

A close-up photograph of a woman with reddish-brown hair kissing a baby on the cheek. The baby has blue eyes and is looking towards the camera with a slight smile. The background is a soft, out-of-focus light green and yellow.

Strabismus Surgery

A Brochure for Parents

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children's
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The following information was constructed to provide you and your child information about the preparation for surgery, the day at the hospital and post-operative care.

Preparing for Surgery

Once you have decided that surgery is necessary, you will set an appointment in Mikood Clinic.

You will be asked to sign an informed consent.

One of the risks of strabismus surgery is undergoing anesthesia. This risk is extremely small. The risk of a serious complication in a healthy child is approximately 1 in 500,000. It is safer than riding in a car on a highway. It is imperative that the patient is in the best physical condition before undergoing anesthesia. Conditions such as an upper respiratory or stomach flu viral infection will result in postponement of the surgery until they have been treated.

Please make sure your child does not eat 6 hours before surgery and stops drinking clear water 3 hours prior to surgery.

Prior to surgery you may be asked to obtain certain blood work and tests. However, they are usually not necessary for healthy children.

The results of strabismus surgery are not always perfect because human tissue and function varies from individual to individual. Therefore, it may take more than one operation to achieve the goal of straight eyes. The success rate varies from 50 to 90 percent, depending on the type of operation and condition of the eyes. In some cases the surgery may be performed in steps, with the first operation designed to correct only part of the problem. A second or even third operation may be necessary to deal with any residual misalignment or to correct another aspect of the problem. Sometimes the correction of one problem will uncover a second problem that was not apparent before the surgery. Never the less, the final results are usually extremely gratifying.

Possible complications

During surgery every effort is made to reduce the likelihood of problems. However, during the course of any surgical procedure problems may arise. It is the surgeon's responsibility to minimize these problems in the operating room. After the surgery, it is the patient's (or parent's) responsibility to follow carefully the instructions and treatment prescribed. The most frequently encountered complications are as follows:

- 1. Overcorrection or undercorrection:** This is an undesirable outcome and not a true complication. A misalignment may occur. An overcorrection would be to make an eye turn the other way than previously. An undercorrection would be an improvement but the eyes are still misaligned. This failure to achieve optimal alignment occurs anywhere from 20–40 percent of the time and may result in the need for the use of glasses, special eye drops, prisms, or an additional surgical procedure.
- 2. Infection:** Infection may occur in the immediate post-operative period, but fortunately this is extremely rare and occurs in 1 out of 30,000 to 180,000 . The ocular tissues are highly vascular and this usually aids in the prevention of this problem. You will be given instructions with regard to the use of antibiotics and in the care and use of the eyes in the immediate post-operative period. A post-operative visit will be scheduled to detect any early signs of an infection. Severe infection inside the eyes can result in loss of vision. Fortunately, this is very unusual after strabismus surgery. As with any surgical procedure, while every effort is made to prevent problems, complications may arise.
- 3. Bleeding:** A small bleed into the eye may occur, which normally resolves without intervention.
- 4. Retinal detachment:** Rarely (approximately one out of 10,000) a retinal detachment can result which will require further surgery to repair.
- 5. Slipped muscle:** The suture used to attach the eye muscle to the eye is extremely strong. However, in a rare situation the suture may break, which can cause the muscle to slip or become detached from the globe. This requires immediate surgery to reattach the muscle. Fortunately, this also rarely happens.
- 6. Loss of vision:** Permanent loss of vision from eye muscle surgery occurs approximately in one out of 10,000 eye muscle operations, or less. The cause is usually internal eye infection (endophthalmitis), internal eye hemorrhage, or retinal detachment. Early detection and treatment can save vision.

7. **Double vision:** In the immediate post-operative period it is not unusual for the teenager or adult patient to see double (also called diplopia). The eye muscles are not working correctly, and occasionally the eye position has been changed enough so that the brain sees two images instead of one. The double vision normally resolves within days to weeks, and in some cases it is even desirable immediately after the surgery. Persistent double vision, however, may require additional intervention if it does not resolve in an appropriate period of time. Every effort is made to try to anticipate whether this will occur so that you or your child can be prepared in the immediate post-operative period.
8. **Change in refraction:** Changes in eyeglass prescriptions may be necessary after eye muscle surgery due to slight alterations in the shape of the eye or cornea. This may not be permanent and new glasses will usually correct any refractive changes.

After the operation

You will be met by Dr. Mezer who will tell you about the course of the operation. You will be escorted to the recovery room where you will stay with your child until he has recovered from anesthesia and can go home. This may take a few hours.

Post-operative care

Instructions for post-operative care will be given at the first follow-up visit after surgery. Depending on the type of operation you can expect the eyes to be a bit sore and irritated for at least several weeks after the operation. The eyes may be red and swollen, and it may feel like you have sand or other foreign objects in the eye. Sometimes the eyelids will swell. This usually resolves within several days. Neither eye will be patched. It is recommended that most patients remain out of school or kindergarten for two weeks following the surgery. While your child may be able to resume your activities within a day or two, it is better to plan for a longer recovery period in case it is needed.

The basic rules that should guide activities for the first 2 weeks after surgery are:

1. Nothing gets in the eyes—including tap water or rubbing eyes with the hands
2. Avoiding any possible injury to the eyes. No swimming pool and playground.

Please feel free to contact us if you have additional questions or concerns.



**We wish your child an uneventful
procedure and speedy recovery
from surgery**

On behalf of Dr. Eedy Mezer and the clinic staff we wish to
thank you for choosing us.

We hope that you have received answers to most
of your questions.

Please feel free to get in touch



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