The Leeds Teaching Hospitals NHS Trust

Intermittent Exotropia

Information for patients and parents/carers

Leeds Centre for Ophthalmology

What is intermittent exotropia?

This is when one eye turns outwards (divergent squint) at times. This may be more noticeable if your child is tired, unwell or daydreaming. Many children are able to keep their eyes straight and working together when they view close objects, or carry out near visual tasks such as reading.

How does this affect my child?

You may notice your child rubbing or closing one eye (usually the eye that diverges), particularly in bright sunlight conditions. It is rare for young children to notice symptoms such as double vision with this condition.

As this type of a squint is intermittent, it is uncommon for amblyopia (reduced vision, also known as "lazy eye") to develop in the eye that turns. However, this can occur in young children if the intermittent exotropia deteriorates and becomes a constant squint. This may disrupt your child's ability to use both eyes together (binocular vision) for all distances and will be treated accordingly.

On your eye clinic visit

Your child will have been seen in the Orthoptic clinic, where an Orthoptist will have assessed your child's vision, binocular vision and control of the squint.

We do not always get the full picture in clinic; therefore, we will try and gain information from parents / carers as important observations can be made at home. We will be interested in knowing:

- How often and when the divergent squint is noticed.
- Less than 50% of child's waking hours.
- More than 50% of child's waking hours.
- At what distance it is noticed.

A glasses test may be carried out by our Optometrist. However, we do find that patients with an intermittent exotropia often have normal vision in either eye and that glasses are not required. The need for glasses is similar to that of the normal population and appears incidental to the presence of this type of squint.

Treatment / discharge

Children with a mild intermittent exotropia do not usually require treatment and may be discharged either on their first visit, or after a period of monitoring.

If your child has been discharged this is because:

- The squint is well controlled at near viewing, and a sufficient level of binocular vision and stereopsis (3D vision) has been demonstrated for near viewing, which indicates that your child is still able to use both eyes together.
- The eye drifts out only for short periods of time (less than 50% of waking hours), usually when tired / not concentrating.

Treatment is indicated if:

- The squint is noticed more than 50% of waking hours.
- The squint is getting difficult to control, particularly on near viewing; therefore, disrupting binocular vision and stereopsis.
- Symptoms such as double vision.
- Concerns about appearance as the child gets older.

The aim of treatment would be to reduce the angle of deviation and allow better eye alignment in order to restore, or maintain straighter eyes more of the time. Treatment rarely provides full control of the eyes. The squint is also likely to reoccur with time and may need more treatment.

Types of Treatment

Exercises

Eye exercises do not generally help this type of squint, particularly where the problem is mainly at distance rather than near. Eye exercises may be carried out for minor problems on near viewing.

Prisms

If we are considering surgery, we sometimes use temporary plastic stick-on prisms on glasses or a pair of glasses without a prescription to help decide the best treatment.

Very occasionally, we use prisms to correct smaller deviations and these are incorporated in to glasses.

Surgery

Surgical correction of the squint will involve general anaesthesia and depending on the size of the squint, one or two muscles will be operated on. This could involve one or both eyes and will be discussed with you in detail.

Surgery is not a cure and perfect alignment of the eyes is rare. We are aiming to reduce the amount of divergent squint so that hopefully, it will be controlled more of the time. As with any squint surgery there is a risk of under or over correction of the squint and in some cases, further surgery may be required. We cannot predict when / if further surgery would be required as this will depend on how well an individual can control the remaining squint, and whether there are symptoms present.

Children may need to be monitored for a while until accurate measurements of the squint are obtained before surgery is considered. We may also need a measurement after wearing a patch over one eye for 40-60 minutes

Glasses

In some very specific cases, a pair of short-sighted (myopic) glasses may be prescribed that are not needed for vision as a temporary measure to help reduce the squint and improve control. There is a risk that this may induce permanent short-sightness.

Will it get better without treatment?

This type of squint is very unlikely to get better without treatment, but not all children require treatment. Some children may remain unchanged for years and never require any treatment.

After discharge

If your child has been discharged, you should continue to make observations at home. Please seek a re-referral to the Orthoptic Department via your GP (family doctor) if you feel that:

- The divergent squint is constantly present for longer periods of time (greater than 50% of child's waking hours).
- Control of near deviation is deteriorating.
- Your child increasingly complains of double vision.
- There are concerns about the appearance that you feel warrants surgery.

It is important for an Orthoptist to re-assess the situation, and decide if treatment is needed to restore or prevent the loss of binocular vision and stereopsis as well as better eye alignment. In younger children, there may be a risk of amblyopia if the squint becomes constant in one eye.

An optician can monitor your child's vision and do a test for glasses. This is free whilst your child is in full time education until the age of 19. If your child is under 5 and lives in Leeds, they will have a distance vision screening test in school in the year they are aged 5.

If you have any further questions or concerns please do not hesitate to contact us:

Orthoptic and Children's Eye Clinic,
St. James's University Hospital

Telephone: **(0113) 206 4736**
Email: **leedsth-tr.orthoptics@nhs.net**

What did you think of your care?

Scan the QR code or visit **bit.ly/nhsleedsfft**

Your views matter

© The Leeds Teaching Hospitals NHS Trust • 5th edition (Ver 1)
Developed by: The Orthoptic Department
Reviewed by: Janice Hoole, Head of Orthoptics
Produced by: Medical Illustration Services • MID code: 20231123_007/EP

LN004206
Publication date
11/2023
Review date
11/2026