SHANTANU NETRALAYA

Eye Hospital • Varanasi

SQUINT TREATMENT

A Practical Patient Guide for Children, Teenagers & Adults in Varanasi and Purvanchal

The most important message

Squint (strabismus) is treatable. In children, early assessment is particularly important because an untreated squint can affect visual development. Adults with a new squint should also be examined promptly.

Written especially for patients and families travelling to Varanasi for squint and pediatric eye care from districts and towns across Purvanchal.

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Patient education guide • Not a substitute for an individual eye examination

1. What is a squint?

A squint, medically called strabismus, means the two eyes are not properly aligned. One eye may look straight while the other turns inward, outward, upward or downward. The misalignment may be constant or may appear only sometimes.

Common types include:

• Esotropia: the eye turns inward.

• Exotropia: the eye turns outward.

• Hypertropia: the eye turns upward.

• Hypotropia: the eye turns downward.

A squint is not only a cosmetic problem

In children, an untreated squint can interfere with normal visual development and may lead to amblyopia (lazy eye). In adults, a new squint may cause double vision and can sometimes be associated with an underlying medical or neurological condition.

2. Why does squint happen?

• Sometimes the exact cause is not found.

• Focusing errors, especially significant farsightedness, can contribute to some childhood squints.

• Poor vision in one eye can be associated with eye misalignment.

• Some squints are present from birth or develop during childhood.

• Adult-onset squint can occur with nerve problems, stroke, thyroid eye disease, trauma, previous eye surgery or other conditions.

• Some children appear to have a squint because of facial features even though the eyes are aligned. This is called pseudostrabismus.

3. Why should children in Purvanchal be examined early?

A child may not complain about poor vision. If the eyes are not aligned, the brain may suppress the image from one eye to avoid double vision. Over time, this can contribute to amblyopia and reduced vision in that eye.

Early specialist assessment helps determine:

- Whether the eyes are truly misaligned or only appear so.
- Whether glasses are needed.
- Whether one eye has weaker vision.
- Whether patching or other amblyopia treatment is needed.
- Which type of squint is present and how large the deviation is.
- Whether observation or active treatment is appropriate.

Parents: do not wait for the child to complain

Children can adapt to reduced vision and may not know that one eye is weaker. If you notice an eye turning, an unusual head posture, frequent closing of one eye, or difficulty seeing, arrange an eye examination.

4. What happens during a squint evaluation?

A squint assessment is more than simply looking at whether the eye appears straight. The specialist may measure vision in each eye, eye movements, alignment at near and distance, focusing power and binocular vision. Children often need dilating/cycloplegic drops to obtain an accurate glasses prescription.

Depending on the patient, the doctor may also evaluate for amblyopia, ptosis, cataract, corneal problems or other eye conditions.

5. Treatment options

There is no single treatment that works for every squint. The plan depends on age, type of strabismus, amount of deviation, vision in each eye, refractive error and binocular function.

A. Glasses

Glasses can be an important part of treatment, especially when refractive error contributes to the squint. In some children, appropriate glasses can significantly reduce or control the eye turn.

B. Patching for lazy eye (amblyopia)

If one eye has weaker vision, the doctor may recommend covering the stronger eye for a prescribed period. Patching treats amblyopia; it does not directly straighten every type of squint.

C. Eye exercises / orthoptic treatment

Exercises are useful for selected conditions, such as certain forms of convergence insufficiency. They are not a universal treatment for every squint.

D. Prisms

Prism lenses can be useful for selected patients, particularly some adults with double vision. They are not appropriate for every type of squint.

E. Botulinum toxin in selected cases

In carefully selected patients, botulinum toxin may be used as part of strabismus management. The decision depends on the diagnosis and clinical findings.

F. Squint surgery

When glasses or other measures do not provide adequate alignment, eye-muscle surgery may be recommended. Surgery changes the position or strength of selected eye muscles to improve alignment. It is performed on the eye muscles, not inside the eyeball.

6. What is squint surgery?

Squint surgery is usually performed by adjusting one or more of the muscles that move the eyes. The exact muscles and amount of adjustment are planned from the patient's measurements and type of deviation.

Important things patients should know:

• The goal is to improve eye alignment and, when possible, binocular function.

• The operation does not usually mean that the eyeball is removed or opened.

• Both eyes may sometimes need surgery even if only one eye appears to turn.

• Some patients may need more than one procedure over their lifetime, particularly when the deviation changes or recurs.

• Glasses may still be required after surgery.

• In children, treatment of amblyopia may still be needed even after the eyes are straightened.

Will surgery make the eye perfectly straight forever?

