

# Adult Squint Surgery with Adjustable Sutures

**Reference Number:** ULHT-LFT-0004 v7

**Issued:** October 2023

**Review Date:** October 2025



You will soon be given three dates: your pre-assessment appointment, your operation date and your post-operative appointment.

## What does the operation involve?

Squint surgery is the repositioning of the eye muscles. This involves making a small incision in the tissue covering the eye, which allows the surgeon to get to the underlying muscles.

## What are the possible risks from surgery?

Squint surgery is typically a safe procedure. However, as with any operation, complications can and do occur. Generally, these are relatively minor but on rare occasions they may be serious. Please remember that the complications listed below are detailed for your information; the vast majority of people have no significant problems following squint surgery:

- Post-operative pain and swelling around the eye, which can be helped with paracetamol.
- Further surgery is sometimes needed to correct the squint, particularly if it is a severe one initially.
- The eye may remain red for a long time after the operation.
- Occasionally, visible scars will remain, especially with repeat operations. You should not wear contact lenses for 4 to 6 weeks following your operation.
- Some patients may have a mild allergic reaction to the medication they have been prescribed after surgery. This results in itching/irritation and some redness and puffiness of the eyelids. It usually settles very quickly when you have finished your course of antibiotic eye drops. You may develop an infection or abscess around the stitches. This is more likely to occur if you go swimming within the first four weeks after surgery. A cyst can develop over the site of the stitches but this normally settles with drops until the stitches absorb. Occasionally, further surgery will be needed to remove it.
- Double vision may occur after the operation. This usually resolves itself after a week or so.
- The squint may reoccur and another operation may be needed.
- One of the eye muscles may slip after the operation, although this is very rare. This makes the eye point inwards or outwards (depending on which muscle has slipped) and can impair eye movement. It may need to be operated on again.

The risk of slipped muscle requiring further surgery is 1 in 1,000.

- Needle penetration If the stitches are too deep or the white of the eye is thin, a small hole in the eye may occur, which may require antibiotic treatment and possibly some laser treatment to seal the puncture site. Depending on the location of the hole, your sight may be affected. The risk of the needle passing too deeply is very low (about 0.1 to 1% risk). Please note that this risk is higher if you have a thin sclera (the dense connective tissue of the eyeball that forms the 'white' of the eye), for example if you have had previous squint surgery or are very short sighted.
- An infection may develop after the operation. This is possible with any type of surgery and in the case of eye surgery, eye drops or ointment are used to reduce the risk.
- As the results of squint surgery are not completely predictable, your original squint may still be present (under correction) or the squint direction may change (overcorrection). Occasionally a different type of squint may occur. These problems may require another operation.

## What happens at the pre-assessment appointment?

You will see the Orthoptist again who will take the final measurements of your squint and assess how your eyes will interact after the operation. Any changes found since your last assessment would then be discussed with your consultant.

Please bring your glasses to this appointment.

You will also be assessed by the pre-assessment nurse to check your fitness for a general anaesthetic. Please bring all the medication that you are currently taking to this appointment.

The pre-assessment nurse will give you further information about the arrangements for the day of your operation e.g. taking medication, eating and drinking and what to bring with you on the day. You are encouraged to not smoke or vape or consume alcohol as these are important risk factors for post-operative complications and infections.

## What happens on the day of surgery?

On the day of your operation, you will be asked to come along to the Day Case Ward, on the second floor, Pilgrim Hospital. The Ophthalmologist and the

Anaesthetist will see you prior to your surgery when you may ask any further questions that you have.

## What happens immediately after surgery?

Later in the afternoon following your operation, you will be escorted to the Eye Department for your adjustment. You will have an eye patch on your eye.

Occasionally this procedure is done on the following morning meaning that you would go home and return to the hospital the next day.

## What happens at the adjustment?

When you arrive in the Royle Eye Department you will be seen by the nursing sister, the Orthoptist and the Consultant. You will be made comfortable in the treatment room, your eye patch will be removed and your eye will be cleaned.

You will be asked about any visual symptoms, including any double vision that you may be experiencing and the Orthoptist will take a measurement of the new position of your eye.

Local anaesthetic drops will be put into your eye and a small clamp will be used to prevent you from blinking while the consultant makes the adjustment required to the sutures. The measurements are then repeated before either a further adjustment is made or the sutures are tied off.

An antibiotic and steroid eye drop will be instilled and a pad may be put on your eye for you to remove later at home.

## What after care is required?

You will need to use the eye drops 4 times per day for 2 to 3 weeks and you will have an appointment to see the Orthoptist for a check-up 2 to 3 weeks after your operation. It may be necessary to continue with the eye drops for longer; please remember that everyone recovers at different rates.

Please do not rub the operated eye for 1 to 2 weeks to allow for the healing process.

You may experience some pain following the operation which should reduce after about 24 hours, however, this can be helped by using paracetamol.

## When can I go home?

You will need to arrange transport home by car or taxi. Public transport is not suitable. You should not drive yourself.

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[www.accessable.co.uk/united-lincolnshire-hospitals-nhs-trust](http://www.accessable.co.uk/united-lincolnshire-hospitals-nhs-trust)

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