

Information for patients and visitors

Squint Surgery for Children

**Children's Outpatient Department
Women & Children's Services**

**This leaflet has been designed to
give you important information and
to answer some common queries
that you may have.**



Information for patients and visitors

Introduction

A squint (strabismus) is a condition where the eyes point in different directions. Squints are common, affecting around one in 20 children. They usually develop before five years of age, but can appear later.

What is squint surgery?

The purpose of squint surgery is to re-align the eyes so that they are straight. This involves moving the muscles that control the movement of the eye to improve their alignment and help the eyes work together.

There are six muscles that move the eyes. The muscles are attached to the surface of each eye, the sclera (the white of the eye).

A muscle that is working too hard can be weakened and a muscle that is not working hard enough can be strengthened.

This can be done in different combinations, depending on the type and size of the squint.

For example, convergent squints often have one muscle of both eyes weakened. Sometimes however (for what appears to be the same type of squint), one muscle of an eye is weakened and the opposite muscle of the same eye is strengthened.

The muscle is reattached to the eye using stitches that dissolve in about 6 - 8 weeks. The eye is not taken out during surgery.

The surgeon will explain what procedure is planned for your child.

What are the benefits of squint surgery?

The aim of most squint operations is to straighten the eyes for cosmetic reasons, **but glasses may still be needed**. A squint will often still be noticed when the glasses are taken off.

Ideally the eyes will appear to be straight in any direction of gaze, but in reality the eyes being straight in the 'straight ahead' position and 'reading' position is the best that can be achieved.

Sometimes squints are operated on to try and maintain or restore the ability of the two eyes to work together and allow depth perception (stereo vision). Whilst this is not possible in the majority of cases, if in this case it is the reason for surgery then this would have been discussed fully with you.

What are the risks associated with squint surgery?

Any risk from the general anaesthetic is very small.

The operation is on the surface of the eye so any risk of damage to the eye or to the vision is very small.

The eye may be uncomfortable for a few days after the operation but is not usually painful.

The white area of the eye where the operation was done will look red after the operation. This will improve in the first couple of weeks after the operation but may take a few months to settle. Rarely some redness may be permanent.

As with any operation, squint surgery carries a small risk of infection. Usually this is easily treated but there is a very small risk (1 in 50,000) of infection that could permanently affect the vision.

Two out of ten children having a squint operation will require a further operation to straighten the eye. In most cases this is because the first operation helped but did not fully correct the squint. Occasionally a second operation is needed because the eye

Information for patients and visitors

turned in the opposite direction after the first operation.

In some children the operation straightens the eye well but the squint comes back later on. This may take a long time to happen but may mean that another operation is needed eventually.

Occasionally children may notice double vision after the operation. This usually goes away in the first few days after surgery but can last longer and very occasionally can be permanent.

What happens on the day of the operation?

Please make sure that your child has not had anything to eat or drink in accordance with the fasting instructions on your letter.

Please arrange your own transport to and from the hospital but do not use public transport to take your child home after the operation.

You should arrive on the Children's Ward at the time stated on your letter. All children are asked to arrive at the same time so that the anaesthetist and doctor can see them before they start operating. This means that there may be a wait before the operation.

If you did not sign a consent form at your previous outpatient's appointment the doctor will confirm your consent to the operation and ask you to sign a consent form.

Your child may have a local anaesthetic cream applied to their hands and covered with a dressing. This cream numbs the area where the cannula (small plastic tube) will be sited. All children will have a cannula inserted when they are taken to theatre.

There are different ways of giving a general anaesthetic. One method is by injecting

anaesthetic drugs into the veins via the cannula. Another method is by breathing anaesthetic gases and oxygen through a mask placed over the mouth and nose. Sometimes both methods can be used at the same time. The anaesthetist will choose the best method for your child but in very young children it is usually easier to use the mask.

Your child will be asked to change into a hospital gown before going to the operating theatre.

Parents / carers can stay with their child on the day of the operation, it's not advised to bring siblings along so please make alternative arrangements for them. One parent / carer can go into the anaesthetic room while your child is being anaesthetised.

Once the operation is completed your child will be cared for in the recovery room until they are awake. They will then return to the ward escorted by a nurse who will continue to monitor their recovery post operatively.

Children usually stay between 2-4 hours post-operatively before they are discharged home. Your child will need to meet the day case discharge criteria before discharge. Ideally children will tolerate food and drink before discharge but this is not a necessity. Most children will be discharged on the same day. However, some may need to stay in overnight for observation.

What to expect after the operation?

Your child may experience some discomfort in their eye(s) for a few days after the operation but it is not usually painful. If required, pain relief medication (for example Paracetamol or Ibuprofen) can be given according to the manufacturers guidelines. Before you leave the hospital the nurse will advise you when pain relief medication can next be given to your child.

Information for patients and visitors

Eye drops may have been prescribed for your child, if so the nurse will explain how to instill them before your child is discharged home. You will also be advised how to store them correctly and safely.

