

# Squint surgery or eye muscle surgery to adjust eye position (children)

## Ophthalmology

Information for Parents

Last reviewed: November 2025

Next review: November 2028

Leaflet number: 1289 Version: 2

This leaflet will give you information about your child's squint surgery. The leaflet does not cover everything. This is because every patient's needs are different. Your consultant and the orthoptist will talk about your child's case with you.

## What is a squint?

A squint is when one eye is not pointing in the same direction as the other one. The eye may turn in any direction. Most often it turns inwards (towards the nose), or outwards (towards the ear). This can happen all of the time, or it may come and go.

## What are the aims of squint surgery?

- The most common aim of surgery is to make your child's eyes straighter. We do this by operating on the muscles that controls how the eye moves.
- In some cases we may do surgery to reduce symptoms of double vision. Or to improve the way the 2 eyes work together.
- Sometimes we do surgery to improve your child's head position. This is when they are having to hold their head at a certain angle. This is often because of abnormal eye movements or wobbly eyes (nystagmus).

We will talk about the aim in your child's case with you in more detail before the surgery.

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or call 111 for non-emergency medical advice**

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To give feedback about this information sheet, contact [uhl-tr.informationforpatientsmailbox@nhs.net](mailto:uhl-tr.informationforpatientsmailbox@nhs.net)

## Squint surgery does not:

- It does not improve how clearly your child sees.
- It does not treat poor vision in a lazy (amblyopic) eye. A lazy eye is often treated with patching therapy. Your child may have already had this. They **may still need it after squint surgery**.
- It does not change your child's glasses prescription. However, sometimes we may need to adjust the strength of the glasses after the eyes have settled down. This is to get the best result.

## What are the risks involved in squint surgery?

As with any surgery, there is a risk of complications during and after. The complications depend on the type of squint your child has. Your child's orthoptist and/or their surgeon will talk about your child's case in more detail before the surgery.

The risk of damage to your child's sight is very low. This is because we do surgery on muscles which are on the surface of the eye. Squint surgery is not done inside the eye.

In most cases the position (alignment) of the eyes will improve after surgery. However, there may still be a small squint or the eye may turn in the opposite direction.

## The most common complications are:

- **Need for more surgery:** For some children, more than 1 surgery may be needed to get the best result.
- **Double vision:** This often goes away by itself after a few days or a few weeks. If it does not go away then more treatment may be needed.
- **Lasting redness or visible scarring.** It is normal for the eye to be red after surgery. Sometimes this can last longer than expected. This can be the case if this is not the first squint operation your child has had.
- **Infection:** This is uncommon. If it does happen we will give your child antibiotics to treat it.

## More serious complications are very rare, but include:

- **Damage to the eyeball.** This can cause different degrees of sight-loss.
- **A slipped or lost muscle.** This happens if the very elastic eye muscle moves from its new position or springs back in the eye socket. Your child may need more surgery to treat this.
- **Having a reaction to general anaesthetic.**

## What happens before the surgery?

Before your child's surgery date we will ask you and your child to come for a pre-operative assessment.

The Children's Assessment Team will assess your child. The nurse will ask about your child's general health, their medical history, and make sure that they are fit for a general anaesthetic. They will tell you what to expect on the day, what to bring with you, and about the latest time your child can eat and drink. They will tell you when your child can take any regular medicine that they may be on.

If needed, an orthoptist may see your child. Along with other tests, the orthoptist will be measuring the size of your child's squint. This is to make sure their eye condition is stable.

This appointment will also be an chance for you and your child to ask any questions . We can explain anything that you are not sure about.

We try to do as much of this as possible on the same day. Sometimes you need to attend more than once. Sometimes we can do the nursing assessment over the phone.

## What will happen on the day of my child's surgery?

- We ask all children to arrive at the same time. This is often in the early morning. This is so that the surgical team can see them all before beginning their surgery lists. This is a good time to ask any last minute questions you or your child may have.
- A **children's nurse** will explain to you what is going to happen. They will check your child's weight, temperature, pulse and breathing. The nurse will put some cream onto the back of your child's hands and cover it with a dressing. This numbs the area where the anaesthetic will be injected.
- The **anaesthetist** will check your child's health and tell you about the anaesthetic. We do squint surgery under general anaesthetic. This means your child will be asleep during the procedure. We give the anaesthetic by an injection into the back of the hand or by placing a mask over the nose and mouth. The anaesthetist will choose the best method for your child. In very young children it is often easier to use the mask.
- The **eye surgeon** will see your child. They will answer any questions you or your child may have. Make sure that you understand what is going to happen. You will need to consent for the surgery.
- Before going into the operating theatres, the nurse will give you a theatre gown for your child to change into. Then we will take your child to theatre and give them anaesthetic.
- The surgical team is made of the surgeon, the anaesthetist, nurses, theatre staff and ward staff. They will all take care of your child. As we are a teaching hospital there may also be trainees and medical students present.
- The surgery often takes between 1 and 2 hours This includes when we give your child anaesthetic. The surgeon will be able to tell you how long it may take.

