



Childhood squint

What is a childhood squint?

A squint is a problem when the eyes stop working together as a pair and therefore do not look in the same direction. One eye may turn inwards (most common in children), outwards or even upwards or downwards. The medical term for squint is 'Strabismus'.

A squint that turns inwards is called a 'convergent squint' or 'esotropia' and one that turns outwards is termed a 'divergent squint' or 'exotropia'.

What causes squints?

Squints are common and may affect up to 5 per cent of all children. Most children develop squints because they are long-sighted (problems with close-to focusing) and therefore need glasses.

There are other causes of squints some of which are not well understood. Occasionally a squint may occur in an eye that has poor vision caused by a problem affecting other parts of the eye such as cataract or damage to the back of the eye.

Some squints run in families so if a parent has had a squint or needed glasses from an early age there is an increased chance that their child may also be affected.

In rare cases an eye condition such as cataract or retinal problem may cause a squint.

When do children usually start squinting?

Most children begin squinting between the ages of 18 months and four years. This is a time when they are developing the ability to use their eyes together.

Some children begin to squint before the age of one year. This is a less common problem. The eyes tend to turn in towards one another and the angle of the squint is very large. When children are born, the eyes and brains do not work well together and over the first few months children, may appear to squint every now and again but this is usually nothing to worry about.

How does long-sightedness cause a squint?

Children have the ability to see things close up by over-focussing. Children who need glasses for long-sightedness need to focus even harder both for near and far distance. This over-focussing means that the eyes turn in towards one another and they go on to develop a squint.

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How do squints affect sight?

The ability of the eyes and the brain to work together develops throughout childhood up to the age of about 8 years but particularly within the first two years of life. If a child develops a squint the eyes stop working together and they stop developing the ability to work together correctly. Often one eye is 'switched off' to stop the child suffering from double vision. This may lead to a lazy eye (medical term 'amblyopia'), meaning that the vision in the squinting eye doesn't develop and permanent loss of sight in that eye can occur. Unfortunately this cannot be fixed in later life so it is very important that squints are picked up early and treated.

How are squints found in children?

A squint may be noticed by parents, relatives, friends or health care professionals such as the health visitor or the GP. In some cases the squint may not be obvious and is only detected at a routine eye examination.

How are squints treated?

There are number of ways in which squints can be treated, children often need more than one form of treatment.

Glasses

All children with squint need to be tested for glasses and the majority will be prescribed a pair that they will need to wear at all times otherwise a lazy eye may develop. Many do not need any other treatment. Properly prescribed glasses give clear vision in both eyes although some children are reluctant to wear glasses and may need a lot of encouragement. They often say that they can see better without the glasses and this is because they have been working their eyes so hard to focus that they find it difficult to 'relax' into the glasses to let them do the focussing for them. This usually settles but needs continuous wear of glasses.

Patching (occlusion)

Children who have a lazy eye (amblyopia) often require the good eye to be covered or patched (occlusion). This is done to make the lazy eye work harder. Patching should always take place when glasses are worn (in those who need them). Some children with a slightly lazy eye do not need patching as the lazy eye improves with spectacle correction alone.

Exercises

In some cases exercises to strengthen the ability of the eyes to work together can be useful. This type of treatment is usually helpful in older children and is commonly used in association with glasses and or surgery.

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Surgery

A small number of children require an operation on the eye muscles in order to straighten the squint. This is usually needed if the squint is very pronounced and is not improved by the proper correction of glasses. Sometimes surgery is performed on very young children.

Surgery is usually performed under general anaesthetic as a day case procedure. The operation usually weakens and / or strengthens the muscles of the eye so that the eyes are better aligned.

Surgery will not improve the vision in a lazy eye.

After the operation it is usually necessary to continue to use glasses. Surgery may be carried out to help the eyes work together or it may simply be used to make they eyes look straighter (but not work together as a pair).

Botulinum Toxin injection

Children less than a year old who develop a squint may be offered treatment with an injection. This injection weakens the muscles that pull the eyes towards each other. This injection is carried out under general anaesthetic. This is a relatively new treatment for this condition and the injection may need to be repeated.

What are the outcomes of having a squint?

Most children are picked up and treated early with glasses (and patches in some cases) do extremely well and achieve good vision in each eye in the long-term. This is particularly the case if the problem is picked up early.

If a squint is not picked up before the age of 7 or 8 then it can have a serious permanent effect in one eye (amblyopia) which cannot be made better in later life.

It is recommended that children have a routine eye examination every year whilst their vision is in this developmental stage.