



**The Leeds
Teaching Hospitals**
NHS Trust

Adult squint surgery

Information for patients



Leeds Centre for
Ophthalmology

The condition

A squint is a condition where the eyes are not pointing in the same direction. Many squints develop in childhood so you may have had this for many years. You may have had previous squint surgery to align the eyes into a better position. Some squints that occur in adulthood are often due to an underlying problem associated with your general health. The main reasons for squint surgery are to restore appearance or to improve troublesome symptoms such as double vision.

The procedure

The surgery is carried out under general anaesthetic and you will be admitted as a day case. This means that you will be able to go home following the surgery providing you feel well enough. You should not drive yourself home after the surgery. There needs to be someone at home who can help look after you. In rare cases it may be necessary to stay in hospital overnight.

Very occasionally some squint surgery can be done under local anaesthetic if your general health is not good enough for a general anaesthetic.

The amount of surgery done on each muscle depends on the size and nature of the squint. This will have been measured by an orthoptist. In some cases it is more appropriate to operate on both eyes rather than one.

Before the operation

You will need to attend the pre assessment clinic prior to surgery. This is so that you can have a medical check up to make sure you are fit for general anaesthetic. If you are unable to make this appointment please inform us as failure to attend without telling us will result in your name being taken off the waiting list.

If you have any questions or worries about your surgery please ask to speak to an orthoptist or an ophthalmologist who will be happy to answer your queries.

Some medicines like aspirin, clopidogrel and warfarin delay blood clotting. If you take these medications, you may be asked to stop them for a short time before your surgery.

The waiting list

It is only possible to give an approximate indication of the length of time you will wait for your operation. Please ask the orthoptist or doctor.

If you receive a date for your operation which is not convenient, please let the admissions office know as soon as possible so that we can offer this place to someone else.

If you have holidays booked or days when you cannot come in please let the admissions office know as soon as possible.

On admission

You will receive a letter from the admissions office telling you what time you should arrive and what to bring with you. You will also have instructions about fasting before the operation.

When you arrive on the ward you will complete some paperwork and will be seen by the anaesthetist who will be administering the general anaesthetic.

During preparation for surgery the eye to be operated on will be marked by an arrow drawn on the forehead. This can be removed by washing but may take a while to disappear.

The operation

The operation itself takes between 25 and 45 minutes on average, depending on how many muscles are to be done. The length of time you will be away from the ward will be 1-1½ hours depending on the type of surgery and how long it takes for you to recover from the anaesthetic.

After the operation

Your eye will feel gritty, as though you have something in it, for a couple of hours until the ends of the stitches soften.

Once you are feeling well enough you will be able to go home. You should have someone there to look after you. We do not advise you to go home alone or by public transport, following a general anaesthetic.

The normal pain relief you use can be taken for any discomfort. You may be given some antibiotic and steroid eye drops to use at home for around four weeks. Your eyes will be blood-shot and quite red over the muscle(s) that were operated on. The redness will go over 2-3 weeks. There may be a persisting pink area on the white of the eye for weeks to months after a squint operation.

If you had a prism on your glasses before the operation this will most likely need changing or removing altogether afterwards. It needs to be removed on the day of surgery and the need for a prism will be reassessed at your post operative appointment.

There is no need to remove stitches post operatively as these will dissolve over 3-4 weeks. Normally the eye is not padded. In some cases, an adjustable stitch is used so that final adjustments can be made when the general anaesthetic has worn off. Adjustment is needed in a minority of cases and this will have been discussed and agreed with you before your operation.

You can return to work as soon as you feel able. People who work in a dusty environment may be more susceptible to irritation. If you have any concerns about returning to work please ask an orthoptist or ophthalmologist.

We would recommend that you avoid swimming for four weeks after surgery.

Follow up

You will be given a video appointment around 2-3 weeks after your surgery.

When will we know if the operation has been a success?

The best time to judge longer-term success is around one to three months, and longer in conditions such as thyroid eye disease. The eyes may appear much better aligned as soon as they are opened after the operation. Often there will be noticeable variation in the alignment with the eyes moving in and out a bit as the brain “learns” to control the eyes following the surgery and adjusts to the new position. This variation settles over the first week or so.

Unfortunately, no matter how successful an operation has been for a turned eye, there is always a chance of the eye turning again at some time after the surgery, even many years later.

Potential complications of squint surgery

The aim of your surgery will be discussed with you before your operation. The aim may be to slightly under or over correct dependent on the size and type of deviation. Squint surgery is not an exact science and the planned result may not be achieved. This can generally be helped with further surgery and / or prisms.

Some people may experience new double vision following their operation. The possibility of this will have been discussed with you before your operation. The double vision is often transient. If it remains troublesome please contact us.

Problems with wound healing occur occasionally (1 in 100). This may be seen as a pink lump (granuloma) or white strand of tissue (prolapsed connective tissue). These problems usually settle without any specific treatment. Rarely, an operation is required to remove the lump. Occasionally there may be a small visible scar or cyst at the site of the operation.

Infections may occur requiring further eye drops but are uncommon.

Loss of sight following a squint operation is extremely rare occurring in 1 in 15000-30000 cases and is linked to infection and bleeding.

Frequently asked questions

Is my eye removed during the operation?

NO! This is a common held belief but no eye surgery requires the eye to be removed. The eye muscles are attached to the eye and are operated on in place.

Do I still need to wear glasses afterwards?

If your glasses were prescribed to improve your vision then the answer is yes. Some patients require prisms both in the short term and long term after surgery.

Can I wear eye make up after the operation?

It would be better to go without it for a few days after the operation and then go easy with mascara in case of accidental injury. You should be able to use eye make up after one week if the eye is healing well.

If you have any further questions or any problems please do not hesitate to ask us

Contact details

Orthoptists	0113 206 4736
or email: leedsth-tr.orthoptics@nhs.net	
Mrs Gogi's secretary	0113 206 6663
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