

What are bifocal glasses?

Bifocal glasses contain two prescriptions in one lens.

They have a small segment at the bottom part of the glasses which contains a stronger prescription which is for near work. This aims to reduce the extra focusing and allow the eyes to relax and the squint to reduce.

The top part of the glasses contains the distance prescription needed for seeing things far away.

The aim of bifocal glasses is to slowly reduce the strength of the bifocal part of the glasses while the eyes still remain straight.

Bifocals are commonly used when you get older and reading glasses are needed. They are combined into one lens with your distance prescription.

Contact Details

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Patient Information Leaflet

Convergence Excess Esotropia



Please speak to a member of staff if you need this leaflet in large print, braille, audio or another language

Introduction

This leaflet provides you with information on Convergence Excess Esotropia. It is not meant to replace the discussion between you and your Doctor or Healthcare Professional but may act as a starting point for discussion.

If you have any concerns or require further explanation, after reading it, please discuss this with a member of the Healthcare Team who has been caring for you.

What is a Convergence Excess Esotropia?

This is a squint/strabismus (turn of the eye) that occurs when looking at a near object, but the eyes are straight or almost straight when looking at a distant object.

It happens due to excess focussing called 'Accommodation' which causes the eyes to turn inwards. With the corrective glasses the eyes straighten when looking at something in the distance, but the squint is still present looking at something close.

The onset is usually between the ages of 6 months and 5 years. It can sometimes be up to 10 years.

Convergence Excess Esotropia is caused as above but the squint itself is caused by excess accommodation.

How can my child's eyes be affected?

Whilst squints of all kinds are generally more common in children with other health problems, there is no known link with any particular other medical conditions.

It is not unusual for a squint to be present independently of any other health problems.

Treatment options

Children with convergence excess esotropia are often trialled in bifocal glasses first to see if this corrects the squint.

If this is unsuccessful, there may be the option of surgery to straighten the eyes.

By making the eyes straight, this allows the eyes to work together and children can have good 3D vision at all distances.

Will my child always need glasses?

The level of long-sightedness may change as the child gets older. This is normal but not enough for them to grow out of it completely.

As the glasses are reducing the size of the squint in the distance, it is beneficial to continue to wear the glasses.

Will my child need surgery?

As bifocals for children take time to get used to, these may be given on a trial basis over a period of time before surgery.

This trial period will give your child time to see if the bifocal glasses are successful.

Surgery may only be recommended if bifocal glasses are not suitable or the squint is very large.