we make sure that your child is well at the time of the procedure. We talk to you about the risks in the clinic and before the procedure when we confirm that we have your consent.

If your child has squint surgery, there is very little risk of damage to their eyesight. The surgeon does the procedure on muscles that are on the surface of the eye and not inside the eye itself.

The specific risks of squint surgery include:

- double vision for a while after the procedure. This usually settles within a few days or weeks, but in rare cases may be permanent and need to be treated
- an infection. However, it is very unusual to need to return to hospital for antibiotic treatment
- an abscess (build-up of pus) or cyst (build-up of fluid) that needs to be treated with a procedure to drain the pus or fluid
- the eye turning slightly in the opposite direction for a while after the procedure. This often settles with time, but sometimes we may need to do another procedure
- the eye muscles slipping out of position. This is rare, but sometimes we may need to do another procedure
- needing more than one procedure to get the best result

After your child's procedure

How will my child look and feel after their procedure?

Your child may feel drowsy after their surgery and sleep for a while. They may be restless (agitated) and upset for up to an hour after waking up from the procedure. Some children may have mild discomfort and feel or be sick (vomit), but this is not common.

After the procedure, your child may have a patch over the eye that has been treated. If we have operated on both eyes, we usually leave them uncovered. An eye patch can usually be removed later on the day of the procedure or on the next morning. Your child may have some blood-stained tears from the eye in the first 1 to 2 days after the procedure.

Will my child be in pain after their procedure?

Your child does not feel any pain during the procedure because they are asleep under a general anaesthetic. Their eye or eyes may be a bit sore, gritty and watery when they wake up.

The white part of the eye will be red and the eyelid may be swollen. You may be able to see stitches on the surface of the eye. There are no scars on the eyelids.

We may give your child paracetamol, ibuprofen or both medicines while they are with us. You can continue to give your child these pain medicines as needed when they are at home. The nurses can guide you when the next amount (dose) of pain medicine is due.

When can my child eat and drink or feed after their procedure?

Your child should be able to eat and drink or feed as usual within 1 to 2 hours of the procedure.

Do we see the surgeon after my child's procedure?

Yes, the surgeon comes to check your child after their procedure. They update you about the surgery and answer any questions that you may have.

When can my child go home?

Your child can go home on the same day as their procedure when they:

- feel comfortable
- can manage (tolerate) their usual food and drink
- are not feeling sick (nausea) or being sick (vomiting)
- are behaving as they usually do

Please supervise your child carefully on the journey home. According to the sudden infant death syndrome (SIDS) guidelines, it is best to avoid long car journeys for babies under 1 year of age. If you travel home by car, it is important that:

- you stop for frequent breaks to feed your baby and change their position
- an adult sits with the baby in the back of the car

After you go home

How do I care for my child's eyes after the procedure?

After the procedure, your child has stitches on the surface of the eye. These stitches dissolve or fall out themselves during the first 2 months after the procedure. They do not need to be removed.

The position of your child's eyes may change during the first few weeks and take a while to settle. With time, the redness in the eye fades but this can take up to 3 months (12 weeks). Your child may have temporary double vision (when they see 2 images of the same thing), but this should settle quickly. You can encourage your child to ignore the second image and avoid looking for it.

Here is some guidance on how to care for your child's eyes:

