SURGERY SCHEDULE FOR
STRABISMUS SURGERY

PRE-OPERATIVE APPOINTMENT DATE/TIME: ________________________________

(scheduled at): □ Clinton Twp office  □ Dearborn office  □ Detroit office  □ West Bloomfield office

SURGERY DATE: ____________________________________________________________________________

SURGERY TIME: The hospital will call you the day before the procedure to give you the arrival time.

Surgery Scheduled at: ________________________________________________________________________

FOLLOW-UP APPOINTMENT DATE/TIME: ________________________________

(scheduled at): □ Clinton Twp office  □ Dearborn office  □ Detroit office  □ West Bloomfield office
STRABISMUS (EYE MUSCLE) SURGERY:
Frequently Asked Questions

You or your child is scheduled for strabismus (also known as eye muscle) surgery. This document is to help provide you with detailed information about the upcoming procedure. If you have any questions after reading this, please do not hesitate to contact us. Our goal at Children's Eye Care is not only to provide you or your child with superb medical care but to also ensure that you feel as comfortable as possible about the decision to go forth with surgery.

What is strabismus? Strabismus is defined as a misalignment of the eyes. Specifically, the eyes may be crossed (esotropia), drifted outward (exotropia), or one may be higher/lower than the other (hyper- or hypotropia). Strabismus may be present all of the time (constant) or some of the time (intermittent). A laymen's term for strabismus is “lazy” EYE but it’s important to understand the difference between “lazy” EYES (strabismus) and VISION (amblyopia).

What is the purpose of surgery? Strabismus surgery is done to help re-align the eyes and has many potential benefits. In many cases, surgery will help the patient be able to better use both eyes together, and possibly restore some level of binocular vision or depth perception. It may help reduce headaches, strain or a “pulling” sensation of the eyes. Surgery may improve peripheral vision or reduce double vision experienced by older children and some adults. Lastly, by improving the alignment of the eyes through surgery, eye appearance can be normalized.

Surgery does not eliminate the need for glasses. If you or your child currently wears glasses, this will continue after the procedure as well. In general, the prescription does not change either, though there are select cases in which a prescription may be altered to make minor adjustments in the post-operative alignment (including the addition or discontinuation of a bifocal lens). For patients with double vision, prisms in glasses may still be necessary though the amount of prism may be significantly reduced.

Surgery cannot improve “lazy” VISION, or amblyopia, though it may help it from worsening. Amblyopia is when the brain ‘turns off’ the visual processing of an eye because of other issues (strabismus can be one of those issues). This is why patching (in children) may need to be continued, or even initiated, after the procedure. Patching is a medical treatment for amblyopia. Strabismus surgery is the surgical treatment of the misalignment of the eyes.

How is the surgery performed? The incision for surgery is done through a thin membrane covering the white part of the eye. The eye is NOT removed from its socket. The muscle(s) are then tightened (by removing a small part of the muscle) or loosened (by changing the position of the muscle). The incisions are closed with stitches that will dissolve on their own. An antibiotic ointment is then placed in the eye. Sometimes, the patient will have a patch over one eye after surgery but never both.

What are the risks of surgery? In general, eye muscle surgery is one of the safest eye surgeries. However, every surgery has associated complications. Potential risks include (but are not limited to):

1) Persistent or recurrent strabismus – Each patient responds to surgery slightly differently and it is possible to be under or over corrected. Additional surgery may be required to achieve the final desired eye alignment.
2) Risks of anesthesia – All anesthesia carries risk of cardiopulmonary complications, though these risks are extremely low.
3) **Double vision** – Many patients experience double vision while the brain adapts to the new alignment. Typically, this resolves in a few days to a few weeks, particularly for children. However, in some cases, persistent or new double vision may necessitate prisms or further surgery.

4) **Temporary side effects** such as corneal abrasion (scratch on the surface of the eye) or post-operative inflammation. These may require the use of additional eye drops for a short time after surgery.

5) **Altered position of eyelid or limitation of eye movements**

6) **Cysts or scar tissue formation** – Usually there in minimal or no visible scarring after strabismus surgery. Occasionally, patients will develop scarring or cysts which may need to be addressed surgically.

7) **Loss of vision** – Permanent loss of vision can occur secondary to infection, hemorrhage, retinal detachment or change of blood supply to the eye. This risk is extremely rare.

