

## INFORMATION FOR PATIENTS

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# Distance exotropia (an outward turning eye mainly when looking in the distance)

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This leaflet explains the nature, signs, and possible symptoms and treatment of distance exotropia.

### What is it?

Children who have this type of squint show the characteristic of having straight eyes when they look at near objects. When looking at an object in the distance, one eye tends to turn outwards (squints). The squint, when looking at distant objects, may be constant or intermittent.

The squint may be seen to be worse when your child is tired or unwell, or when they are 'day-dreaming'. Bright light may also cause the squint to be more noticeable.

### What are the symptoms and signs?

Often children with this type of squint have no symptoms themselves, but they may be aware of being able to see further round to the side.

They may also occasionally complain of blurring of vision, double vision or headaches. However, there may be signs of frequent rubbing of the eyes and closing of the affected eye on bright days.

### What will happen?

The orthoptist will see your child regularly to monitor the following:

- Vision - this should be checked regularly to ensure the squint is not causing the vision in the eye to become lazy.
- Squint - to assess the size and control of the squint, particularly for near objects, to ensure the eyes remain straight at this position.

### Can it be treated?

Treatment of this type of squint varies depending on a number of factors:

- If your child requires glasses these will be prescribed.
- If the vision in the squinting eye reduces (lazy eye), occlusion (patching) treatment may be necessary. This involves the child wearing a patch over the good eye for a certain amount of time each day to encourage more use of the weaker eye. NB: This will not correct the squint, but it may aid its control.
- Where the vision is equal in both eyes and the eyes are straight for near vision, with good 3D vision, observation only is usually needed.
- If symptoms become a problem, or the cosmetic appearance of the squint becomes unacceptable (for example too large or occurs too often) surgery may be considered to straighten the eyes and aid control of the squint.

## Contact details

If you have any queries about your child's treatment please contact the Orthoptic Department:

- **Email:** [Sfh-tr.orthoptics@nhs.net](mailto:Sfh-tr.orthoptics@nhs.net)
- **Urgent orthoptic queries:**
  - Telephone: 07768615247, Monday to Wednesday, 8am-4pm
  - Telephone: 07825866704, Thursday to Friday, 8am-4pm
- **For appointment booking/cancellation:**
  - Telephone: 01623 672383

## Further sources of information

NHS Choices: [www.nhs.uk/conditions](http://www.nhs.uk/conditions)

Our Website: [www.sfh-tr.nhs.uk](http://www.sfh-tr.nhs.uk)

BIOS Website: [www.orthoptics.org.uk](http://www.orthoptics.org.uk)

## Patient Experience Team (PET)

PET is available to help with any of your compliments, concerns or complaints, and will ensure a prompt and efficient service.

If you would like this information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call the Patient Experience Team on 01623 672222 or email [sfh-tr.PET@nhs.net](mailto:sfh-tr.PET@nhs.net).

This document is intended for information purposes only and should not replace advice that your relevant health professional would give you.

External websites may be referred to in specific cases. Any external websites are provided for your information and convenience. We cannot accept responsibility for the information found on them.

If you require a full list of references for this leaflet, please email [sfh-tr.patientinformation@nhs.net](mailto:sfh-tr.patientinformation@nhs.net) or telephone 01623 622515, extension 6927.

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