Who and when to refer…

- Obvious squint – from birth.
- Suspected squint in a baby or child from 4 to 6 months of age upwards; the earlier the better.
- Suspected poor vision in a baby or young child as soon as the problem is identified.
- Strong family history of squint or amblyopia in childhood.

Contact details

If you have any questions about any of the information contained in this leaflet please contact:

Orthoptic Departments
Monday to Friday 9.00am to 5.00pm

Lincoln County Hospital 01522 573378

Pilgrim Hospital, Boston 01205 446474

References

If you require a full list of references for this leaflet please email patient.information@ulh.nhs.uk

The Trust endeavours to ensure that the information given here is accurate and impartial.

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Issued: May 2017
Review : May 2019
ULHT-LFT-0943 Version 5

CARING FOR YOU

NHS
United Lincolnshire Hospitals
NHS Trust

Should my patient see an Orthoptist?

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www.ulh.nhs.uk

Aim of the leaflet

This leaflet is for GP's to understand when to refer to the Orthoptic Service.

What do Orthoptists do?

Orthoptists are concerned with the diagnosis and management of squint, ocular motility disorders and problems relating to vision:

- Amblyopia, or lazy eye, in childhood
- Defects of binocular vision e.g. squint
- Abnormal eye movements which may be relating to trauma, stroke or pathology
- Management of double vision resulting from abnormal eye movement or squint
- Visual stress and reading difficulties

Services offered in Lincolnshire

- Paediatric and adult orthoptic clinics
- Stroke assessment
- Visual stress clinics
- Paediatric Low Vision clinics in association with the Lincolnshire Sensory Impairment Team
- Shared Care Glaucoma clinics

Treatment techniques

- Use of occlusion (patching) to reduce the visual input into one eye, either in the form of an eye patch or cycloplegic drug in order to improve visual acuity in amblyopia.
- Use of prisms to control double vision.
- Use of exercises, both in the clinic and at home, to improve the ability of the eyes to alter their relative positions.
- Use of Low Vision Aids to assist children in education.
- Use of coloured overlays to assist children with visual stress.

Treatment over several years may be necessary in some cases. Inappropriate or delayed treatment can create irreversible damage such as reduced vision or constant diplopia.

Common Myths

- '***He/she's too young for an eye test'…***

  Any baby who has a suspected squint can be tested from 4 to 6 months of age. A baby should have established normal binocular function by this age and a true squint can be detected. Any baby with a white pupil or suspected poor vision should be referred immediately rather than waiting until 4 to 6 months.

- ***'He/she'll grow out of it'…***

  A true squint will not go away. Only a pseudosquint caused by a broad epicanthus may appear to improve as the nasal bridge grows and the child's facial structure develops. A baby with a suspected squint should be referred to ensure that a true squint is not missed.

- ***'Nothing can be done about your squint now, you're too old'***

  Older children and adults can still have orthoptic treatment and may be suitable for cosmetic squint surgery at any age. It is only treatment for amblyopia (lazy eye) that must be completed below the age of 7.

- ***'Patching doesn't work anyway...'***

  If a child needs occlusion for amblyopia, as long as the child is referred to us early enough and the treatment is used as instructed, the success rate is high. However, late referral leaves only limited time for visual development and the older child can find the patch distressing making compliance difficult.