

SPECTACLES & SQUINT SURGERY

You have been given this information leaflet by your eye-care professional because you / your child has a squint (strabismus, misaligned eyes) and may require realignment (surgery or botulinum toxin).

If you have received this leaflet from another source you must take care to note that all the information in this leaflet may not apply to yours / your child's case.

The following diagrams will hopefully help you understand the aim of re-alignment procedures in relation to how spectacles / contact lenses are worn.

A squint often has an 'optical' component and a 'muscular' component.

A **PARTLY OPTICAL AND PARTLY MUSCULAR SQUINT** is one that is not controlled or only partly controlled / aligned with spectacles on and is much larger when spectacles are not worn:



Squint present without spectacles



Squint reduced with spectacles – **this is the amount of squint targeted for correction with surgery / intervention**

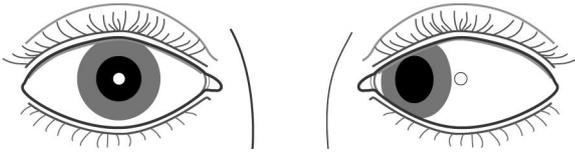


Up to 4-6 months after surgery / re-alignment the squint is much better controlled...BUT when spectacles are being worn



There will still be a squint when spectacles are OFF – this is the Optical component of the squint – see Purely Optical Squint (next page)

A **PURELY OPTICAL SQUINT** is one that causes the eyes to be well aligned (straight or close enough to straight) when spectacles are on but misaligned when off:



Squint present with spectacles OFF



Squint controlled with spectacles ON

...therefore **NO SURGERY OR INTERVENTION IS INDICATED**. Any intervention desired is aimed at correcting **OPTICAL** power, spectacles, contact lenses, laser eye surgery (when over 18 years of age).

Please keep this leaflet for reference in future.

If you have any questions or suggestions about how to improve this leaflet please contact the author.

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