- **Please note, your child's eye is not taken out during surgery.**
- When the surgery is finished, we will take your child to the recovery room. We will monitor them as they wake up from the anaesthetic.

## Can I stay with my child?

We encourage 1 parent or carer to be with their child on the ward for the day. You can go with your child to the anaesthetic room. You can often stay until they are asleep if you wish to.

Once your child is asleep and the anaesthetist asks you to leave, please do so. This lets the team focus on your child and ensures your child's safety.

While the surgery is being performed, the nurse will ask you to wait on the ward or to go for a break. After the surgery the nurse will take you to the recovery room so you are there as your child is waking up.

## When can my child go home?

You will be able to go home once your child feels well and is eating and drinking. The children's nurses will monitor your child's progress and let you know when they are ready to go. Most children can go home between 4 and 6 hours after the surgery. However if your child is feeling unwell or is not able to keep fluids down then they may need to stay overnight. It is a good idea to come prepared for this possibility. If this is needed then 1 parent can stay with the child.

Once home your child can eat and drink as normal.

## What should I expect after my child's surgery?

- It is normal for your child's eye(s) to be very red after surgery. This will slowly improve. It will get a lot better after a few weeks. It can take several months for the eye to fully recover.
- Some pain after surgery is normal. Have some pain relief medicine suitable for your child ready to use when you get home. This can be paracetamol or ibuprofen. Use this regularly as advised by the doctor. At first your child may be tired and irritable, or may sleep for long periods of time. This is normal. Your child should rest for the first 24 hours.
- The eyelids can become sticky and crusted around the lashes. You will need to clean this. Use clean cotton wool soaked in cooled boiled water, to gently clean the eyelids.
- You will need to put eye drops or ointment in your child's eyes after the surgery. This is often for 2 to 4 weeks. They help to reduce the inflammation and the risk of infection. We will show you how to use these before you leave the hospital.
- If your child wears glasses then these should be worn as soon as possible after surgery.
- If your child has been having patching treatment, then leave this until you are advised to re-start.

- Your child can watch TV and read. It is best to do different activities rather than spend long amounts of time doing the same thing. They may complain of blurred or double vision at first. This should settle down in the first few days. If it does not please contact the eye clinic for advice.
- We will see your child again in the out-patient clinic. This is often within about 2 weeks of the surgery. This will depend on the consultant and when the surgery was. We will arrange this for you before you leave the ward.

## **What must my child avoid after surgery?**

For 4 to 6 weeks your child must not:

- must not do activities such as swimming, contact sports, gymnastics or trampolining,
- must not go to environments that are windy, dusty or sandy,
- must not use eye make-up, face paints or contact lenses.

If your child is returning to school soon after the surgery please tell the class teacher that they have had eye surgery. For the first week, younger children should not go out at playtime. If they do go out then they should be very closely monitored by staff. This is to avoid injury to the operated eye(s).

Your child's hair should not be washed for 2 days. If possible wash your child's hair with their head tilted backwards. Try to make sure that no soap or shampoo goes into the eye for the first 2 weeks.

## **When can my child go back to school/nursery?**

Most children are well enough to go back to school after 1 or 2 days. This is as long as precautions are taken at playtimes (as mentioned above). However you may wish to keep them home for longer. In some cases the consultant may recommend longer. This can be anything up to 7 days. We will talk to you about this before you go home.



## Contact Us

If you are concerned about anything after your child's operation then you can talk with your GP. You can also contact:

The Orthoptic Department: **0116 258 5277**

Monday to Friday, 8.30am to 4.45pm

The Emergency Eye Department: **0116 258 6273**

Monday to Friday 8.00am to 4.30pm

Saturday and Sunday 8.30am to 12.00pm (midday)

Out of these hours you can contact the main Emergency department through the hospital switchboard: **0300 3031573** or call **111**

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