

# Patient Information

# Squint (Strabismus)

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## Introduction

The following are questions frequently asked by parents of children diagnosed with squint (strabismus).

### What is a squint?

A squint or strabismus is a deviation of one eye from the straight ahead position. The eye may turn inwards (convergent), outwards (divergent), upwards or downwards, or a combination of these.

### What causes a squint?

A squint may be caused by the need for glasses. Many children with convergent squints are longsighted, and the effort to see clearly without glasses causes the eye to turn in. If this is the case, as well as helping the child to see well, the glasses can make the eyes look straighter.

Squint can run in families, and this makes some children more likely to develop a squint than others.

Children with developmental delay or significant health problems are also at greater risk of developing squint.

In some cases the cause of a squint is not obvious, and may never be discovered.

### Will my child grow out of the squint?

No, but the squint may change as the child grows older.

## **What treatment will my child need?**

This will vary depending on the type of squint. A child will initially be tested to see if they require glasses (refraction). If prescribed, these will help the child to develop good vision, and in some cases may also improve the appearance of the squint.

A child with a squint may also have developed poor vision in that eye (amblyopia / lazy eye) and will require treatment to improve this. The treatment will either be in the form of a patch or drops in the better eye.

Some children will need an operation to correct their squint, if it is cosmetically noticeable or causing symptoms.

**Please note: neither squint surgery nor “lazy eye” treatment will eliminate the need for glasses.**

## **What is the best age for surgery?**

Squint surgery can be performed at any age, but your orthoptist and consultant will discuss with you the most appropriate time for your child. The eye consultant requires at least three stable squint measurements before considering squint correction.

**Note:** the information in this booklet is provided for information only. The information found is **not** a substitute for professional medical advice or care by a qualified doctor or other health care professional. **Always** check with your orthoptist if you have any concerns about your condition or treatment. This is only indicative and general information for the procedure. Individual experiences may vary and all the points may not apply to all patients at all times. Please discuss your individual circumstances with your orthoptist.

The **Orthoptic Department** at Russells Hall Hospital: **01384 456111**  
**ext. 3636 (8.30am to 4.30pm, Monday to Friday).**

## **Eye emergency, out of hours**

In case of an eye emergency after the closing hours of the Eye Clinic (including weekends and bank holidays), please contact the eye doctor on call by ringing the switchboard at:

**Birmingham and Midland Eye Centre on 0121 507 4440**

The doctor on call is usually based at the Eye Centre, City Hospital, Dudley Road, Birmingham. They may need to call you back, and if necessary, they will arrange for you to visit them.

We are always happy to answer any questions regarding your child's treatment. If after reading this leaflet you still have concerns or questions, please call the department on **01384 456111 ext. 3636**.

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**For further information visit:**  
[www.orthoptics.org.uk/patients-and-public/](http://www.orthoptics.org.uk/patients-and-public/)

**This leaflet can be downloaded or printed from:**  
<http://dgft.nhs.uk/services-and-wards/ophthalmology/>

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