

## Who will treat my child?

Your most regular contact will be with the Orthoptist. The Orthoptist is trained to test and treat children's vision and squint.

The Consultant Ophthalmologist is the specialist eye doctor who will monitor your child's treatment. You and your child will visit the ophthalmologist for examination of the eye, glasses tests and to discuss the management of your child's case including surgery.

There are also hospital-based opticians/optometrists who can test and review your child for glasses on the advice of the Consultant Ophthalmologist.

## For further information and advice please contact:

Orthoptic Department **0300 019 4422**

Monday - Friday 8:30am - 5:00pm

# Squint (Strabismus)






## The Eye Unit

Information and advice for parents  
and carers about Squint


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## What is a squint (Strabismus)?

This is the name given to describe the eyes when they do not work together. The squinting eye can turn inwards (convergent), outwards (divergent), up or down.

Some squints are there all the time (constant) and others only occur at certain times (intermittent).

## What causes a squint?

As there are many types of squint, there are also many causes, so this is not always known. The most common types of squint are as follows:

**Infantile squint** - This type of squint occurs within the first few months of life.

**Accommodative squint** - This occurs in children who are longsighted. The eyes can focus very hard to overcome the longsight, but as a result the eye over converges (turns in) and a squint develops. The age of onset for this type of squint varies from 2-6yrs.

**Abnormal vision** - If your child has reduced vision in one or both eyes a squint can develop.

**Illness** - Sometimes squints become obvious after a childhood illness e.g. chicken pox or measles. This is rarely the cause but their poor general health has reduced the ability to control the eyes and the result is a squint.

## What are the implications of a squint?

**Amblyopia (lazy eye)** - If a child develops a squint he/she 'switches off' the eye that turns to avoid experiencing double vision. If left untreated the vision can deteriorate and result in a reduced level of vision in this eye.

## What treatment might my child need

**Glasses** - Your child will be tested for glasses and these will be prescribed if necessary. The glasses should be worn all the time to treat the vision and the squint. Sometimes the glasses will straighten or reduce the squint (accommodative squint).

**Patching** - The level of vision is tested at each visit. If the vision in the squinting eye is amblyopic (lazy), you will be advised to patch the good eye to encourage the squinting eye to work. Patching must be done in the first seven years of life while the vision is still developing.

The earlier the patching is started the better the result. While the child is patched the lazy eye will appear straight; this is because the eye is being forced to look. This is not treating the 'turn' but ensuring that the vision is developing normally in the squinting eye. The eye is likely to return to the turned position when the patch is removed.

**Exercises** - There are a few squints in older children that respond to exercises to improve the control.

**Surgery** - You may be advised that surgery is the best treatment for your child. This will help re-align the eyes, improving the control of the squint or improve the cosmetic appearance of the squint.

## How long will the treatments last?

The treatment of a squint in most cases is a long process. Your child will initially be seen frequently but the visits tend to decrease with time. You can expect to be kept under review until the child reaches the age of 7 or 8 when visual development is complete.