

Exercises

Eye exercises do not generally help this type of squint. Eye exercises are usually carried out for problems with near viewing.

Will it get better on its own?

This type of squint is unlikely to get better on its own but not all children require treatment. Often this type of squint remains unchanged for years and never requires any treatment.

After discharge

If your child has been discharged you should continue to make observations at home. Please ask your GP (family doctor) to re-refer your child back to the orthoptist if you feel that:

- the divergent squint is present for longer periods of time (greater than 50% of child's waking hours)
- the squint is present for near as well as distance
- your child complains of double vision or regular headaches
- there are concerns about the appearance that you feel warrants surgery

Once discharged from the Eye Clinic, an optician can monitor your child's vision and test for glasses. This is free whilst your child is in full time education until the age of 19. If your child lives in Leeds they will have a distance vision screening test in school at the age of 5 years.

If you have any further questions/concerns please do not hesitate to contact us at:

Children's Community Eye Clinic
0113 843 3688
3rd Floor, Stockdale House
Headingley Office Park, Victoria Road
Leeds LS6 1PF

www.leedscommunityhealthcare.nhs.uk

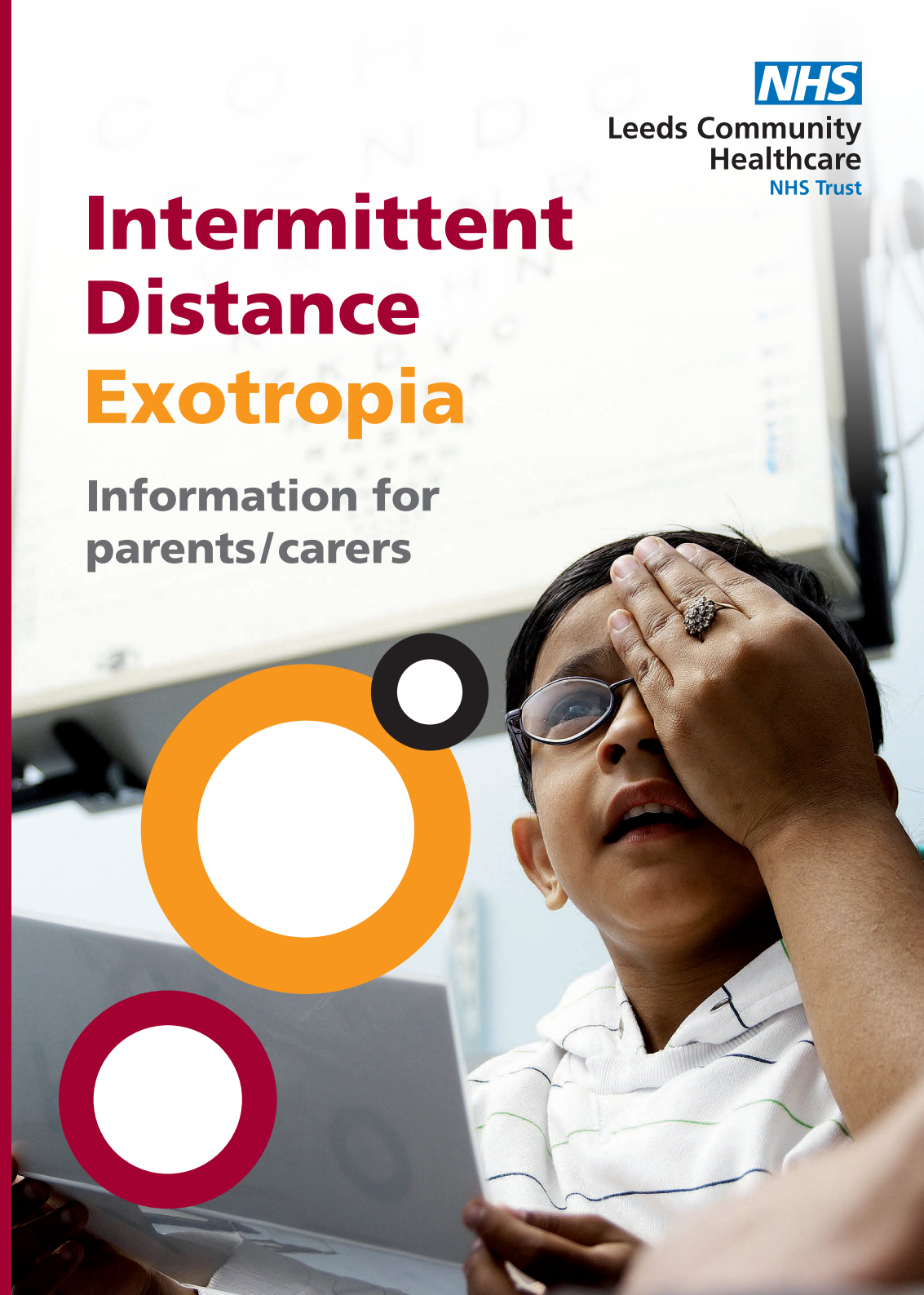
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Intermittent Distance Exotropia

