

Parent Information

Squint

This leaflet is designed to answer some of the general queries relating to squint in childhood. The orthoptist or ophthalmologist will be happy to answer any further questions that you may have regarding your child's treatment.

The Children's Eye Care Team

An OPHTHALMOLOGIST is a doctor who specialises in eye disorders.

An ORTHOPTIST is specifically trained to assess children with squint and "lazy eyes." The orthoptist will be the person who will be most closely involved in your child's treatment.

An OPTICIAN (OPTOMETRIST) tests for and prescribes glasses, if required.

What is a squint?

A squint is a condition in which one eye is out of alignment i.e. one eye looks straight ahead whilst the other eye turns inwards, outwards, up or down. Squints may be constant (apparent at all times) or intermittent (only apparent at certain times). The majority of squints appear in the first three years of life, but occasionally a squint may develop later.

How does a squint affect eyesight?

Children **DO NOT** grow out of true squints. It is therefore essential they are examined by an eye specialist to assess the squint and the eyesight.

When a squint is present in childhood the child may stop using the squinting eye. This may lead to poor sight in that eye. This is commonly called a "lazy eye."

Treatment

Glasses

Your child will be tested for glasses and examined to ensure their eyes are healthy. If glasses are prescribed your child will usually need to wear them constantly so that the orthoptist can assess how they affect the eye sight and the squint.

Glasses may help to partially or completely straighten the eyes, in certain types of squint. However the squint may still be noticeable without glasses.

Patching

If poor sight persists in the squinting (lazy) eye then patching of the other eye may be needed.

Patching treatment **DOES NOT** straighten the eye, but is **VERY** important as it is the most effective method of improving the sight in the “lazy eye.” Although patching can be carried out until approximately 7-8 years old, the best results are achieved in younger children.

The amount and duration of patching varies from one child to another. It also depends on the level of poor vision, age and co-operation of the child.

Operation

If the squint remains noticeable and cosmetically poor (with glasses, if worn) then an operation to improve the appearance may be considered.

It is very important that any necessary glasses are worn will prior to considering squint surgery.

In the majority of cases the aim of squint surgery is to improve the cosmetic appearance only. More than one operation may be needed in order to achieve the desired result.

Less commonly, an operation may be carried out to realign the eyes in order that they are straight and work as a pair.

Follow up appointments are still required after an operation. Your child will still need to wear glasses (if worn), and if the vision in the squinting eye becomes “lazy” again he/she may need further patching treatment.