

## CLINICAL EVALUATION OF SQUINT SURGERY- PRELIMINARY REPORT

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<p>Incidence</p> <p><b>MATERIALS AND METHODS:</b></p> <p>This study was carried out in the Dept. of Ophthalmology, SCB Medical College &amp; Hospital, Cuttack from Sept. 2010 to Aug. 2011.</p> <p>It Included 26 eyes of 18 patients &amp; out of 26 eyes 8 patients were bilateral.</p> <p>Thorough workout was done of each case to find out the nature of the squint, amount of squint, main symptoms, visual acuity and status of the muscle activity, (prior treatment if any).</p> <p>All of these affected eyes had Manifest Squint of various degrees and almost all of these eyes were Horizontal varieties.</p> <p>Appropriate surgery was undertaken by Resection, Recession and up-shift of the Muscles to acheive good cosmetic results. All of these Surgeries were undertaken under local anaesthesia.</p> <p>Post operative follow up was done over a period of 1 months and the Surgical results were recorded for evaluation.</p> <p>We had excluded all the paralytic squint in the study.</p> <p><b>OBSERVATION:</b></p> <p>Male Female</p> <p>No. of pt. No. of eye Age in Yrs. No. of pt. No. of eye</p> <p>Total</p> <p>1</p> <p>10</p> <p>1</p> <p>4</p> <p>12</p> <p>5</p> <p>2</p> <p>2</p> <p>14</p> <p>3 6</p> <p>2</p> <p>8</p> <p>2</p> <p>3</p>	<p>3 3</p> <p>3</p> <p>4</p> <p>1</p> <p>Age Group</p> <p>10-15</p> <p>26-30</p> <p>21-25</p> <p>16-20</p> <p>Total</p> <p>Sex No. of Patients No. of eyes</p> <p>Male</p> <p>Female</p> <p>8</p> <p>10 14</p> <p>12</p> <p>18 26</p> <p>½</p> <p><b>INTRODUCTION:</b></p> <p>Squint Surgery is not available in major parts of our state in regular basis. We undertook the task of providing the Squint Surgery to those who required.</p> <p>This is your Beautiful Normal Eye without Squint</p> <p>Nature of Squint</p> <p>Visual Acuity</p> <p>Presenting Symptoms</p> <p>1. Disfigurement, 2. Defective vision, 3. Headache, 4. Asthenopia, 5. Vertigo,</p> <p>6. Eye Strain,7. Social Taboo, 8. Diplopia, 9. Change of Head Posture,</p> <p>10. Refractive Error.</p> <p>Best Corrected Visual Acuity (Pre-Operative)</p> <p>1. Exotropia</p> <p>Type of Squint No. of eyes Bilateral Unilateral</p> <p>Exotropia</p> <p>Esotropia</p> <p>Exotropia &amp; Hyperopia</p> <p>Total</p> <p>14</p> <p>26</p>
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2	84.61
10	Medial Rectus Recession and Lateral Rectus Resection
18	3. Exotropia with Hyperopia
2	Out of 26 eyes 2 eyes were under corrected So patient
6	advised for correction in second surgery after
10	six months.
8	2. Esotropia
0	Medial Rectus Resection and Lateral Rectus Recession
4	with up-shift of Lateral Rectus
4	SURGICAL OUTCOME
Degree of Squint	(1) Under Correction
Degrees No. of eyes	At the end of 1½ months
Total	(2) Over Correction - Nil
4	(3) Exact Correction
8	Surgical Correction of number of eyes out of 26 eyes
14	Photographs of Surgical Results
15-30	Anatomical & functional benefits of surgery :-
30-45	26 cases of Squint surgery gave us a very much satisfactory
> 45	cosmetic result.
26	After the surgical correction the BCVA - improved in 4
Preoperative	cases between the age group 10-20 years out
No. of Eyes	of 26 eyes by one or two lines of Snellen's chart.
6/6 6/9 6/18 6/60 Total	Maximum number of the patient had Amblyopia. So not
2 12 10 2 26	marked improvement of vision occurred and it
Postoperative	was same as preoperatively.
No. of Eyes	Full Correction
6/6 6/9 6/18 6/60 Total	Over Correction
4 12 8 2 26	Under Correction
Refractive Status	No of eyes %
Myopia Hypermetropia Astigmatism Emetropia Total	24
No. of eyes 6 8 10 2 26	2 7.62
Medial Rectus Resection and Lateral Rectus Recession	92.3
SURGICAL TECHNIQUE	Nil
Improvement of Visual Acuity	Post
1 line of	operative
Snellen's chart	Vomiting
No. of Eyes	Scleral
2	perforation
%	Severe
2 line of	chemosis
Snellen's chart	Anterior
No Improvement	Segment
Total	Ischemia
2	Stich
22	granuloma Dellen
26	No. of eyes 6 Nil 4 2 1 3
7.62	TAKE AN ADVANTAGE OF THE SURGERIES IN
7.62	THIS COSMETIC WORLD.

Out of 26 eyes, different complications as mentioned in the above table were treated accordingly and all the symptoms and signs were subsided at the end of 1 months study.

(1) If the surgery would have been undertaken in early childhood it could have prevented Amblyopia

(2) Timely ophthalmological examination and treatment of existing refractive error can also help in preserving good eye sight.

(3) Those who came in later age group i.e. Adolescent or young adult particularly in the female group experienced marked Improvement in their psychological profile after good cosmetic appearance was achieved by such good surgeries.