

Oxford University Hospitals **NHS**

NHS Foundation Trust

Orthoptic Department, Oxford Eye Hospital

Childhood squint

Information for parents and carers



This leaflet gives a brief explanation of squint (strabismus) and outlines how it is treated.

What is a squint?

A squint is the term used when the two eyes are not pointing in the same direction. This means they are not working together as a pair. One eye may turn either inwards, outwards, downwards or upwards, whilst the other eye looks straight at the target of interest.

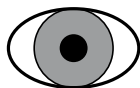
The illustration below shows the most common types of squint, with their clinical names. We've used the left eye as the affected eye in our diagrams, but the squint may affect the right eye.

HORIZONTAL SQUINT

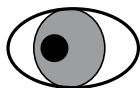
ESOTROPIA

(convergent squint)

(eye turns inwards)



Right eye

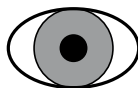


Left eye

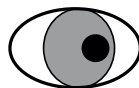
EXOTROPIA

(divergent squint)

(eye turns outwards)



Right eye

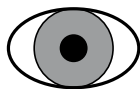


Left eye

VERTICAL SQUINT

HYPERTROPIA

(eye turns upwards)



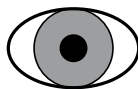
Right eye



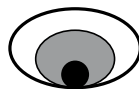
Left eye

HYPOTROPIA

(eye turns downwards)



Right eye



Left eye

What causes a squint?

There can be a wide range of causes for a squint, but in many cases the reason cannot be found and is not known.

There are some things which can make a squint more likely to occur:

- Uncorrected long sight (hypermetropia) is the most common reason for a convergent squint. Vision will be blurred and the effort required to see more clearly can cause one eye to turn inwards. Prescribing glasses to correct the long sight can help this inward turn and, in some cases, can completely straighten the eyes.
- Occasionally a squint can be caused by a weak or abnormal eye muscle.
- In rarer cases a squint is a result of an abnormality of the eye(s) or eye nerve(s).
- A child will be at greater risk for developing a squint if someone else in the family has a squint. There is also an increased risk if babies are born prematurely or for those who have other conditions, such as cerebral palsy, Down's syndrome or a general delay in development.

Will my child grow out of their squint?

No – A true squint will not get better by itself, and early detection and advice on treatment is very important. The size of a squint may reduce with glasses or with treatment to help vision, both of which can make it less noticeable.

Are babies born with a squint?

Some babies are born with a squint, but more often a squint develops or becomes noticeable in infancy or early childhood (up to 3-4 years of age).

A lot of babies can have an occasional inward turning of one or both eyes in the first 3 months of life, but this is perfectly normal and is part of their brain learning how to co-ordinate the two eyes. If this continues after 6 months of age this is not normal, and your baby will need to have an orthoptic assessment.

Very occasionally a squint can develop in an older child (over 5 years of age). This may cause the child to be aware of seeing double, due to their eyes not working together. This requires urgent referral.

Who is involved in treating a squint?

There are three groups of people who may be involved in treatment for a squint:

- **The Orthoptist**, who is a specialist in disorders of eye movement and eye co-ordination in children and adults and vision assessment in young children. Your child will need regular visits to the Orthoptic department, so that we can closely monitor their level of vision, measure the effect of glasses wear on their squint and advise on treatment (such as patching to improve vision in the squinting eye).
- **The Optometrist**, who will carry out a test for glasses and check on your child's eye health, prescribe glasses where necessary and advise when glasses need changing.

- **The Ophthalmologist**, who is the eye doctor. They will be responsible for general eye care, checking eye health and can give you further advice if surgical treatment is recommended for your child's squint.

How is a squint treated?

The three main treatments to manage a squint and its consequences are glasses, patching and surgery. Your child may need one, two or all three of these types of treatment, depending upon the type of squint that they have.

Glasses

Glasses may be needed to correct long sight, short sight and/or astigmatism (please see our leaflet on 'Children's glasses'). Wearing glasses will help your child's vision and stop them 'straining' their eye muscles in an attempt to see clearly.

Glasses can sometimes reduce the size of a squint and can occasionally straighten the eyes completely. However, when the glasses are taken off it is likely that the squint will return. It may even be even more noticeable than before. This is due to over-focusing in attempt to see clearly without glasses. This activates the eye movement muscles, which causes the eye to turn (squint).

It is important that your child wears their glasses all the time, to help their vision to develop, which will have a long term benefit on their squint.

Patching to improve vision

The development of a squint during childhood is a significant risk to a child's vision. In infants and young

children the brain will ignore what is seen by the squinting eye. Vision is developing rapidly during these early years and if one eye is not used as a consequence of a squint, the vision in that eye will stop developing, resulting in poor vision. This is why the term 'lazy eye' is often used for a squint. (Please see our leaflet 'Amblyopia' for more information.)

Patching is carried out to encourage the squinting eye to be used, which can improve the vision in this eye. (Please ask for our leaflet –'Success with patching'). Patching can sometimes have a beneficial effect on the size of the squint, as a result of treating the reduced vision.

Surgery

If your child needs glasses and/or patching treatment to help their vision, it is important that this is done first to achieve the best level of vision, before surgery is considered. It is important to realise that surgery is not an alternative to patching or glasses.

There are two reasons for operating on a squint:

1. To reduce the size of the squint, to improve the cosmetic appearance (how their eyes look).
2. To re-align the eyes, in order for them to work together (binocular vision). This will only be possible for some types of squint.

Surgery can be carried out at any age, not just in childhood. The Orthoptist and Ophthalmologist will discuss with you the best timing for squint surgery, what it involves and any risks. (Please ask for our leaflet on squint surgery for children.)

Are all squints treated the same?

No. There are many different types of squint, all of which will have different treatments.

How long will my child be under the care of the Eye Hospital?

Children are generally seen in the Orthoptic department until they are around 7-8 years of age. This is when their visual development has nearly finished and their level of vision should have stabilised. Good results are easier to achieve when treatment is started early.

How to contact us

If you have any questions, please speak to the Orthoptist at your next visit. If you are concerned and would like an answer sooner, please telephone the Orthoptic department:

Tel: **01865 234 567**

(Monday to Friday, 9.00am to 4.30pm)

Further information

For more information on visual development, squint, eye clinic tests and squint surgery please visit:

www.squintclinic.com

If you have a specific requirement,
need an interpreter, a document in Easy Read,
another language, large print, Braille or
audio version, please call **01865 221 473**
or email **PALSJR@ouh.nhs.uk**

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