Information for parents/carers



What is intermittent distance exotropia?

This is when one eye turns outwards (divergent squint) when looking at a distant object. This may be more noticeable when a child is tired, unwell or daydreaming. Most children are able to keep their eyes straight and working together when they view close objects or carry out near visual tasks such as reading.

How does this affect my child?

You may notice your child rubbing or closing one eye particularly in bright sunlight. It is rare for young children to notice any problems with this condition. As this type of a squint is intermittent, it is uncommon for amblyopia (reduced vision, also known as 'lazy eye') to develop in the eye that turns. However, this can occasionally occur in young children if the squint deteriorates and becomes constant. This may also disrupt your child's ability to use both eyes together (binocular vision).

At your eye clinic visit

Your child will be seen in the Community Children's Eye Clinic where initially an assessment of their vision, binocular vision and control of the squint will be undertaken by an Orthoptist.

We will be interested in finding out from parents and carers:

- how often the divergent squint is noticed (more or less than 50% of waking hours)
- whether or not the squint is seen at near viewing distances as well as when the child looks further away.

We may suggest that a glasses test is undertaken by our Optometrist (optician). Often children with an intermittent distance exotropia have normal vision in either eye; the need for glasses is similar to that of other children and appears incidental to the presence of the squint.

Treatment / discharge

Children with a mild intermittent distance exotropia do not usually require treatment and may be discharged either on their first visit or after a period of monitoring.

If your child has been discharged this is because:

- the squint is well controlled at near viewing and a sufficient level of binocular vision has been demonstrated which indicates that your child is able to use both eyes together
- the eye drifts out for short periods of time when looking into the distance (less than 50% of waking hours), usually when tired/not concentrating.

Treatment is indicated if:

- the squint is noticed more than 50% of waking hours
- If the eye diverges for near as well as in the distance and looks like a 'constant' squint
- the angle of the squint is large and/or becoming difficult to control for near viewing and disrupts binocular vision
- there are problems such as double vision or regular headaches
- there are concerns about the appearance of the squint.

The aim of treatment would be to reduce the size of the squint and allow better eye alignment. This would restore or maintain straighter eyes for more of the time and improve binocular vision.

Types of Treatment

Glasses

In some cases a pair of short sighted glasses may be prescribed as a temporary measure to help reduce the size of the squint and improve its control.

Surgery

If surgical correction of the squint is suggested your child will be referred to St James' Hospital, Leeds.

An operation will involve a general anaesthetic and, depending on the size of the squint, 1 or 2 muscles will be operated on. This could involve one or both eyes.

Perfect alignment of the eyes cannot be guaranteed. We aim to reduce the amount of divergent squint so that hopefully it will be controlled more of the time. There is a risk of under or over correction of the squint and in some cases further surgery may be required.

Children will need to be monitored for a while before surgery is considered so that accurate measurements of the squint can be obtained.