

STRABISMUS SURGERY INSTRUCTIONS

INTRODUCTION

Strabismus, or misalignment of the eyes, is remarkably common, with a 4-5% chance of a person developing this condition during their lifetime. In many cases, strabismus causes functional impairment, with symptoms of double vision, reduced or absent depth perception, and limitation of field of vision. Strabismus surgery has more than cosmetic benefits; it is reconstructive in that its goal is to restore normal anatomy, not just enhance appearance. By allowing the eyes to fuse, or work as a team, strabismus surgery can enable depth perception and reduce or eliminate double vision. It is never too late to have strabismus surgery, even if you have had previous multiple strabismus surgeries. The human brain is designed to take advantage of stereoscopic vision. Even after decades of ocular misalignment, depth perception will kick in once the alignment of the eyes is restored. Studies have shown that the visual improvements caused by strabismus surgery can reduce falls and other accidents in the elderly. People often associate “crossed eyes” with children, but strabismus is even more common in adults. The causes of adult strabismus include trauma, thyroid disease, strokes and other neurologic disease, and persistent childhood strabismus. Strabismus surgery is not a perfect science, and has a 20% reoperation rate. Despite perfect measurements in the office, there is a chance that your eyes will under-respond or over-respond to the surgery, and possibly require additional surgery. Patients whom have undergone multiple strabismus surgeries often have complex situations, involving scarring of the eye muscles and significant changes in their eye muscle anatomy. Surgery in these cases is an art as much as a science, and requires the expertise and experience of a strabismus subspecialist such as Dr. Abrams.

PROCEDURE

Strabismus surgery is an outpatient surgery done at the ambulatory surgery center. However, strabismus surgery is a bigger and longer surgery than cataract and most other eye surgeries. If you have had those types of surgery, you should expect more discomfort and a longer recovery with strabismus surgery. Unlike most other eye surgeries, strabismus surgery is done under general anesthesia. This means you will be entirely asleep and unaware during your surgery. There is a wide range in complexity of strabismus surgery, depending on the number of muscles operated on, and the degree of scar tissue from prior surgeries. Strabismus surgery averages one hour, but ranges from 20 minutes to over 2 hours. Dr. Abrams will provide a time estimate for your surgery. Most strabismus surgery is done on both eyes at the same time, even if it seems that only one eye has a problem. Even in cases where Dr. Abrams expects to limit surgery to one eye, all paperwork will typically include both eyes. This is necessary in case findings during surgery require a change in plan, and also to allow for testing of the eye muscles of both eyes to make comparisons during surgery. You must let Dr. Abrams know if you are uncomfortable having both eyes listed on your consent forms. Plan on being at the surgery center for 3-4 hours. You must have a ride home after surgery. Someone must be available to remain with you at your home the first day and overnight following surgery.

PREOPERATIVE

- On the morning of surgery, report directly to the surgery center, not our office. Please arrive on time for your surgery. The surgery center runs a tight schedule, with many patients before and after you. Time is needed to get you ready for surgery.
- **DO NOT EAT OR DRINK AFTER MIDNIGHT** before surgery. You may take your usual morning medications with small sips of water only.
- History and Physical forms must be received by noon on Tuesday before your surgery.
- **STOP ALL BLOOD THINNERS (MUST BE CLEARED BY YOUR PRIMARY CARE PHYSICIAN)**. Stop nonsteroidal anti-inflammatory drugs (NSAID's) such as Aspirin, Ibuprofen (Motrin, Advil), Naproxen (Aleve) 10 days before surgery; resume one day after surgery. Stop Xarelto, Pradaxa, or Eliquis 5 days before surgery; resume one day after surgery. Stop Warfarin (Coumadin) 3 days before surgery; resume one day after surgery. Please note that depending on your particular medical history, the risks of stopping blood thinners may outweigh the benefits of strabismus surgery; this decision must be made by you and your primary care physician, cardiologist, or other prescribing doctor.
- Wash your hair and face the night before or morning of surgery. Avoid perfumes, colognes, or heavily scented toiletries.
- **DO NOT WEAR EYE MAKEUP**
- Wear comfortable loosely fitting clothing. You will change into a hospital gown at the surgery center.
- You do not need special drops before strabismus surgery, only after. Continue any other eye medications, such as glaucoma drops, both before and after strabismus surgery.
- Do not wear contact lenses to the surgery center.
- If you wear glasses with prism, make sure to have your new glasses without prism ready to wear after surgery, unless you will not be wearing glasses after surgery.

POSTOPERATIVE

- Eye patches or bandages are not required after strabismus surgery.
- Following surgery, start your TobraDex (Tobramycin Dexamethasone) one drop to eye(s) 4 times a day (breakfast, lunch, dinner, bedtime) for 3 weeks. A prescription will be sent to your pharmacy with refills. Make sure to take your drops at least 3 times on the day of surgery. Continue all glaucoma drops or other eye medications you have been on.
- You may experience moderate pain following surgery. Take Extra-Strength Tylenol (Acetaminophen) or the prescribed narcotic (also at your pharmacy) as needed. Do not take NSAID's (see above) for 24 hours after surgery.
- Apply ice packs to your eyes for 5-10 mins per hour, while awake, for the first 24 hours after surgery.
- Sleep with your head elevated on two pillows the first 24 hours after surgery.
- It is normal to have red tears and blood oozing from your eyes. The eyelids may become stuck together. Use a warm clean washcloth to loosen and remove any dried blood from the eyelids.
- Your eyes will appear very red. It is common for one eye to appear more red than the other. This redness will last for 3-4 weeks after surgery, but will steady improve.

POSTOPERATIVE *continued*

- Nausea is common after strabismus surgery, particularly in children. Narcotics can make nausea worse and therefore should be used only if Acetaminophen is not controlling pain.
- It is normal for your eyes to feel light-sensitive. Sunglasses may provide relief.
- Your ocular alignment may appear very different, even worse, in the first days to weeks after surgery. The eye muscles must recover from surgery. A final result does not occur until at least 6 weeks after surgery.
- Even with perfectly straight eyes, you may experience new or different double vision after surgery. This can last from days to weeks after surgery, and rarely a few months. The brain must adapt to the shift in eye position and this adaptation takes longer the older you are.
- It is normal for your vision to be mild to moderate blurry during days to weeks after surgery. This is primarily due to inflammation, but sometimes strabismus surgery causes a change in refractive error. You may need a change in your eyeglass prescription by your optometrist, or occasionally even an enhancement of your LASIK or other refractive surgery. New eyeglasses, eyeglass prescriptions, or LASIK enhancements after strabismus surgery are not covered by medical insurance, and cannot be determined for at least 6 weeks after surgery.
- Call our office if you experience any severe changes in your vision, such as significant black spots, repeated flashes, or cloud in your field of vision during the first few days after surgery.
- Call our office if you experience increasing redness, discharge, and puffiness around your eyes during the first few weeks after surgery. Occasional mild infections develop after strabismus surgery and usually respond quickly to oral antibiotics.
- You may not resume contact lens wear until at least 3 weeks after surgery, once you have completed your eyedrops and your eyes are no longer red. Discontinue contact lens wear if you experience any discomfort.
- Do not exercise for 7 days after surgery. After that, if you feel up to it, you may engage in aerobic exercise, such as running, biking, and elliptical, or exercise and activities that do not involve lifting heavy weights, such as golf and yoga. Refrain from weight-lifting with machines and free weights, or lifting of heavy items such as furniture for 4 weeks after surgery.
- You may take normal showers or baths, but keep your eyes closed and do not let water or soap get into your eyes for 2 weeks after surgery.
- Do not swim, surf, or go to the beach for 2 weeks after surgery. The beach poses a significant infection risk.
- Avoid for two weeks situations where dust or other particulate matter could blow into your eyes.
- Do not operate a motor vehicle until the day after surgery, provided you feel safe to do so.
- You may resume a normal diet after surgery, but avoid alcohol intake the first night since residual sedation will still be active.
- You may experience a sore throat due to the breathing tube that is used for general anesthesia. This will usually go away after a few days.
- It is critical that you follow-up for your scheduled postoperative exams.