

Strabismus Surgery

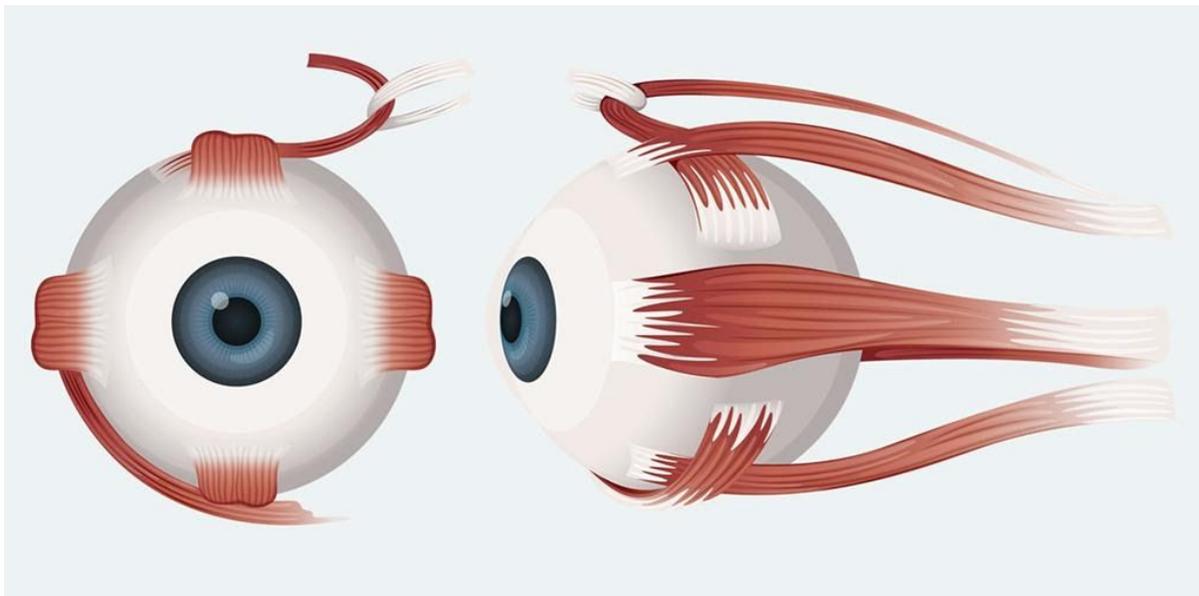
To understand how strabismus surgery works, consider that each of your eyes has six outside (extraocular) muscles controlling eye movements.

If a muscle is too strong when you have strabismus, it may cause the eye to turn in, turn out or rotate too high or low.

On the other hand, an eye muscle weakness in certain cases may also cause

misalignment. This condition may occur if you have a cranial nerve dysfunction affecting how eye muscles control movement.

Fortunately, your ophthalmologist has various surgical options to help correct these types of problems.



Strabismus Surgery Involving Recession and Resection Procedures

In a recession procedure, your eye surgeon detaches the affected outside muscle (extraocular muscle) from the eye and reattaches it (resection) farther back on the eye to weaken the relative strength of the muscle if it is too strong.

In contrast, if the muscle is too weak, your surgeon may use a

recession procedure to reduce strength of the opposing muscle (antagonist) to achieve more balanced function of the eye muscles.

In certain cases, a resection procedure may be used to strengthen an eye muscle to correct misalignment associated with strabismus. If you have inwardly turned eyes (esotropia), the surgeon may strengthen the lateral rectus muscles — located on the side

of each eye, toward the ear — by reattaching the muscle in a different location (resection). In this way, the lateral rectus muscles are relatively strengthened and they can turn the eyes farther outward. This results in better eye alignment.

Adjustable Suture Strabismus Surgery

With adjustable suture eye muscle surgery, your surgeon adjusts sutures holding eye muscles in place after a

resection procedure, to attempt to improve your final outcome.

Generally this surgery is possible only in adults, with perhaps only a small percentage able to benefit. This surgery is probably best for someone in whom strabismus developed in adulthood after previously normal eye alignment.

In this case, the person is a good candidate because of

fusion potential — the ability of both eyes to "lock on" to a target simultaneously, resulting in stereovision and a high degree of depth perception.

In most cases, adjustable suture surgery is performed in the operating room, with general or local anesthesia.

Afterward the eye is patched.

About four to 24 hours later, the patch is removed in the office, when anesthesia and

sedation have faded. Ocular alignment is then evaluated.

Based on how your eyes are aligned, your surgeon may decide to use the suture that is in place to tighten or loosen the treated muscle. This adjustment may cause slight discomfort, primarily with muscle tightening.

Once the desired alignment is achieved, the surgeon ties the adjustable suture permanently

in place, and the procedure is complete.