The white area of the eye(s) where the operation was done will look red after the surgery. This should improve in the first couple of weeks after the operation but may take a few months to settle completely.

You may notice that there is some red discharge from the eye(s) and that the eyelids are sticky on waking for the first few days after the operation. You will be given advice on how to clean the eyelids before your child is discharged home.

Try to encourage your child to rest for the remainder of the day after the operation.

On average, children need to stay off school or nursery for one week after squint surgery. Some children are ready to go back sooner but some may need to stay at home for a little longer. You will need to use your own judgment on how your child is feeling.

Things to Avoid After the Operation

Sports and strenuous activities – for 2 weeks.

Swimming – for 4 weeks.

Activities which risk getting something in the eye, for example playing with sand or using face paint – 2 weeks.

Avoid washing your child's hair for the first 2 days after the operation. You can wash it after this but avoid getting water or shampoo in the eyes.

If your child wears glasses, please encourage him / her to wear them as soon as they feel well enough (unless you have been advised by the doctor not to use them).

Do not do any eye patching before your next clinic appointment, when the doctor will advise you if eye patching is still required.

An outpatient appointment will either be given to you before your child is discharged home or will be posted out to your home address.

Reference Section

Patient information factsheet: squint surgery for children, University Hospital Southampton NHS Foundation Trust <http://www.uhs.nhs.uk>

Patient information: advice for parents about squint surgery, Derby Teaching Hospitals NHS Foundation Trust <http://www.derbyhospitals.nhs.uk>

You child's general anaesthetic, The Royal College of Anaesthetists <http://www.rcoa.ac.uk/patientinfo>

NHS Choices: squint. <http://www.nhs.uk>

Contact Details for Further Information

For Diana Princess of Wales Hospital

If you have any concerns please don't hesitate to contact **Rainforest Ward** on (01472) 874111 ext. 7520 / 7521 or the secretary to your child's consultant on (01472) 874111 (the operator will transfer your call).

For Scunthorpe General Hospital

Children's pre-assessment team,
Children's Outpatient Department,
Scunthorpe General Hospital,
Scunthorpe.
Tel: 01724 282282 ext. 2027

Disney Ward

Tel: 01724 282282 ext. 2553

Information for patients and visitors

Concerns and Queries

If you have any concerns / queries about any of the services offered by the Trust, in the first instance, please speak to the person providing your care.

For Diana, Princess of Wales Hospital

Alternatively you can contact the Patient Advice and Liaison Service (PALS) on (01472) 875403 or at the PALS office which is situated near the main entrance.

For Scunthorpe General Hospital

Alternatively you can contact the Patient Advice and Liaison Service (PALS) on (01724) 290132 or at the PALS office which is situated on C Floor.

Alternatively you can email:
nlg-tr.PALS@nhs.net

Confidentiality

Information on NHS patients is collected in a variety of ways and for a variety of reasons (e.g. providing care and treatment, managing and planning the NHS, training and educating staff, research etc.).

Everyone working for the NHS has a legal duty to keep information about you confidential. Information will only ever be shared with people who have a genuine need for it (e.g. your GP or other professionals from whom you have been receiving care) or if the law requires it, for example, to notify a birth.

Please be assured however that anyone who receives information from us is also under a legal duty to keep it confidential.

Zero Tolerance - Violent, Threatening and Abusive Behaviour

The Trust and its staff are committed to providing high quality care to patients within the department. However, we wish to advise all patients / visitors that the following inappropriate behaviour will not be tolerated:

- Swearing
- Threatening / abusive behaviour
- Verbal / physical abuse

The Trust reserves the right to withdraw from treating patients whom are threatening / abusive / violent and ensuring the removal of those persons from the premises.

All acts of criminal violence and aggression will be notified to the Police immediately.

Risk Management Strategy

The Trust welcomes comments and suggestions from patients and visitors that could help to reduce risk.

Perhaps you have experienced something whilst in hospital, whilst attending as an outpatient or as a visitor and you felt at risk.

Please tell a member of staff on the ward or in the department you are attending / visiting.

Moving & Handling

The Trust operates a Minimal Lifting Policy, which in essence means patients are only ever lifted by nursing staff in an emergency situation.

Patients are always encouraged to help themselves as much as possible when mobilising, and if unable to do so, equipment may be used to assist in their safe transfer.

If you have any questions regarding moving and handling of patients within the Trust,

Information for patients and visitors

please speak to a member of staff in the ward or department you are visiting.

Northern Lincolnshire and Goole NHS Foundation Trust

**Diana Princess of Wales Hospital
Scartho Road
Grimsby
DN33 2BA
01472 874111**

**Scunthorpe General Hospital
Cliff Gardens
Scunthorpe
DN15 7BH
01724 282282**

**Goole & District Hospital
Woodland Avenue
Goole
DN14 6RX
01405 720720**

www.nlg.nhs.uk

Date of issue: November, 2016

Review Period: November, 2019

**Author: Children's Outpatient Department
Pre-Assessment Team**

IFP-936

© NLGHT 2016

