

**St. Louis Eye Care Specialists, LLC  
Andrew N. Blatt, MD**

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**STRABISMUS SURGERY**  
(Post-Op Strabismus Surgery Instructions page 6)

**Strabismus**

Strabismus is defined as a misalignment of the eyes. It is caused by an imbalance of the eye muscles (6 muscles in each eye). The deviation can be the same or different in each gaze position. If the eyes are out of alignment, vision and depth perception can become impaired. Other bothersome results of strabismus include double vision and/or an abnormal head posture.

**Benefits of Strabismus Surgery**

Realignment of the eyes by weakening or strengthening one or more muscles can restore binocular vision and reduce the impairments listed above. The brain circuits for the binocular vision are more adaptable early in life, so it is generally better to perform surgery at as young an age as practical.

**Surgical Techniques**

Strabismus surgery is performed as an outpatient procedure. General anesthesia is used for children and most adults. Local anesthesia can be used for some adult patients.

After anesthesia has taken effect, one or more eye muscles are repositioned. The muscles lie outside the eyeball underneath a thin layer which covers them. The thin outer layer is penetrated so that the muscle can be exposed. The eyelid skin is not touched, and the eye is not removed from its socket. The eye is rotated and the muscles are precisely placed to a new position. The new position is determined both by measurements performed during office visits pre-operatively, and by restriction of eye movements noted at the time of surgery. Absorbable sutures (stitches) are used to anchor the muscle in its new position, and will eventually dissolve. Sutures do not have to be mechanically removed.

Risks

- 1 Over/Under Corrections may occur because not every person's eye muscles and brain respond in the same way to the same amounts of surgery.
- 2 Temporary double vision is common following surgery because it may take time for the brain to adjust to the new position of the eyes. Prisms or further surgery may be required to alleviate the double vision. Rarely, permanent double vision may occur.
- 3 Re-operation is necessary if the brain does not allow the patient to lock into proper binocular vision after a period of time.
- 4 Complications of a serious nature are rare, but can include bleeding, infection, loss of all vision, retinal detachment, permanent scarring, double vision, over correction, under correction, need for further surgery, difficulty with focusing, and death from complications related to anesthesia.
- 5 Infection should be suspected if patient experiences increasing redness, increasing swelling of the eyelids, or greenish-yellow discharge is evident. Dr. Blatt should be informed immediately about the possibility of infection or any other suspicious signs or symptoms, including those complications listed above.

Prior to the Date of Surgery

The patient is required to obtain medical clearance from the Primary Care Physician using the form given to you. Please return the form with the Primary Care Physician's signature to Dr. Blatt during the pre-operative examination.

VIGAMOX eye drops should be used 2 days prior to surgery (one drop, three times each day, in both eyes) use drop morning of surgery.

**Your pre-operative appointment for final measurements and instructions is scheduled for \_\_\_\_\_ at \_\_\_\_\_ at our office**

**Date Time**

**At 675 Old Ballas Road, Suite 220.**

Night before Surgery

- 1 A child 36 months old and younger may have regular foods and liquids up to six hours before the scheduled surgery time. Clear liquids (water, apple juice, Kool-Aid or Pedialyte) should be encouraged up to two hours before surgery. Breast milk should be encouraged up to four hours before surgery.
- 2 A patient older than 3 years should have NOTHING to eat after midnight. The patient may have only clear liquids (water, apple juice, Kool-Aid or Pedialyte) up to four hours before surgery.
- 3 If the patient is acutely ill with fever, deep cough, or vomiting in the days preceding surgery, please let us know. The night before surgery, medicines may be taken with sips of water. If the patient is diabetic, his/her primary care physician should be contacted for instructions about insulin intake before surgery. If aspirin is used regularly, it should be discontinued one week before surgery.

**Date and Time of the Operation:**

Surgery will be on \_\_\_\_\_ at \_\_\_\_\_

**Date**

**Location**

Please arrive at \_\_\_\_\_ am/pm.  
**Time**

Day of Surgery

On the Day of the procedure, you will proceed to the outpatient surgery area. The patient will be given a hospital gown and have his or her vital signs recorded. Dr. Blatt and the Anesthesiologist will see the patient and those accompanying the patient before the surgery. When the patient is taken into the Operating Room, the other person (s) will be directed to the Patient Waiting room.

Anesthesia

The anesthesia doctor may order a preoperative drink that is a sedative. The anesthesiologist will meet with you to explain the procedure. Young children are put to sleep within seconds by breathing gas from a mask held near the face. An intravenous (IV) line and a breathing tube (endo-tracheal tube) are placed only after they are asleep and the breathing tube is removed before they are fully awake.

Older children and adults will usually be given an IV line beforehand so that sedative medications can be administered.

The routine may be slightly altered based on any special needs or medical conditions of the patient.

Length of Surgery

Generally, strabismus surgery is completed within one to two hours, but this may vary depending on the complexity of the case and the time required for general anesthesia.

