

How long does treatment take?

Children with exotropia 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 an adult 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 exotropia is detected the more successful treatment is likely to be. Success also 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

Exotropia

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

What is exotropia?

Exotropia 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 exotropia refers to one eye turning outwards away from the nose.

What causes it?

Exotropia can occur at random, through no certain cause. If there is family history of strabismus then it is more common. Other associated causes include;

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

What are the effects of exotropia?

Children who develop exotropia early in life may lack 3D vision and their vision may be reduced in the affected eye.

Adults who develop exotropia may experience double vision, headache or eye strain.

Studies have shown that the appearance of exotropia may impact confidence and social development.

How is it diagnosed?

Quite often parents or patients will have noticed that one eye appears to be deviated. This will be confirmed by the orthoptist and optician 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 exotropia will alternate (swap) between the eyes—this is actually advantageous in children as it helps the vision to develop more equally in both eyes. Sometimes this alternation occurs as a result of successful treatment.

In many cases of exotropia the eyes will sometimes appear straight. How often the eye turns may depend upon where a patient is looking (near or far) or how tired/unwell a patient is. Bright sunlight may cause the exotropia to become more obvious.

Will I/my child need glasses?

Some cases of exotropia may be related to short-sightedness and glasses are sometimes used in exotropia treatment.

This is not true in all cases so glasses may not be the best solution for everyone.

How will exotropia affect vision?

Often the eye with the exotropia 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 exotropia but aims to improve the vision.

How else may it be treated?

Some patients with exotropia will be asked to do exercises to try and reduce the amount of time the eye turns outwards. This can reduce symptoms such as double vision or headache. The orthoptist will advise if this is a suitable treatment option.

If the exotropia 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 exotropia.

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 can require more than one operation in their lifetime. You/your child will need to meet with a consultant ophthalmologist (eye surgeon) to discuss your/your child's suitability for surgery. Your orthoptist can refer you for this consultation.

In children surgery is usually delayed until 6 or 7 years of age when results are likely to be better. Any reduced vision should be treated before surgery is considered.