



**Bedfordshire
Community
Health Services**



Squint

Bedfordshire Eye Services



Bedfordshire adult and children's community health services are provided in partnership by East London NHS Foundation Trust (ELFT) and Cambridgeshire Community Services (CCS) NHS Trust

What is a squint?

A squint (also known as strabismus) is a complex condition in which one eye is straight and the other is not looking in the correct direction i.e. the eye turns in, out, up, down or a mixture of these. Approximately 5% - 8% of children are affected by a squint.

What causes a squint?

It is a condition that arises owing to an incorrect balance of the muscles that move the eyes. This may be because of faulty nerve signals and / or the need for glasses.

The cause is not always known, but some children are more likely to develop it than others, especially if there is a history of squint or lazy eye in the family.

Sometimes a baby is born with a squint, although it may not be obvious straight away- called a congenital or infantile squint. In about half of these cases there is a family history of squint or a need for glasses.

Long-sightedness (also called hypermetropia) can lead to a squint developing as the eyes focus harder to see clearly in order to compensate for the long sight. This over-focusing then causes either eye to turn in.

Squints are associated with amblyopia (lazy eye). When a squint occurs, the affected eye will be "ignored" by the brain and the child will develop amblyopia (lazy eye) and will need patching treatment.

Will my child have to wear glasses?

Some squints respond well to treatment with glasses but not all children with squints need them. Your child will be tested by the ophthalmologist (specialist eye doctor) to see if glasses are needed.

What treatment is available?

If your child needs glasses, these will help correct sight problems and, in many cases, also help correct the squint, regular monitoring will be needed.

Some children with a squint may need patching to improve the vision in the weak eye. The Orthoptist will advise you if this is necessary. The patching will not affect how much the eye turns or eliminate the need for glasses.

Surgery

Surgery to correct the squint is not always necessary and is not appropriate for all types of squint. Surgery is usually only considered when the squint looks noticeable with the glasses on (if worn).

When surgery is advised, it simply puts the eyes into a straighter position. It will not improve the vision in your child's eye or eliminate the need for glasses.

Sometimes surgery is needed to change the position of the eyes so that 3D vision can be restored. Depending on the size of your child's squint they may need more than one operation for the eye to be in a straighter position. The Orthoptist and Consultant Ophthalmic Surgeon will be able to give you more details.

If your child appears to have a squint or poor vision at any age, even as young as six weeks, it is important to seek professional advice quickly.

REMEMBER, the earlier treatment starts the better the results are likely to be.

If you have any questions regarding the treatment of your child's eye condition, please discuss them with the Orthoptist.

Additional information which you may find useful can be found here: www.squintclinic.com

For further information about this service contact:

Community Eye Service
Enhanced Service Centre,
Bedford Health Village,
3 Kimbolton Road, Bedford MK40 2NT

Community Eye Service
Liverpool Road Health Centre,
9 Mersey Place, Liverpool Road,
Luton, LU1 1HH



Children's Community
Health HUB

**Your one stop
contact point**

Tel: 0300 555 0606

Email: ccs.bedsandlutonchildrenshealthhub@nhs.net



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