Recovery

The patient is taken from the OR to the Post-Anesthesia Recovery area for thirty to sixty minutes. The patient awakens more fully from the anesthesia in the recovery room and is carefully monitored by the nursing staff. The patient will be encouraged to drink clear liquids, and the IV tube will be removed. A family member may join the patient as soon as he or she begins to wake up.

An eye bandage is ONLY applied if adjustable sutures are used. Otherwise, there will be nothing covering the eyes.

Postoperative Discomfort and Nausea

There may be mild discomfort from the surgery, and the nurses will treat it with the appropriate medications. Tylenol may also be used. Mild nausea is common in the first few hours following anesthesia. If vomiting occurs, medication may be prescribed.

Following surgery, the eye(s) will be very red and blood tinged tears may spontaneously drain from the eye(s).

Discharge to Home Instructions

Most patients are discharged to home within two to three hours after surgery.

Some patients may experience light sensitivity, a scratchy sensation, or soreness. Severe pain is very unusual.

Antibiotic (Vigamox) and steroid ointment (Tobradex) is applied to help healing and prevent infection use both 1 time the evening of surgery, then continuing three times each day starting the next day after surgery. Use drops and ointment for one week following surgery.

Bathing and shampooing hair with Johnson’s baby shampoo will not interfere with healing. The patient should avoid swimming for two weeks after surgery. Redness gradually decreases for 6-8 weeks after surgery. Signs of infection to watch out for include increasing swelling, and greenish-yellow discharge.

Most activities may be resumed one week after surgery.

Post-operative visits

**The first post-operative visit is scheduled for \_\_\_\_\_ at  
Date  
\_\_\_\_\_ at our office at 675 Old Ballas Road, Suite 220.  
Time**

**The second post-operative visit is scheduled for \_\_\_\_\_ at  
Date  
\_\_\_\_\_ at our office at 675 Old Ballas Road, Suite 220.  
Time**

**Dr. Blatt can be reached at (314) 997-3937 OFFICE or (314)388-5172 EXCHANGE**

**In the event of a complication such as severe or unusual pain, decrease in vision, or unusual discharge from eye.**

**Strabismus Surgery Consent**

I, \_\_\_\_\_ authorize Andrew N. Blatt, MD and such persons assisting under the direct supervision of Dr. Blatt, to perform Strabismus Surgery.

If the contemplated surgery reveals a condition, which Dr. Blatt’s best judgment indicates need for further evaluation or treatment, I authorize the performance of such procedures during the time of the operation.

I understand the risks associated with strabismus surgery as enumerated on page 2 as well as the benefits of and alternatives to strabismus surgery.

I realize that complications related to anesthesia are possible as enumerated on page 2. I consent to the use of drugs, intravenous infusions, and/or blood transfusion, in the event of a complication.

I am aware that no guarantees have been given regarding the surgical outcome.

I have read these instructions and my questions have been answered to my satisfaction. I understand the benefits, and risks associated with strabismus surgery.

\_\_\_\_\_  
Patient’s name

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Signature of witness

\_\_\_\_\_  
Date

## INSTRUCTIONS AFTER STRABISMUS SURGERY

PATIENT'S NAME \_\_\_\_\_

DATE OF SURGERY \_\_\_\_\_

- USE TYLENOL OR PRESCRIBED MEDICATION FOR PAIN.
- USE EYE DROPS **VIGAMOX** STARTING WITH 1 DROP THE EVENING AFTER SURGERY IN THE AFFECTED EYE, THEN CONTINUING THE NEXT DAY 1 DROP 3 TIMES A DAY FOR 7 DAYS.
- **TOBRADEX** OINTMENT 1 TIME THE EVENING AFTER SURGERY IN THE AFFECTED EYE, THEN CONTINUING THE NEXT DAY 3 TIMES A DAY FOR 1 WEEK.
- BLOOD TINGED TEARS MAY OCCUR FOR SEVERAL DAYS.
- VERY RED EYES ARE NORMAL.
- NOTIFY DR. BLATT OF ANY SEVERE OR UNUSUAL PAIN.
- SIGNS OF INFECTION INCLUDE GREENISH, YELLOW DISCHARGE, OR INCREASE IN REDNESS AROUND THE EYE.
- NO SWIMMING FOR TWO WEEKS.
- STAY AWAY FROM DIRTY ENVIRONMENTS FOR ONE WEEK.
- DR. BLATT WILL SEE YOU POST OPERATIVELY OF \_\_\_\_\_ AT \_\_\_\_\_.
  
- BRING YOUR DROPS OR OINTMENT TO FOLLUW UP VISIT.
- **DO NOT PLACE WET WASHCLOTH ON EYE**
- **IF YOU WOULD LIKE TO CLEAN EYE, USE STERILE GAUZE PAD WITH STERILE SALINE.**
- IF YOU HAVE ANY QUESTIONS OR PROBLEMS, PLEASE DO NOT HESITATE TO CALL.
  
- **You can reach Dr. Blatt at his office: 314-997-3937 or exchange: 314-388-5172**