



THE ROYAL VICTORIA  
EYE AND EAR  
HOSPITAL DUBLIN

# Squint



# What is a squint?

A squint, or strabismus, occurs when the eyes are misaligned and are no longer working as a pair (known as binocularity). It is common in childhood, affecting 2-3 % of the population.

The most common types of squint occur when one eye turns inwards. This is known as a convergent squint, or esotropia.

A squint turning outwards is known as a divergent squint, or exotropia. Vertical squints (hyper- or hypotropia) are also possible, or even torsional, where the eye is rotated inwards or outwards.

Squints in childhood should be treated early to avoid *amblyopia* and to try and preserve binocularity.

Amblyopia (commonly known as a lazy eye) is blurred vision caused by an interference in visual development in early childhood.

Squints in older children and adults often cause double vision, known as diplopia.

There are many different types and causes of squint.

# What causes a squint?

Childhood squints are often caused by a need for glasses. Convergent squints are the most common type, and these are usually caused by hyperopia, or long-sightedness. Hyperopia is present from birth, and means that, in order to see clearly for near, the child must over-focus. This eventually (usually between the ages of 2 and 3) causes one eye to turn in. Correcting the hyperopia will often correct the squint.

Childhood squints can be hereditary. They often start intermittently, and are seen when the child is unwell or tired. They never go away on their own, but often do improve with time. In some cases, they require strabismus surgery.

Rarely, squints can be caused by a problem at the back, or behind the eye. This is why it is so important for the child to be seen quickly and to have a dilated eye examination.

It is common for babies and small children to look like they have a squint, but on examination, are in fact normal. This is known as a pseudo squint, and is caused by a flat nasal bridge.



Pseudosquint

The appearance of a pseudosquint tends to improve with time and is entirely normal.

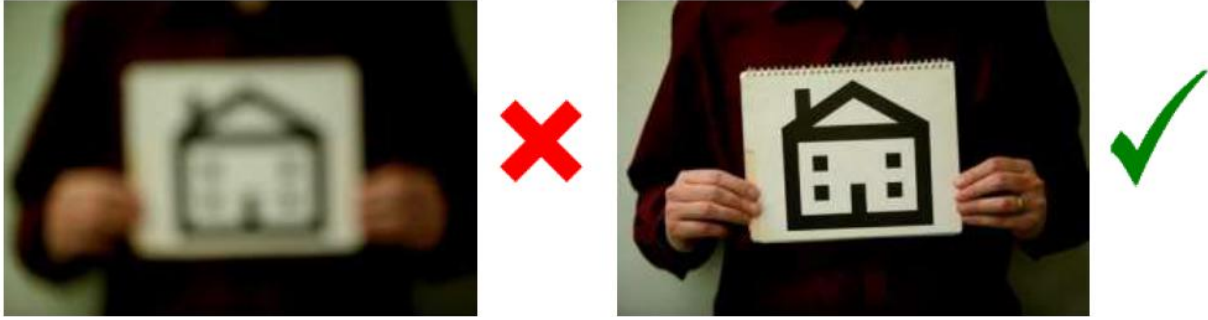
## What to do if your child has a squint

Your public health nurse or doctor, or your GP, can refer you to your nearest eye clinic, where you will be seen by the eye care team. A comprehensive eye examination can take time.



Testing vision

Here in RVEEH, after checking in, you will probably be seen by an orthoptist, who will measure or assess your child's vision. It is not necessary for the child to be able to talk.



The orthoptist will then examine your child to see if they have a squint, and diagnose the type of squint.

Following this, the orthoptist will then dilate the child's pupils using eye drops, probably Cyclopentolate. These sting slightly, and take 30-40 minutes to work. However, the dilated eye examination is crucial to ruling out a serious pathology, and is necessary to accurately measure for glasses. Your child's near vision will be a little blurry afterwards, and they may be sensitive to light for a couple of hours.

When the pupils are dilated, you will be seen by the ophthalmologist. If glasses are indicated, a prescription is given, and these are dispensed by your local optometrist, who will ensure that the glasses fitted correctly. This is particularly important in children, who often have a flat nasal bridge, and tend to look up a lot.

A follow-up appointment with the orthoptist is usually arranged within about 2 months, when your child may be diagnosed with amblyopia.

## What is amblyopia?

Vision develops from birth to approximately 7 years old. Amblyopia, or 'lazy' eye, occurs during this period, when the vision is prevented from developing properly. It results in blurred vision in one or both eyes, and must be resolved during this critical period.

Treatment involves correcting the problem, and often patching the good eye:



Patching

## Treating squint

Treatment depends on many things: the type of squint, age of the person, symptoms, appearance, etc. It can involve glasses, patching, eye drops, eye exercises, Botox injections, prisms, or strabismus surgery.

## Strabismus (Squint) Surgery

Squint surgery is performed to realign or straightening the eyes so they can work together again and sometimes restores depth perception. It also improves appearance.

The surgery is performed under general anaesthetic. The surgery involves moving the muscle position on the surface of the eye. There is no incision to the eyelids or the eye ball. The muscles are identified by rotating the eye and making a small incision to the conjunctiva.

## What to expect after surgery

The eye will be bloodshot, some blood may be noticed in tears or on the lashes for a few days. Gently clean the lashes and lids with cooled boiled water and cotton pads. There is usually very little pain. Apply the drops prescribed.

Risks include:

Infection that can lead onto endophthalmitis 1/30000-1/18500 which can result in a loss of vision.

Under or over correction. This occurs secondary to many causes including different healing responses and different neural brain responses. The brain controls the eye movements.

Slipped or lost muscle is rare and happens in 1/48000 surgeries.

Need for further surgery happens in 20-40% of patients due to under or over correction.

Altered lid position or scar tissue formation.

Scleral perforation due to suturing can occur but is very rare 1/39000.

Haemorrhage as with any surgery bleeding is a risk this usually clears within days.

Allergy to eye drops or suture material.

Corneal abrasion which is a scratch on the surface of the eye which will heal in a few days but can be painful.

Anaesthetic risks include sudden death, anaphylactic shock and bleeding around the eye.

### Patient Responsibilities

Contact the emergency department on **016644600** if you experience any of the following:

1. Severe eye pain
2. Sudden change of vision
3. Increased redness or discharge
4. Sudden appearance of floaters, black spots or flashing lights.

Care of your eye following discharge from hospital:

- Leave the shield in place for the length of time advised by your doctor particularly at bed time.
- Use your prescribed medication as directed for the duration directed.
- You can read, watch TV and carry out light duties.
- Avoid touching or rubbing the eye.
- Avoid getting soap or shampoo in your eye.
- Avoid wearing eye make-up for up to one week.
- Keep all your follow up appointments.

Do not:

- Sleep on the side of your operation for one week.
- Swim for at least 4 weeks post-surgery.
- Take part in sport where your eye may be knocked for 2-4 weeks.
- Return to work until advised by your doctor if your job is physical strenuous or you are at risk of being subjected to dust or liquid in the work place.
- Do not drive until you are prescribed new glasses for driving if you do not have good sight in your other eye. To find out more

Your orthoptist or ophthalmologist will discuss your or your child's condition- that's our job! Please ask as many questions as you like.

These websites are really useful for further information:

[www.orthoptics.ie](http://www.orthoptics.ie)

[www.eyedoctors.ie](http://www.eyedoctors.ie)

[www.squintclinic.com](http://www.squintclinic.com)

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