- **Eye patch**
If your child has an eye patch after the procedure, we explain when to remove it. This is usually later on the day of the procedure or the next morning.
- **Eye drops**
We give you steroid (anti-inflammatory) and antibiotic drops to put in your child's eye 3 to 4 times every day for at least 2 weeks. This is to lower the risk of infection, make the eye feel more comfortable, and reduce the redness and inflammation. It is important to put the drops in your child's eye regularly, as prescribed.
- **Ice packs**
Ice packs help to reduce swelling of the eyelid, ease pain and make the area heal faster. To make an ice pack, wrap some ice or a packet of frozen food such as peas in a plastic bag, flannel or towel. Put the ice pack on your child's closed eyelid for 5 to 10 minutes every hour during the daytime for the first 2 days after the procedure. You can start doing this immediately after removing any eye patch.
- **Protecting the eyes**
Try to discourage your child from touching or rubbing their eyes while they heal. This could irritate the eyes and increase the risk of infection.
- **Cleaning the eyelids**
If there is too much mucus (slippery liquid) or ointment on your child's eyelids, you can clean them gently. It is best to use cold water that you have boiled and then allowed to cool, and a clean piece of cotton wool.
- **Bathing**
Your child can have a bath or shower as usual and you can wash their hair. Try not to get too much water in their eyes or on their face. A splash of water is fine. Also try to avoid getting soap or shampoo in their eyes, as you would normally do.
- **School or nursery**
Your child needs to take about 5 days off school or nursery after the procedure. Sometimes, they may be able to return 1 or 2 days earlier than this.
- **Swimming**
It is best not to take your child swimming until 2 weeks after the procedure. If your child does swim before then, they need to wear watertight goggles.
- **Playing**
Your child needs to avoid playing in sand or face painting for 2 weeks after the procedure.

- **Glasses and contact lens**

Squint surgery does not improve your child's eyesight. If your child has glasses, they can start wearing them again straight away after any eye patch has been removed. Your child should not wear contact lenses until we tell you that this is safe.

How can I manage my child's pain after their procedure?

Your child's eye or eyes may be a bit sore and painful after the procedure. These symptoms gradually improve.

We recommend giving your child paracetamol and ibuprofen regularly for 1 to 2 days and then as needed for up to 1 week. Please remember to buy these medicines before the day of your child's procedure. It is also important to make sure that your child drinks plenty of fluids.

It is safe to give the 2 medicines at the same time, ideally with food. This is easier to plan and the medicines work in different ways. You can give your child:

- 1 recommended amount (dose) of paracetamol every 4 to 6 hours and no more than 4 doses in 24 hours
- 1 dose of ibuprofen every 6 to 8 hours and no more than 3 doses in 24 hours

You may find the following chart helpful to keep track of your child's medicines.

Home medicine chart for parents

Medicine	Time to give	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Paracetamol								
Ibuprofen								

Do I need to look for any symptoms after my child's procedure?

You need to get urgent medical help for your child if you feel that they are unwell or:

- their eye feels more painful
- they cannot open their eyelid because of swelling
- their eyesight becomes worse
- their eye becomes redder
- there is a yellow-green liquid (pus) or leaking fluid (discharge) from the eye
- they have a high temperature (fever)
- they are not eating or drinking well

These can be signs of an infection or a reaction to the steroid or antibiotic eye drops. Call our eye casualty on 020 7188 4336 (Monday to Friday, 8.30am to 4pm). Outside these hours, call 999 or go to your nearest emergency department (A&E) immediately.

Do you see my child again after their procedure?

Your child has a follow-up appointment about 1 month after their procedure. We usually book this appointment for you before you leave the Evelina London children's day surgery unit. It takes place in the children's eye clinic at St Thomas' Hospital. Sometimes, we may need to change your child's glasses or recommend eye exercises after the procedure.

We then typically check your child's eyes again after 3 to 4 months. It is important to bring your child to their follow-up appointments. We can then closely monitor the position of the eyes and their sight, and make sure that the area is healing correctly.

Contact us

If you **cannot keep your appointment**, contact our admissions team, **phone** 020 7188 9098, **email** gst-tr.paediatricadmissions@nhs.net

If your child has a **cough, cold or high temperature** in the 2 weeks before the procedure, contact our pre-assessment team, **phone** 020 7188 7188 extension 58209

If you have any **concerns about your child's procedure but it is not an emergency**, contact our eye department, **phone** 020 7188 4299 (please leave a message on the answerphone and we will call you back within 3 working days), **email** gst-tr.paediatricophthalmologyenquiries@nhs.net (we reply to emails within 3 working days)

If you are concerned that your child is **seriously unwell during working hours**, contact our eye casualty, **phone** 020 7188 4336 (Monday to Friday, 8.30am to 4pm)

If you are concerned that your child is **seriously unwell outside working hours**, go to your nearest A&E or **phone** 999

For more information on conditions, procedures, treatments and services offered at our hospitals, please visit **web** www.evelinalondon.nhs.uk/leaflets



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