NHS
University Hospitals Sussex
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# Esotropia (inward-turning eye)

Opthalmology

**Patient information**

## What is this information about?

**This information is about esotropia. It explains:**

- what esotropia is
- what may cause esotropia
- how esotropia can affect people who have it
- the ways in which we may treat DRS
- where you can find further information and support.

## Why have I been given this information?

You have been given this information because you, a family member, or someone you are a carer for, has been diagnosed with esotropia.

Reading this information will help you to know what to expect from the condition and any treatment you may have for it. Following the advice in this information can help to improve your esotropia or stop it from getting worse.

## What is esotropia?

Esotropia is when one eye turns inwards towards the nose. It is a type of 'strabismus'. This is when the eyes are not pointing in the same direction and working together.

## What causes esotropia?

For some people we cannot tell what has caused them to have esotropia. It is more usual for people to have it if other members of their family have also had it.

In children, having long-sightedness which has not been treated is the most usual cause of esotropia.

Other things which may make it more likely for someone to have esotropia include:

- being born pre-term (premature)
- trauma. For example, a head-injury; a fractured eye-socket or an injury that a baby gets during birth
- other eye conditions
- other issues with their general health or development.

## How might having esotropia affect me or my child?

**Children who develop esotropia early in life may:**

- not have full 3D vision
- have reduced vision in the affected eye.

**Adults who develop esotropia may get:**

- double vision
- headaches
- eye-strain.

People with esotropia may find it hard to judge distances, which can affect everyday activities like sports, driving or walking down stairs.

Having esotropia may make people feel less confident and affect how they are with other people (their social development).

## How is esotropia diagnosed?

Parents will usually notice if one of their child's eyes is turned aside.

An orthoptist will confirm this by doing some tests to check for esotropia. This involves a person looking at pictures or letters while the orthoptist checks the position and movement of their eyes.

Sometimes esotropia may switch between the eyes. This is usually a good thing in children. It helps their vision to develop more equally in both eyes. Sometimes this switching happens because treatment of esotropia has worked as it should.

## What treatment might I get for esotropia?

- We recommend you visit an optician for a 'refraction' test (a 'glasses' test). We will make an appointment for most patients to see our own in-house optician. If you cannot attend an appointment with our in-house optician, we will ask you to contact a high-street optician to book an appointment with them.

The refraction test checks how light waves 'bend' (are deflected) as they travel through your eyes. It can tell us:

- how healthy your eyes are
- whether you are long or short-sighted
- whether you have any astigmatism. If you have astigmatism, it means the shape of your eye is more curved than it should be. It is shaped more like a rugby ball than a football. It focuses light on more than one place at the back of your eye meaning your vision is blurred.

The optician will put some eye-drops into your eye before they do the glasses test. They make the pupil (the black part of the eye) larger and relax the focusing muscles. This makes the test quicker and more accurate.

- If the optician thinks that you need glasses, they will give you a prescription for them which you can use at any opticians.
- You will have an appointment for a repeat glasses test every 6 to 12 months.

## Will the glasses cure my esotropia?

Glasses are often used to treat esotropia for people who are found to be very long-sighted. They allow the eye to relax more as it is focussing. This can make it turn outwards, away from the nose.

The eye often appears to be straighter if you are wearing glasses. Once you take them off the esotropia may appear more obvious again.

How your esotropia appears if you are wearing glasses is different for everyone and glasses may not be the right treatment for you or your child.

## How might esotropia affect my vision?

People with esotropia often have reduced vision. This condition is known as 'amblyopia'.

For some people, amblyopia can be treated with eye patches or by putting eye drops in the better seeing eye. This can improve vision in the weaker eye.

Amblyopia can usually be treated in children up to the age of 8. After this, treatment may not work as well. Your Orthoptist will speak with you about whether treatment is right for you or your child.

### Be aware

this treatment will not cure esotropia but aims to improve your vision.

## I have been prescribed glasses to manage my esotropia, but still have vision problems, symptoms, or my eye does not appear straight. Are there any other treatments that I may be able to have?

**We may offer you an operation to treat your esotropia if you continue to have:**

- double-vision
- problems with 3D vision
- headache
- eye-strain.

For some people the operation's only aim is to reduce the appearance of esotropia.

**Before we can offer you or your child an operation:**

- any vision problems that you or your child have should be treated
- you or your child will need to have an appointment with a surgeon who is a specialist in doing eye operations (consultant ophthalmologist). They will decide if an operation is right for you based on your condition.

Your orthoptist can send you (refer you) to see the consultant ophthalmologist.

If you have an operation the surgeon will adjust the position of your eye muscles to make the eye straighter.

Some people may need more than one operation as the effects may not be permanent.

## When will you stop monitoring or treating my esotropia?

**For children** we will keep checking their esotropia and how it is affecting them until:

- the orthoptist thinks that the condition is stable and being managed in the best way
- you and your child are happy with the way their eyes appear and how they are working.

**For adults** their condition will be checked and treated until we know what is causing it and have found a way to manage it if possible.

## How well might my treatment work?

**Treatment usually works best to make sure that vision develops as it should if:**

- esotropia is found and diagnosed as early as possible
- treatment begins as soon as it can after diagnosis.

3D vision may also improve with early diagnosis and treatment, but often it does not.

An operation to correct strabismus so that the eye appears to be straighter can be done at any age.

## What can I do to make sure that my treatment works as well as possible?

### Do

✓ follow any advice or instructions that you are given by your orthoptist, optician or surgeon about your treatments. For example, wear glasses or an eye patch in the way that we have advised and for as long as you should.

This is very important. Not following instructions or advice could mean that your treatment does not work as it should. This can have a serious long-term impact on your condition which may not improve or may even get worse.

## I am finding it difficult to follow the advice or instructions that I have been given or to stick to my treatment. What should I do?

### Do

✓ contact your orthoptist. They will be able to give you advice if you are having difficulty with a treatment. They may be able to suggest a different treatment option.

### Please use the contact numbers below:

**St Richard's Hospital Orthoptists** 01243 831499

**Southlands Hospital Orthoptists** 01273 446077

**Sussex Eye Hospital Orthoptists** 01273 664872

**Princess Royal Hospital Orthoptists** 01444 441881 Ext. 68305

## Where can I find further information about esotropia?

**Squintclinic** www.squintclinic.com

**Today's research is tomorrow's treatments.**
**That's why UHSx is proud to be a research-active Trust.**

Find out how you can get involved. Visit our website **www.uhsussex.nhs.uk/research-and-innovation/information-for-patients-and-public** or scan the QR code

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