Many patients achieve a major improvement in alignment, but no surgeon can guarantee permanent perfect alignment in every patient. Eye alignment can change with growth, vision, underlying disease or time. Follow-up remains important.

7. Is squint surgery safe?

Strabismus surgery is commonly performed, but like every operation it has risks. These can include infection, bleeding, inflammation, temporary discomfort, residual or recurrent misalignment, over- or under-correction, double vision and, rarely, more serious complications. Your surgeon will explain risks specific to the patient.

8. Special advice for families coming to Varanasi

Families may travel from districts such as Chandauli, Ghazipur, Jaunpur, Mirzapur, Bhadohi, Sonbhadra, Azamgarh and other parts of Purvanchal for specialist squint care. If you are travelling for an evaluation, a little preparation can make the visit easier.

Before your appointment, bring:

• Previous eye prescriptions and glasses.

• Any old squint reports, photographs or surgical records.

• Reports from previous ophthalmologists, if available.

• A list of medicines and relevant medical conditions.

• If possible, photographs showing the eye turn when it is most noticeable.

• For children, information about school performance or any difficulty seeing the board can be useful.

If surgery is advised

• Ask why surgery is recommended and what the expected goal is.

• Ask whether glasses or amblyopia treatment are needed before or after surgery.

• Ask about expected recovery and follow-up visits.

• Keep the planned follow-up appointments, especially if you live outside Varanasi.

For families travelling from far away

Do not choose or postpone treatment only because the eye turn seems small. The urgency and treatment plan depend on age, vision, type of squint and examination findings. Ask the specialist when follow-up is needed and plan travel accordingly.

9. When should an adult with a new squint seek prompt care?

A new squint in an adult should not simply be treated as a cosmetic issue. It can sometimes be related to a nerve, muscle, thyroid, vascular or neurological problem.

- New double vision
- Sudden onset of eye misalignment
- Squint associated with severe headache
- Drooping eyelid or unequal pupils
- Weakness, numbness, difficulty speaking or other neurological symptoms
- Eye pain, trauma or sudden reduction in vision

Important

A new adult-onset squint—especially with sudden double vision or neurological symptoms—needs prompt medical assessment.

10. Common myths about squint

Myth	Reality
“The child will outgrow it.”	Some conditions change with age, but a true squint should be assessed rather than simply waiting.
“Squint surgery is only cosmetic.”	In many cases alignment has visual and functional importance, although cosmetic improvement may also be valuable.
“Patching will straighten every squint.”	Patching treats amblyopia; it is not a universal squint treatment.
“Exercises cure every squint.”	Exercises help selected conditions but are not appropriate for every type.
“If vision is good, squint does not matter.”	A person may have good vision in one eye while the other eye has reduced visual development.

11. Your squint-care checklist

Before leaving your consultation, make sure you know:

☐	I know what type of squint I or my child has.
☐	I know whether glasses are needed.
☐	I know whether amblyopia (lazy eye) is present.
☐	I understand whether treatment is observation, glasses, patching, exercises, prism or surgery.
☐	If surgery is advised, I understand the expected goal and important risks.
☐	I know when the next follow-up is due.
☐	If I live outside Varanasi, I know whether follow-up can be coordinated around my travel.

Questions to ask Dr. Manisha Mishra / your squint specialist

- What is causing the squint in this patient?
- Does the child/adult need glasses?
- Is there amblyopia or reduced vision in either eye?
- Is treatment needed now or can we observe?
- If surgery is recommended, which muscles are being treated and what is the goal?
- Will glasses or patching still be needed after surgery?
- How many follow-up visits are likely to be needed?

The Purvanchal takeaway

Squint should not be ignored, especially in children. Early assessment can identify reduced vision, amblyopia and treatable causes. For adults, a new squint or new double vision deserves prompt evaluation.

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Medical references

This guide is written in patient-friendly language and is intended for general education. Treatment decisions should be individualized after a complete ophthalmic assessment.

Key references

1. American Academy of Ophthalmology — Pediatric Ophthalmology/Strabismus patient education and clinical resources.

2. American Association for Pediatric Ophthalmology and Strabismus (AAPOS) — Strabismus and amblyopia patient information.

3. American Academy of Ophthalmology Preferred Practice Pattern — Pediatric Eye Evaluations and Strabismus resources.

4. National Eye Institute (NIH) — Strabismus and amblyopia patient information.

Disclaimer: This booklet does not diagnose or prescribe treatment for an individual patient. If an adult develops sudden double vision, neurological symptoms, severe headache, drooping eyelid, sudden vision loss or eye pain, prompt medical assessment is important.