

What are the treatment options?

If the squint is well controlled and good 3D vision is maintained, no treatment is necessary. If you notice your child's eye drifting outwards, we would monitor for a period of time to check the control.

Surgery can reduce the size of the squint by re-adjusting the position of the eyes and may be suggested if:

- You notice the squint more than 50% of waking hours and it is causing problems.
- There are concerns about the way the squint looks (Cosmesis).
- Squint worsens and eyes start to turn when looking at near objects, as this disrupts their 3D vision.
- Your child starts to notice double vision, although this is rare.

Will the squint always be there?

There will always be a squint, but the amount you notice may vary. Some children never need any treatment on their eyes and their squint never affects daily life. There is nothing to predict how your child's squint will change in the future.

Contact Details

Eye Unit **Tel: 01782 676001**
Orthoptic Department **option 5**
Emergency Eye Department **option 1**
www.squintdnic.com

Eye Condition Patient Information Leaflet

Intermittent Distance Exotropia



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 Intermittent Distance Exotropia.

It is not meant to replace the discussion between you and your Doctor/Healthcare Professional but may act as a starting point for discussion.

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

What is a Intermittent Distance Exotropia?

A type of squint (turn in the eye). This is where one eye turns outwards, mostly when looking at objects in the distance.

The eyes are straighter when looking at an object at near reading.

Your child will have 3D vision when looking at near objects.

What causes Intermittent Distance Exotropia?

Any squint is caused by an imbalance in the eye muscles. If there is a family history of squints this can make it more likely for your child to develop a squint.

Certain medical conditions, trauma and prematurity may make it more likely for your child to develop a squint.

How can Intermittent Distance Exotropia affect my child's eyes?

Children do not usually experience any symptoms, even when their eye is turning. This is due to the child's eyes being adaptable. When the eye turns, the brain ignores that eye (suppression) to prevent double vision.

You may notice the squint more when your child is unwell, tired, in bright sunlight, day-dreaming and sometimes when in the car.

You may notice your child rubbing their eye, closing one eye, particularly in bright sunlight. This is a normal response to this type of squint as your child tries to control their eyes.

It is useful to wear sunglasses in bright sunlight but there is no other cause for concern. It is worth mentioning this to your Orthoptist if your child does this.

Will my child need glasses?

Having this type of squint does not mean your child will need glasses. If there is a history of family having to wear glasses then your child may be more likely to need them.

Depending on the type of prescription, (short-sighted) glasses may help to control and reduce the size of the squint.

If your child does not require glasses for their vision then glasses will not help your child's squint.