

Information for parents and carers

Squints in children

A decorative graphic at the bottom of the page consisting of three overlapping, wavy bands of blue. The top band is a light blue, the middle is a medium blue, and the bottom is a dark blue.

What is a squint?

A squint (also called strabismus) is a misalignment of the eyes, where the eyes point in different directions. An eye (or both eyes) may turn in (convergent squint) or turn out (divergent squint). Occasionally one eye may be higher or lower than the other (vertical squint). The squint may be there all the time (constant squint) or only some of the time (intermittent squint).

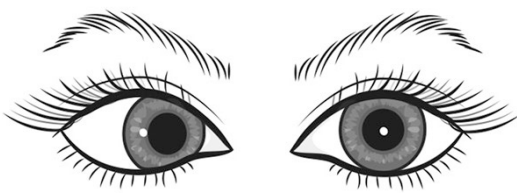
The illustration below shows the most common types of squints. Whilst the right eye has been used as the affected eye, the squint may also affect the left eye or even alternate between both eyes.

An alternating squint is a good sign when considering your child's vision, as it increases the possibility of your child having an equal level of vision in both eyes.

Horizontal squint

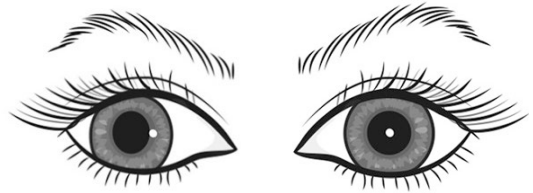
Convergent squint (esotropia)

Right eye is turning inwards



Divergent squint (exotropia)

Right eye is turning outwards



When do squints develop?

Squints can occur at any age. It is common for a baby to have an intermittent squint under the age of 3 months as babies are still learning to use their eyes together. A baby can be born with a constant squint or develop one soon after birth. This is called an infantile squint. Squints frequently develop around 2 to 4 years of age. They occur less commonly in older children.

What is a pseudo squint?

Sometimes a child can have a pseudo squint, where the shape of the face (usually a wide nasal bridge) gives the appearance of a squint but there is no true misalignment of the eyes. In these cases, the appearance of the pseudo squint will improve as the child grows. It is important to see an orthoptist who can differentiate between a pseudo squint and a true squint.

A child will not grow out of a true squint and should be assessed at the earliest opportunity.

What causes a squint to develop?

There can be a wide range of causes for a squint, but in many cases the reason cannot be found. However, there are certain factors which can make a squint more likely to occur such as:

- An uncorrected glasses prescription
- A family history of squints
- A premature birth
- In children with other conditions such as cerebral palsy, Down's syndrome or general developmental delay
- Rarely, a squint may develop due to an abnormality of the eye(s) or eye nerve(s)

How will a squint affect my child?

A squint may result in:

- **Reduced vision (known as amblyopia or lazy eye)** – reduced vision occurs in a squinting eye not being used as much as the other, as the brain ignores the squinting eye and the vision does not develop properly. Your child will generally be unaware of having reduced vision in one eye

- **Poor appearance** – depending on how much the eye turns, the squint may be very noticeable, which can be distressing to the child if commented on
- **A loss of ability to use both eyes together as a pair (known as binocular vision)** – this happens only in constant squints. A child without binocular vision will not have full 3D vision. Your child may be unaware of this as a child's brain adapts very quickly to a squint

What will happen next?

If a squint is suspected or confirmed, the orthoptist will request further assessments with an optometrist and/or an ophthalmologist (eye doctor). The assessment will involve dilating eye drops in order to relax the focusing system of the eyes to determine if glasses are needed and to check the health of the eyes.

If any glasses are needed, the optometrist or ophthalmologist will give you a voucher to take to your local opticians for the glasses to be made up.

You may wish to bring sunglasses or a sun hat to this appointment as your child may be more sensitive to light and it can take up to 24 hours for the drops to wear off.

What are the treatment options?

Your child may need the following types of treatment:

- **Glasses** – may help to improve your child's vision and may also help to control the squint either fully or partially whilst the glasses are worn
- **Amblyopia treatment (through patching or atropine treatment)** – may be advised where there is poor vision in the squinting eye, which cannot be improved with glasses wear (please see our leaflet on 'Amblyopia lazy eye and patching treatment' for more information)

- **Surgery or botulinum toxin injection** – may be needed to help control the squint or improve the appearance of the squint (please see our leaflet on ‘Botulinum toxin treatment for squints’ and ‘Squint Surgery for Children’ for more information)
- **Other** – occasionally exercises or prisms can help

Contact details

Should you require further advice or information please contact the Orthoptic team on **01772 522417** (Monday to Friday between 8.30am to 4.40pm). If the Orthoptists are not available when you call, there is a 24-hour answerphone where you may leave a message.

Orthoptic Department:
Broughton Suite (near the main entrance),
Royal Preston Hospital,
Sharoe Green Lane,
Preston.
PR2 9HT

Sources of further information

www.lancsteachinghospitals.nhs.uk

www.nhs.uk

www.accessable.co.uk

www.patient.co.uk

www.squintclinic.com

www.orthoptics.org.uk/patients-and-public/

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This information can be made available in large print, audio, Braille and in other languages.

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