

## Referral Support Service

## Ophthalmology

### OP05

### Childhood squint

#### Definition

Strabismus (squint) is a misalignment of the eyes<sup>1</sup>. When looking at an object the non-fixating eye can be turned in (esotropia), out (exotropia), up (hypertropia) or down (hypotropia). Squints can be intermittent so it is important to take any report of a squint seriously as if untreated children can develop amblyopia, which can lead to permanent poor vision in the affected eye.

Most squints are idiopathic and a routine referral is indicated in these cases to assess and start treatment. There are however some serious but rare causes, which would warrant more urgent referral.

#### Exclude red flags<sup>2</sup>

- Headaches
- Abnormal red reflex
- Any neurological abnormalities (including diplopia, nystagmus and limited abduction)
- Constant exotropia in a young child
- Proptosis

#### Assessment

- Assess for visible ocular abnormalities, pupil asymmetry and ptosis
- Eye movements (including nystagmus)
- Corneal light reflex – get the child to fixate on a light 50cm in front of their eyes and observe for light reflecting back from the same place on both corneas. Asymmetry of where the light reflects from indicates a squint
- Red reflex
- Fundoscopy (where possible) noting features of the optic discs
- Visual acuity (in older children)
- General assessment for abnormal head posture, features suggestive of cerebral palsy, dysmorphic features

#### Management

- The main role of primary care in management of childhood squint, besides referral is supportive and informative.
  - Compliance with occlusion therapy is the main barrier to improvement of visual acuity<sup>2</sup>.
  - Signpost parents and carers to further support and information (see patient information section)
- In secondary care
  - Determine and treat underlying causes of squint (if present)
  - Corrective glasses
  - Occlusion therapy
  - Penalisation therapy (atropine drops to blur the vision in the normal eye, urging the child to use the other eye)
  - Eye exercises

- Surgery
- Botulinum toxin

## Referral Information

### • Indications for referral

- Refer all children with squint to ophthalmology
- More urgent referral may be considered if:
  - There is a delay in presentation (to facilitate earlier treatment)
  - There are red flags suggestive of a serious underlying cause
- Referral to paediatrics should be considered where there are features of other conditions that require paediatric opinion (e.g. developmental delay, cerebral palsy)

### • Information to include in referral letter

- History of when the squint was first noticed and whether it is intermittent or constant
- Any other neurodevelopmental problems
- Red flags
- Features on assessment (see above)

## Patient information leaflets/ PDAs

[NHS.uk/conditions/squint/](https://www.nhs.uk/conditions/squint/)

[Moorfields.nhs.uk/condition/squint-strabismus](https://www.moorfields.nhs.uk/condition/squint-strabismus)

[video by paediatric consultant at Moorfields Eye Hospital explaining squint and treatments](#)

## References

1. [Bestpractice.bmj.com/topics](https://www.bestpractice.bmj.com/topics)
2. [NICE/topics/squint-in-children/background-information/causes/](https://www.nice.org.uk/topics/squint-in-children/background-information/causes/)

Responsible Consultant: Mr Kevin Falzon  
Responsible GP: Dr Jonathan Wells  
No drugs in the guidance

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