



**The Leeds
Teaching Hospitals**
NHS Trust

Your child's eye operation

Information for patients,
parents and carers



Leeds Centre for
Ophthalmology

Your child has been listed for an eye operation. We understand that this may seem like a daunting prospect for both carers and children.

Being well prepared and informed goes a long way to relieving anxieties about the day of admission and we hope that this booklet will help.

Whilst we attempt to cover most of what happens at pre-assessment and admission, we appreciate that from time to time, there are individual circumstances that are not covered. We are always happy to answer any of your questions and concerns.

It is generally advisable to be as open as you can with your child about coming into hospital. Please talk to them and don't worry about them asking us questions, as we hope to answer the concerns of the children and carers alike. The most frequent question asked by children undergoing eye surgery is "Will they take my eye out?" - you can assure them that this is not the case!

In addition to the information in this leaflet, you may find some of the resources below helpful to you and to read with your child:

Association of Paediatric Anaesthetists website:

www.apagbi.org.uk

Here you will find a parents and carers page with links to age appropriate information:

Rees Bear (young children)

Dennis has an anaesthetic (children aged 7-11)

General Anaesthesia: brief guide for young people (Teenagers)

These are not written by the Royal College of Anaesthetists but meet their basic standards.

Interactive information and activities can also be found on the websites below:

www.bbc.co.uk/cbeebies/grownups/helping-your-child-prepare-for-an-operation

www.bbc.co.uk/iplayer/cbeebies/episode/b092q7ft/sign/get-well-soon-hospital-series-2-9-operation

Your child's stay in hospital

Most eye operations are performed as a day case. This means that you and your child can go home later on the same day. Sometimes, it may be advised that your child stays in hospital overnight, but it is not usual to stay any longer than this.

Your child will be admitted to **Ward L49, D Floor, Clarendon Wing, Leeds General Infirmary**, where they will be looked after by **specialist children's nursing staff** and a **play therapist**.

If an overnight stay is planned, your child will be admitted to the Children's Surgical Admissions Lounge (CSAL), D floor, Clarendon Wing. After their operation, your child will be given a bed, usually on Ward L41, C Floor.

Your admission letter will tell you where to go.

Interpreters

Please inform the admissions office as soon as possible if you will need an interpreter for the day of admission.

Meet the team

There are lots of people involved with your child's care. Just who they are and what they do can be a bit overwhelming at times. You will already have met some of them in ophthalmic outpatients but you may meet new people on the ward.

Ophthalmologists

Mr Ashish Kumar, Mr Vernon Long, Mr Evangelos Drimtzias and Mrs D Gogi are specialist children's eye surgeons who will be in charge of your child's operation. They have a team of doctors working with them who will also be involved in the operation.

Occasionally, some operations will be performed by another eye surgeon who is a sub specialist in ophthalmology. These include retinal, corneal, glaucoma and oculoplastic surgery.

Orthoptists and Optometrists

Orthoptists and Optometrists are involved in the assessment of vision, helping your child's vision develop to its full potential. You may already be familiar with these team members, especially if your child already wears glasses or has a squint. Children coming in for cataract surgery will become familiar with the orthoptist and the optometrist, following their operation.

The orthoptist will have taken measurements of your child's squint and assessed whether your child has the potential to develop binocular vision, which may keep the eye position more stable after the operation. The surgeon will choose his surgery based on these assessments.

Following cataract surgery, your child will meet the optometrist for regular glasses tests (refraction), possibly contact lens assessment and intra ocular pressure assessment.

Anaesthetists

The **anaesthetist** is a doctor who is responsible for giving your child an anaesthetic and monitoring your child during the operation.

Nursing staff

You will meet the **specialist children's nurses** when you go on to Ward L49. They will look after your child throughout their stay and ensure you have all the medication you need when your child is discharged.

Play therapist

The **play therapist** will provide a range of activities for entertainment and fun whilst your child is on the ward. This is an important part of your child's care and recovery, as it is something that is normal and familiar, and helps children to adjust and relax during their time with us.

Theatre staff

The theatre nurses prepare the theatre for the operation and help the surgeon with the instruments they require as they need them.

