

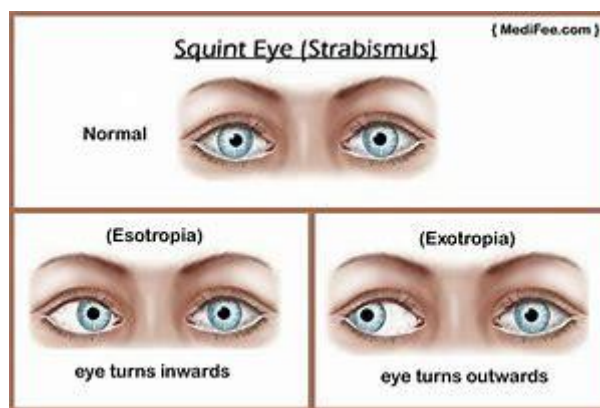


## Team for Children with Vision Loss

### Strabismus, Squint, Esotropia or Exotropia

#### What is strabismus, squint, esotropia or exotropia?

- ✓ A squint or strabismus is an eye condition where the eyes do not look in the same direction as each other. This means that while one eye looks forwards to focus on an object, whilst the other eye turns either inwards, outwards, upwards or downwards. The eyes do not work together as a pair all the time.
- ✓ If the eye turns **inwards**, towards the nose then it is medically known as an **Esotropia**.
- ✓ If the eye turns **outwards** towards the ear, then it is medically known as an **Exotropia**.
- ✓ In some cases the child can have an alternating squint/strabismus where it can alternate between each eye, as to which is affected; therefore, which eye is not seeing as well.
- ✓ In the most part, squints/strabismus occur in the early stages of a babies life, after birth.
- ✓ In some cases the squint is caused over time if a child does not wear prescribed glasses for long sight (near vision) The effort the child makes to see without the wearing of glasses can make the eye turn in or outward.
- ✓ In many cases there is a history of a squint in the family.
- ✓ This is a very common condition.



#### How does this affect the way the child sees?

The vision in the eye that is turning will not be as good as the eye that is looking straight. The level of the vision in the turning/squinting eye can vary from child to child and even at different times of the day. However, binocularly (both eyes together) the child will not experience reduced vision, as the brain ignores the poor vision and uses the vision from the good eye.

#### What can be done to help?

Patching treatment (or atropine drops) may encourage the eye to come back into line, especially if undertaken at an early age when the eyes and vision are still developing (up to approx. 7-8 years of age). See patching leaflet for further information and advice. Glasses may be prescribed to improve the vision in either or both eyes.

### **How can parents, family, friends and teachers make a difference?**

- Ensure the child wears his/her glasses if prescribed.
- Ensure the child is sat near to the work board/at the front of the class and is positioned on the side of the good right eye.
- If prescribed, ensure that the child wears his/her patch for the correct length of time every day.
- Encourage and reassure the child when the patch is on, as they may find tasks difficult when using the weaker eye.
- If atropine eye drops are prescribed ensure they are instilled correctly.
- Ensure the child attends all hospital appointments.
- Please refer to the patching leaflet if relevant.

### **What to do if a child suddenly develops a squint/strabismus?**

- In the first instance the child should be seen by a local Optician and after initial assessments the Optician will then refer the child to an Ophthalmologist.

Please note the font used in this information leaflet is called Verdana and is used because it is one of the most visually friendly fonts for people with vision difficulties and is also Dyslexia friendly too.

**Further information for support for children and young people with vision loss can be found on the Birmingham Local Offer website:**

**[Sensory Support Vision - Local Offer Birmingham](#)**