Patient Information

Treatment of Intermittent Exotropia

What is Intermittent Exotropia?
Intermittent exotropia is a condition in which one eye turns outwards (diverges) intermittently, mainly when looking at objects in the distance. The outward turn may be more noticeable when the child is tired or day-dreaming. When the eye turns out, some children will close that eye, especially in bright sunlight.

Do we need to treat this condition?
Unlike other types of squint, children have the ability to hold their eyes straight or control the squint. This control enables the child to use their eyes together as a pair. This is called binocular vision, and includes 3D vision. If the child loses control of the squint, they may lose some of their binocular vision. Therefore, it is necessary to monitor the squint for any changes in control over time.

Factors which may indicate worsening of squint control are
- The squint seen more frequently at home or school.
- The squint being noted when the child looks at things for near as well as distance.
- Closing one eye.
- Deterioration in tests done at the hospital.
Treatment options are
• No treatment - indicated when the squint is rarely seen.
• Minus lenses - when the squint is seen more than 50 per cent of the time, and is a less invasive option than squint surgery.
• Squint surgery - when minus lenses do not help control the squint.

How does minus lens treatment work?
Minus lenses in glasses encourage the child to focus their eyes more. This focusing induces more natural convergence or pulling in of the eyes, and helps the child regain control of the squint. Once the control is regained, the lenses can then gradually be reduced.

Can the squint worsen again after minus lens treatment is completed?
In a recent study in a medical journal, over 50 per cent of children treated this way were able to gain good control of the squint and needed no further treatment. Other children may go on to require surgical correction when they are older.

What does the minus lens treatment involve?
If you agree to try this treatment, the orthoptist will test your child to see which strength lenses help control the squint. You will then be given a prescription to take to your opticians to get the glasses made up. Encourage your child to wear the glasses at all times and do attend regular appointments with your Orthoptist so the success of the treatment can be monitored. This treatment can take many months. After the first six months, the orthoptist will assess whether the prescription can be reduced. This gradual reduction in prescription will go on until the child no longer needs the additional minus lenses to control the squint. In cases where the child cannot keep their eyes straight without the lenses, squint surgery may then be indicated.
Note:

The information in this booklet is provided for information only. The information found is not a substitute for professional medical advice or care by a qualified doctor or other health care professional. Always check with your Orthoptist if you have any concerns about your condition or treatment. This is only indicative and general information for the procedure. Individual experiences may vary and all the points may not apply to all patients at all times. Please discuss your individual circumstances with your Orthoptist.

The Orthoptic Department at Russells Hall Hospital on: 01384 456111 ext. 3636 (8.30am to 4.30pm, Monday to Friday).

Eye emergency, out of hours
In case of an eye emergency after the closing hours of the Eye Clinic (including weekends and bank holidays), please contact the eye doctor on call by ringing the switchboard at:

Birmingham and Midland Eye Centre on 0121 507 6780
The doctor on call is usually based at the Eye Centre, City Hospital, Dudley Road, Birmingham. They may need to call you back, and if necessary, they will arrange for you to visit them.

We are always happy to answer any questions regarding your child’s treatment, if after reading this leaflet you still have concerns or questions please call the department on: 01384 456111 ext. 3636.

Author
Claire Smith
Clinical Lead Orthoptist

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