

How long does treatment take?

Children with esotropia are monitored until the orthoptist is satisfied that the condition is stable and well managed and that the patient and parents are satisfied with the cosmesis and function of the eyes.

For adults the condition will be monitored and treated until a cause is determined and, where possible, a management solution has been found.

How successful is treatment?

As a general rule the earlier an esotropia is detected the more successful treatment is likely to be in terms of ensuring the vision develops normally. Early intervention may also improve 3D vision, although this is not often the case.

Strabismus surgery to improve cosmesis may be done at any age.

Success of treatment largely depends on a patient's ability to adhere to treatment, failure to do so may seriously impact upon long term outcomes of the condition.

Your orthoptist should be able to advise you if you are experiencing difficulties with using a particular method of treatment.



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Orthoptic Department Information Sheet

Esotropia

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This leaflet is intended to answer some of the questions of patients or carers of patients diagnosed with esotropia under the care of Western Sussex Hospitals NHS Foundation Trust.

What is esotropia?

Esotropia is a type of strabismus. Strabismus is the term used to describe eyes that are not pointing in the same direction and not working together. An esotropia refers to one eye turning inwards towards the nose.

What causes it?

Esotropia can occur at random, through no certain cause. If there is family history of strabismus then it is more common. Uncorrected long-sightedness most commonly causes esotropia in children. Other associated causes include;

- Prematurity
- Trauma
- General health and development issues
- Other eye conditions

What are the effects of esotropia?

Children who develop esotropia early in life may lack 3D vision and their vision may be reduced in the affected eye. Adults who develop esotropia may have double vision, headache or eye strain. Studies have shown that the appearance of esotropia may impact confidence and social development.

How is it diagnosed?

Quite often parents or patients will have noticed that one eye appears deviated. This will be confirmed by the orthoptist using a number of different tests. These involve looking at pictures or letters whilst the orthoptist assesses eye movements and position. In some cases the esotropia will alternate (swap) between the eyes— this is usually advantageous in children as it helps the vision to develop more equally. Sometimes this alternation occurs as a result of successful treatment.

What is the treatment?

We will recommend you visit an optician for a refraction (glasses) test to be carried out using dilating drops. This will reveal the health of the eye. It will also tell us if there is any long or short sightedness or any astigmatism. If glasses are recommended a prescription will be issued which can be used at any opticians shop. The glasses test will be repeated every six to twelve months.

Will the glasses cure the esotropia?

Glasses are often used in esotropia treatment if patients are found to be significantly long-sighted. The glasses allow the patient to relax their focussing and this in turn may relax the eyes outwards. An esotropia can often appear straighter when wearing the glasses but will be noted again once the glasses are taken off. This is not true in all cases so glasses may not be the best solution for everyone.

How will the esotropia affect the vision?

Often the eye with the esotropia will have reduced vision. This is a condition known as amblyopia. This can be treated in children up to the age of eight. After this age it may be less effective and advice will be given by your Orthoptist. In suitable cases the treatment consists of patching the better seeing eye in order to improve the vision in the weaker eye. This will not cure the esotropia but aims to improve the vision.

What if the glasses do not make the eyes look straight?

If the esotropia remains a problem surgery may be offered. In some cases surgery is offered to improve 3D vision or reduce double vision or symptoms such as headache and eye strain. In other cases the aim of surgery is purely to reduce the appearance of the esotropia.

The surgeon will adjust the position of the eye muscles in order to make the eye straighter. This may not be a permanent solution and some patients will require more than one operation in their lifetime. You/your child will need to meet with a consultant ophthalmologist (eye surgeon) to discuss you/your child's suitability for surgery. Your orthoptist can refer you for this consultation. Any reduced vision should be treated before surgery is considered.