



**University  
Hospitals Sussex**  
NHS Foundation Trust

# Strabismus surgery for children

Orthoptic Department  
Day Surgery Unit (DSU)  
St Richard's Hospital

**Patient information**

This leaflet is intended to answer some of the questions of patients or carers of patients listed for strabismus surgery under the care of University Hospitals Sussex NHS Foundation Trust.

## **What is a strabismus?**

Strabismus is the term used to describe eyes that are not pointing in the same direction and not working together. A strabismus may be present occasionally or all of the time. It may be only in one eye or may alternate between the two eyes.

## **Why operate?**

The main reason for surgery can be to improve the cosmetic appearance of the eyes or to allow the eyes to work together more easily. Surgery may also be done to reduce double vision, or improve a head posture. The aims of surgery should be discussed with the orthoptist prior to the operation as they will vary depending on the type of strabismus.

## **Before the operation:**

Your child will be placed on a waiting list and how long you have to wait will be discussed. You will receive an appointment to come in for orthoptic measurements up to four weeks prior to the surgery. Your child will also need to have a general anaesthetic assessment.

## About general anaesthetic:

An anaesthetic can affect children in different ways although with modern techniques serious problems are uncommon. Most children recover quickly and are soon back to normal after their operation. Some children may suffer side effects such as sickness, headache or sore throat. These usually only last a short time and the nurse looking after your child will monitor them and give appropriate medication when necessary.

## On the day:

Strabismus surgery is done as a day case procedure and requires a general anaesthetic so that your child will be asleep throughout the operation. They will also receive pain relief medication during the surgery.

On the day of surgery, you will be seen by a nurse to discuss everything that is going to happen. An orthoptist will come to do repeat measurements. An anaesthetist will explain the anaesthetic procedure and the surgeon will explain the risks and benefits of the surgery and complete the consent form.

## How is the strabismus corrected?

The surgeon will move the eye muscles on the outer surface of the eye to strengthen or weaken their action. There are six muscles on each eye and the surgeon and the orthoptist will decide which muscles need to be adjusted. This may be on one or both eyes.

**The eye is NOT taken out.**

## After the surgery:

Your child will be taken to the recovery room after leaving the operating theatre until they are awake from their anaesthetic. Every child is different, some are awake and others are very sleepy when they return to the ward. It is advisable to encourage your child to rest for a short while after their operation. When ready they will be able to have a drink and a small meal. You should bring your own food/drink with you.

Once your child is able to open their eyes the orthoptist will come to the ward to take some measurements.

We try to discharge children from around 2 hours after surgery; providing that they can tolerate fluids and feel well enough.

Once at home encourage your child to rest and drink plenty of fluids. They may eat as they wish but easily digested food are best. They may eat less than usual but do not worry so long as they are drinking well.

Immediately after the operation the eye will be red and swollen. You may be able to see a small black stitch on the white of the eye. The eye will feel sore for a few days after the operation and may feel 'scratchy', but any pain can usually be controlled with paracetamol or ibuprofen. The eye may look bloodshot for several weeks after surgery and the eyelid may be puffy for up to a week.

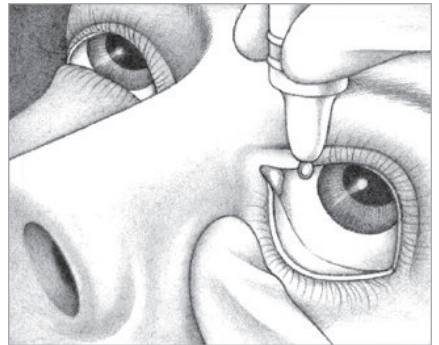
Before you leave the ward, you will be given a follow-up appointment and eye drops will be prescribed to reduce inflammation and prevent infection.

## Using the drops:

Make sure you always wash your hands before touching the eye or putting the drops in. To use the eye drops effectively, tilt your child's head back and pull the lower eyelid down. Drop an eye drop onto the inside of the lower eyelid, release the lid and wipe away any excess fluid. Do not touch the eye with the bottle. If you are not sure the drop has gone in, it is safe to use another.

To clean the eye use **cooled** boiled water and a small piece of gauze, wiping outwards from the nose to the temple - repeat as necessary.

Use a new gauze swab for the other eye.



The eye drops may make the vision blurred. This will be assessed at the two week follow up appointment.

## Further advice:

Your child can return to school or nursery when comfortable and this is usually 5-7 days after their surgery.

Do not patch or cover the eye even if you have been using a patch prior to the surgery.

It may be beneficial to use sunglasses to protect from the sunlight and wind when outdoors if your child does not normally wear glasses.

It is important to avoid any strenuous activity or contact sports (this includes trampolining) for around four weeks and your child must not swim for up to six weeks following surgery.

Your orthoptist will give you advice about when to wear glasses and if any eye exercises are necessary.

If your child complains of double vision for more than 2-3 days after surgery please telephone the orthoptic department for advice.

Sometimes a second operation will be necessary, but this will be discussed at your follow up appointment with the orthoptist.

## Important

You must attend your child's post-op appointment  
(2-3 weeks after surgery)

Please contact the department if you are unable to keep this  
appointment for any reason.

## Contact numbers

**Orthoptist:**

St Richard's

**01243 831499**

Southlands

**01273 446077**

**Useful website:** [www.squintclinic.com](http://www.squintclinic.com)

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