Preparing your child for their operation

Preoperative assessment

This will take place at **Leeds General Infirmary**, shortly before your child's admission date, or by telephone. Your child will have a general health check to make sure they are able to have general anaesthetic.

Fasting

It is important that that your child has nothing to eat or drink before their operation. If there is food or liquid in their stomach during the anaesthetic, it could come up into the back of their throat and damage their lungs.

Please follow the fasting instructions in your admission letter carefully; otherwise, your child's operation will be cancelled.

On the day

You will be given a time for admission and your child should be fasted as instructed in your letter, ready for anaesthetic. **This is not the time of the operation.** If there are any problems on the day, please contact **Ward L49: (0113) 392 7449** as soon as possible for advice.

Whilst both parents are welcome to accompany their child, we would ask that siblings (unless they are breast fed babies) and other relatives do not attend, as space is limited and too many people can be distracting for other children.

One parent will be able to accompany their child to the anaesthetic room. They can stay with their child while they go to sleep with a general anaesthetic.

When your child's operation is over, and once they has woken up, you will be asked to come to the recovery room. All operations take a different amount of time. Whilst we will give you an estimate of how long the procedure will take, transferring them from theatre and waking them up always adds to the time that they are away from their bed. Please don't be alarmed if this seems longer than you anticipated.

Once your child is feeling well enough and has had something to eat and drink, you will be able to go home.

What to bring

- Pyjamas or nightie and toothbrush (if staying overnight)
- An overnight bag for child and adult (if staying overnight)
- Milk or formula if required
- A favourite toy or comforter
- Glasses if worn
- Spare nappies if required
- Any medication your child requires
- Personal record book
- Something for you to do / read while your child is in theatre

There are toys and games available on the ward. If you do bring in expensive items such as electronic equipment, you must take full responsibility for their safekeeping.

Going home

Generally, your child's eye(s) will not be covered after the operation at home. This does not apply to children who have had cataract surgery, as they will be required to wear an eye shield to protect the eye.

Your child will require medication in the form of eye drops or ointment for use after their operation. The doctor will prescribe it and the nurses will tell you how to use it before you go home. You will be able to get the medication from the Hospital Pharmacy, Ground Floor, Clarendon Wing, using the prescription given.

After the operation, your child's eye(s) may feel uncomfortable particularly following squint surgery, but they are not usually painful. If your child complains of discomfort, then paracetamol (Calpol) or ibuprofen (Nurofen) are advised. You will be given a card with the appropriate doses for your child when you leave the hospital.

Children who have had an intra-ocular procedure such as a cataract removal will be seen the following day **at St James's Hospital**. A post-operative appointment will be sent out to you for other procedures.

If you have any concerns when you get home, please call **Ward L49: (0113) 392 7449** or the Orthoptic Department in normal working hours: **(0113) 206 4736** for advice.

We do not advise the use of public transport for your journey home, following a general anaesthetic. If you are using a taxi, then one accompanying parent is sufficient but if you are driving home, another adult should accompany the child.

What about school and getting back to activities?

Children who have had squint surgery are usually fine to return to school, after the weekend following surgery i.e. the operation is usually on a Wednesday so they can go back the following Monday. Normal activities can be resumed as soon as possible but we would advise against swimming for about four weeks. Small children should avoid sand play for a week or so.

Babies who have had cataract surgery should try to be kept in their normal routines. Your baby will have an eye shield to protect the eye after the operation so it is important to protect the eye as instructed.

If your child is having eye drops, if possible arrange for them to be put in when they are not at school.

Types of operations

The most common types of children's eye operations are listed on the following pages. If your child is due to have a procedure not listed and you have any further questions, please feel free to ask on the day of surgery or contact us beforehand.

Cataract removal

A cataract is when an inside part of the eye known as the lens becomes cloudy and the eye is unable to see a clear image. Babies who are born with cataracts may have them in one or both eyes. Usually the cause is unknown but the best treatment is to remove the cloudy lens as soon as possible, often when babies are only a few weeks old, to give the eye chance to develop some useful vision. Older children can also develop cataracts.

The natural lens needs to be replaced, either with an intra ocular lens at the time of surgery, or a contact lens (or both). The contact lens will be prescribed by the **optometrist**, after the surgery to help the eye receive a clearer image. Often, it is necessary to patch the better eye, to improve the vision of the weaker one until the eyesight improves.

If your child needs surgery to both eyes, the operations are generally done within a short time of each other.

Squint repair

There are several types of squint but the most common ones are **esotropia** (the eye turns inwards) and **exotropia** (the eye turns outwards).

In order to improve the eye position, one of the horizontal muscles may be shortened and the opposite muscle may be weakened by moving it further back. The amount of surgery depends on the size and nature of the squint. These measurements will have been taken by the orthoptist. In some cases, it is more appropriate to operate on both eyes rather than one. In this case, we usually weaken two muscles.

Your child will be asleep throughout the operation. A small incision (cut) is made on the clear membrane covering the eye which allows access to the muscle. When the operation is finished, this membrane will be stitched back together with dissolvable stitches. These disappear in a couple of weeks and do not need to be removed.

Your child will need eye drops and we would advise against swimming for about four weeks after the operation. The eye may be slightly red and uncomfortable for a day or two but it is not usually too painful. It may feel gritty again around two weeks after the operation as the sutures dissolve. If your child wears glasses, they will need to wear them after the operation, unless advised otherwise by the doctor or the orthoptist.

Cyst removal

A cyst (or chalazion) occurs when the small oil producing meibomian glands in the eyelid become blocked. The cyst is a result of swelling and inflammation of this gland. Some resolve spontaneously and others may require surgery to cut out the inflamed tissue. This is usually on the inside of the eyelid and the cut is very small. It is done under general anaesthetic and dissolvable stitches are used. Ointment may be required after the operation for a while.

Examination under anaesthetic (EUA)

Your child's ophthalmologist may ask for an EUA if your child is unable to complete an eye examination in the outpatient clinic. The examination will take place while your child is asleep. They may have eye drops to dilate their pupils to make the examination easier. During this time, the doctor may check the internal pressure of the eye, check the back of the eye (the fundus) for any anomalies or perform a glasses test (refraction). The examination usually takes between 10 and 40 minutes. It is usually better for one parent to wait outside theatre for the results of the EUA. Depending on the findings, we sometimes suggest that we go ahead with treatment under the same anaesthetic.

Syringe and probe

The obstruction of the naso-lacrimal duct is very common in infants and although the majority of cases resolve by themselves by the age of about one year, some cases persist and require surgical intervention.

The naso-lacrimal duct is the drainage system through which tears flow, not only when we cry, but during the course of normal tear production to prevent the eye from drying out. Tears drain out through two ducts, one on each of the upper and lower lids. From there, they enter small tubes called canaliculi which are located at the lower corner of the eyelids. The tears then pass along to the lacrimal sac and down the naso-lacrimal duct to the back of the throat.

Occasionally in infants, these drainage channels are more narrow than usual and can become easily blocked which may lead to infection. Sometimes, the drainage channel fails to develop fully or may be blocked by some remaining tissue which requires surgical probing.

The probing is done under general anaesthetic and takes about 10 minutes. A blunt metal probe is passed through the tear duct to open any obstruction. If this is unsuccessful, children may need small silicone tubes inserted in to the tear ducts to stretch them. They remain in place for 3-4 months and are then removed in clinic or during another short surgical procedure.

Ptosis (droopy eyelid) surgery

Ptosis which is present at birth may be caused by under development of the muscle which lifts the lid (the levator). A drooping lid, especially one which covers or largely covers the pupil (the black centre part of the eye), may prevent the development of vision in this eye. Surgery is recommended in severe cases to enable the vision to develop. The levator may be tightened but if the levator is very weak, the eyelid may be raised by suspending it from the brow so that the forehead muscles assist the lifting. This is called a brow (frontalis) suspension.

Useful telephone numbers

Admissions office	(0113) 206 5672
Paediatric ophthalmology secretary	(0113) 206 6663
Orthoptists (8.30am - 5.00pm) leedsth-tr.orthoptics@nhs.net	(0113) 206 4736
Preassessment clinic	(0113) 392 6609
Ward L49	(0113) 392 7449



What did you think of your care?

Scan the QR code or visit bit.ly/nhsleedsfft

Your views matter



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Produced by: Medical Illustration Services

MID code: 20221213_002/EP

LN000106
Publication date
12/2022
Review date
12/2025