

INFORMATION FOR PATIENTS

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

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

What is distance exotropia?

Children with this type of squint have straight eyes when looking at nearby objects. However, when looking at objects in the distance, one eye turns outwards (squints). The squint may be constant or intermittent.

The squint may be more apparent when your child is tired, unwell, or when they are daydreaming. Bright light can also cause it to be more noticeable.

What are the symptoms and signs?

Children with this type of squint often have no symptoms but may notice they can see further round to the side.

They may also occasionally complain of blurry vision, double vision or headaches. There may also be signs of frequent rubbing of the eyes and closing of the affected eye on sunny 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 to reduce.

- Squint - to assess the size and control of the squint, especially for near objects, to ensure the eyes stay straight in this position.

Once the orthoptist is satisfied that the vision is good in both eyes and the squint is stable, your child can be discharged to the care of an outside optician. They can always be re-referred to the hospital eye service if the squint gets more noticeable or they develop any symptoms. This can be done via the optician or GP.

Can it be treated?

Treatment of this type of squint varies depending on several factors:

- If your child requires glasses these will be prescribed.
- If the vision in the squinting eye reduces (lazy eye), occlusion treatment may be required, either in the form of patching or atropine drops. Please note, this treatment will only improve the vision, not the size of the squint.
- If vision is equal in both eyes and the eyes are straight for near vision, with 3D vision present, then observation is often all that is needed.
- If the eye muscles which pull the eyes inwards appear weak sometimes exercises can help to strengthen the muscles.

- If symptoms worsen or the cosmetic appearance of the squint become worse (for example too large or happening often) surgery may be considered to straighten the eyes and aid control.

Contact details

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

- Email: 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

Our Website: www.sfh-tr.nhs.uk

BIOS Website: 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.

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 or telephone 01623 622515, extension 6927.

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