**What can I plan prior to surgery?**

**Children:** If your child is in day-care or school, he/she will need to be out for approximately 4-5 days and out of gym/recess for an additional few days. For ten days after surgery, your child should refrain from swimming (pools and natural water sources), hot-tubs, saunas, sandboxes, and any play in which there may be a higher chance of foreign material or injury to the eye. Other play outside is okay as long as it is supervised. Sunglasses or glasses are advised to also help protect against sun, wind and light sensitivity. Your child may watch TV, read books or play video games for as long as is comfortable.

**Adults:** You may need to be out of work for 4-5 days after surgery. You should also refrain for ten days from any swimming (pools and natural water sources), hot-tubs, saunas, heavy lifting or strenuous physical exercise. You may not be able to drive for a week or so depending on if you have double vision or discomfort with movement of the eyes. Please make sure you plan to have someone else drive you home after surgery.

**What happens if my child is sick just before surgery?**

If you or your child becomes ill in the few days before surgery, please call to notify us immediately. You or your child may need to see the primary doctor to determine if anesthesia will be safe. If you or your child falls ill the night before or morning of surgery and you need to cancel, please call the hospital.

**What happens on the day of surgery?**

Make sure to wear comfortable clothing that is easy to take off and put back on. Buttoned shirts or shirts with large neck openings may be a good option so as not to disturb the eyes. Avoid jewelry and make-up, particularly on the eyes. Bring appropriate identification, such as a driver’s license, health insurance card and any other documentation necessary (guardian papers, etc.).

Once you have completed your registration and check-in you will be taken to a pre-operative area where a team of health care professionals will help get you ready for surgery. You will have a chance to meet your anesthesia team and ask any final questions you may have.

You can expect to be in the hospital several hours. This includes the time in the pre-operative area, the operating room, and the recovery areas. Your physician will discuss with you the anticipated time of the actual procedure.

**What can I expect after surgery?**

For your convenience, we have written a separate, detailed post-operative instruction sheet which you can find in this packet.
STRABISMUS (EYE MUSCLE) SURGERY:
Post-operative Information

This information has been prepared to help answer some of your questions that may arise during the first few days following eye muscle surgery.

Following surgery, there may be some blood or pink-tinged tears for up to 24 hours. If there is a lot of tearing, the eye may be covered with gauze or tissue used as a pad. It is normal for the operation area to be red and for the lids to be swollen immediately after surgery. Swelling and redness varies considerably from one person to another, but the amount has no bearing on the final outcome or success of the surgery. An ice pack over the eye(s), as tolerated, over the first 24 hours is helpful to reduce swelling.

For the first two to three days after surgery, the eyes may be sensitive to light. The use of sunglasses is fine and it is OK to squint or close the eyes for comfort. Some people are reluctant to open their eyes after surgery due to stitches.

A slight sticky discharge on the eyelids or increased tear formation may be present for the first few days after surgery and this may cause the eyelids to the stuck-shut after sleeping. If this occurs, use sterile cotton or a clean washcloth moistened with warm tap water to soften and gently remove the sticky discharge from the eyelids.

When fully awake, there will be a little tendency to rub eyes, so hands should be kept clean. Dirt needs to be kept out of the eyes, so keep children out of the sandbox, swimming, hot-tubs, wading pools and dusty areas for ten days following surgery. You or your child may go on outside errands and may be outside with supervision. There are no restrictions on using the eyes after surgery and this includes watching TV or reading. Comfort will dictate how and to what extent one can use the eyes. If glasses were worn prior to surgery, they should be continued after surgery. School or work should normally be resumed in less than a week, but physical activity should be limited for the first ten days after surgery. Take some extra precautions while bathing and shampooing hair to not get any water or soap in the eyes because it may burn.

Double vision may be present for several days after surgery. It is best not to bring undue attention to this or other eye symptoms by frequently questioning your child. It is normal for the eye position to vary in the first few days so do not be alarmed if the eye position seems unusual. It is unusual to have discomfort or pain severe enough to require medication, but Tylenol (acetaminophen) or Advil (ibuprofen) may be given if necessary. If you are having an emergency after business hours, please contact our Answering Service at 313-396-0688.

We will plan on seeing you in our office within one week or as instructed. If you haven’t already scheduled the follow-up appointment, please call the office location you want the appointment scheduled at. If you have any further questions, please don’t hesitate to call us.