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Squint Information

Squint, also called “strabismus”, is a condition in which the eyes are not aligned in the same direction. The squinting eye may turn in (converge) or turn out (diverge) or sometimes turn up or down. Squint may be present all or only part of the time, sometimes in one eye or alternating between the two eyes.

A Squint can occur for a number of reasons like:

- Eye muscle imbalance
- Faulty nerve signals to muscles
- Refractive (focusing) abnormality
- Childhood illness
- Heredity
- Injury
- Rarely, it can be due to other diseases or illness

Treatment of squint is different for adults and children

Childhood Squint

Squint is relatively common in children, and 2-3% of the population are born with squint. Treatment is advisable as soon as possible and is most effective in young children. The cause is not always known, but if squint is suspected, the baby should be seen for an accurate assessment at the earliest opportunity. Sometimes a “Pseudo or false squint” may be present where the eyes appear to be misaligned but do not actually have a squint. It is called “epicanthus” and is caused by folds of skin, a wide nose, flat nasal bridge or due to wide gap between the eyes. Epicanthus does not exclude the possibility of a squint being present and you should always seek an expert opinion.

New born children may have a certain degree of misalignment of eyes, which usually disappears by about 6 months of age. However, if it persists beyond 6 months then the child should be immediately examined by an eye surgeon.

The child is thoroughly assessed to establish the type of squint. It is very important note the vision and fixation pattern (ability to fix vision on a target) in both eyes. Treatment varies according to the type of squint and can be in the form of spectacles, occlusion, eye drops (rarely), Botox (sometimes) or surgery.

Some squints, especially those caused by hypermetropia (long sightedness) respond well to the use of spectacles. The child will be seen from time to time to monitor change in vision, prescription of spectacles or the squint. Any residual squint not corrected with spectacles can then be corrected by surgery.

Amblyopia or Lazy Eye:

This is treated by patching / occluding the good eye. The weaker eye is encouraged to work harder with visual activities such as colouring and reading while the patch is on. It should be noted that amblyopia can only be treated before the age of about 9 years after which the visual system of the eye becomes fixed and fails to respond to occlusion therapy.

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Surgery:

Sometimes this is the only choice to straighten the eye. If done at an appropriate time the results can be very good and proper 3D vision can develop.

One or both the eyes may have to be operated on. One or more operations may be required to achieve perfect functional results (cosmetic correction is usually easier to obtain).

Adult Squint:

When an adult suffers from a squint, it's not only imperative to establish the type and treat the cause of squint. There are two main types non paralytic or paralytic squint.

They non paralytic variety either persists from childhood or local eye imbalance. Any adult suffering from a sudden onset of paralytic squint must be investigated to establish the cause. Possible causes, which could be medical, are: - hypertension, diabetes mellitus or brain lesion. The majority of such squints self correct within 6 months and surgery is only required in cases where squint persists. Botox injections given in to the eye muscle is sometimes helpful to reduce the over action of the muscle opposite to that weakened by paralysis.

Is squint only a cosmetic problem?

Squint is not just a cosmetic problem. It is always associated with certain degree of functional defect such as decreased vision, lack of co-ordination, (amblyopia or lazy eye) or double vision (diplopia). Loss of binocular vision (ability to use two eyes together) can lead to loss of fine depth perception (stereopsis) and peripheral visual field.

Squint is assessed by various orthoptic tests which:

- Establish the amount and type of squint
- Assess how well the child / adult sees
- Detect the presence of refractive errors
- Test for binocular vision
- Examine the retina including fixation pattern
- Investigate for the cause of squint

Squint surgery is conducted under general anaesthesia as a day case. It is not uncommon for more than one operation to be necessary. This does not mean that something has gone wrong but that fine tuning is needed to obtain the best straight alignment. Sometimes the squint is so large that two-stage surgery is planned. Usually no eye pads are given children, adults may need a pad for a few hours. Most of the time absorbable sutures are used and do not have to be removed. The person can return to work after 3 days of rest although a certain amount of redness and irritation may persist longer.

Significant under corrections and over correction can occur in 10% of cases. More complex the squint is, greater this possibility. Rarely double vision can be a problem which can be managed by prisms or further surgery.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND THIS INFORMATION

Signature of Guardian / Patient:

Date: