

Operation Information

Squint Correction

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Introduction

Squint (strabismus) is a visual problem that refers to the misalignment of the eyeballs. One eyeball focuses on an object, while the other eye drifts in another direction. Squint is a common condition among children. Squint can also cause double vision and lazy eye. However, children may not realize these problems. Most squint in children needs to be assessed as soon as possible to ensure the vision is protected and to improve the chances of successful treatment. Doctor only recommended this operation for the patient when symptoms become severe and interfere with daily life and have no more effect on non-surgical treatments.



Source: https://www.mitraeyehospital.com/wp-content/uploads/2021/06/Types-of-strabismus.jpg

Outcomes

Squint Correction is used to re-align the eyeballs in order to relieve double vision, improve fusion of image as well as prevent the development of lazy eyes especially in young children. It may also improve cosmesis and abnormal head position.

Procedures

- 1. The operation can be performed under general or local anaesthesia.
- 2. A lid speculum is used to keep your eye open.
- 3. A small incision is made in the conjunctiva.
- 4. Detach one part of the muscle connected to your eye.
- 5. One or more of the eye muscles are strengthened or weakened to allow proper alignment of the eye.
- 6. The correction has been made.
- 7. The muscle will be sewn back into place using dissolvable stitches.
- 8. Affected eye is covered with sterile eye pad and eye shield.

Possible Risks and Complications

Squint Correction is a safe operation. However, the following risks and complications may sometimes occur:

- 1. Swelling, redness, inflammation and bleeding on the conjunctiva. The conjunctival congestion and swelling may persist for several weeks to several weeks to several months after surgery.
- 2. Tearing and mild eye discharge
- 3. Eye infection and inflammation
- 4. Scarring around eyeball causing defective eyeball movements
- 5. Corneal abrasion (scratch)
- 6. Double vision
- 7. Over-correction or under-correction
- 8. Drooping lid and sinking-in of eyeball into orbit (enophthalmos) may occur in rare circumstances.
- 9. Optic nerve injury
- 10. Retinal vascular occlusion
- 11. Perforation of eyeball

- 12. Amblyopia
- 13. Risks from surgery are rare, although sometimes more than one operation will be needed.
- ** The risks listed above are in general terms and the possibility of complications is not exhaustive. Please understand that even though all operations are carried out with utmost professionalism and care, this does not rule out the possibility of complications arising.

Pre-operative Preparations

- 1. Good hygiene can prevent surgical wound infection. Therefore, we advise you to clean up yourself on the day of operation.
- 2. The procedure and possible complications will be explained by the doctor and a consent form must be signed prior to the operation.
- 3. Please inform the doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia. Please inform doctor if you are taking medications that affect blood coagulation, such as Aspirin, Warfarin, Xarelto or Pradaxa and Chinese medication.
- 4. Routine tests may be performed if necessary.
- 5. No food or drink six hours before operation. (For general anaesthesia only)
- 6. Please change into a surgical gown after removing all belongings including undergarments, dentures, jewelry and contact lenses. Do not put creams, lotions, or makeup on the face or around the eyes.
- 7. Please empty your bladder before the operation.
- 8. Pre-medication (eye drops) may be necessary as doctor's prescription.

Post-operative Instructions

General

- 1. After general anaesthesia, you may:
 - experience discomfort in the throat after tracheal intubation.
 - experience side effects of anaesthesia including feel tired, drowsy, nausea or vomiting. Inform the nurse if symptoms persist or worsen.
- 2. The operation site will be covered with eye pad and eye shield.
- 3. You may have temporary double vision postoperatively.
- 4. You should not rub the operated eye.

Wound Care

- 1. The stitches in the conjunctiva, it will be absorbed naturally.
- 2. The conjunctiva may be congested or red for several weeks with surrounding swelling. Your eye may feel painful or itchy for a short time.
- 3. The operated eye may need regular cleaning around the lids, with cold boiled water and clean gauze. Please don't use cotton wool.
- 4. You may have to be continued wear the eye glasses or eye occlusion patch as usual.
- 5. You should use the eye drops or ointment as prescribed by the doctor.

<u>Diet</u>

A normal diet may be resumed as instructed after recovery from general anaesthesia.

Advice on Discharge

- 1. You should use the eye drops or ointment as prescribed by the doctor.
- 2. Do not remove the patch until you are instructed by the doctor.
- 3. Do not rub the operated eye.
- 4. Avoid wet hair washing in the first post-operative week to prevent infection.
- 5. Please avoid swimming, contact sports or strenuous exercise at least 12 weeks.

- 6. You are advised to wear clothing with buttons instead of pullovers to avoid contact with the affected eye(s) and causing infection.
- 7. It is advised to leave some lighting when you go to toilet at night to avoid falls.
- 8. Immediately consult your doctor or return to hospital for professional attention in the event of worsening vision gets worse, severe wound pain with redness and swelling, massive bleeding or offensive-smelling discharge, shivering, high fever over 38°C or 100.4°F, or any other unusual symptoms etc.
- 9. Any follow-up consultations should be attended as scheduled.

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

Compiled by Union Hospital Operating Theatre (OT) Governance Committee

The above information is for reference only, please enquire your physician for details Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification