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Southport Hospital
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Intermittent Distance Exotropia (IDEX)

Patient information leaflet

If you need this leaflet in a different language or accessible format please speak to a member of staff who can arrange it for you.

اگر به این بروشور به زبان دیگر یا در قالب دسترس‌پذیر نیاز دارید،
لطفاً با یکی از کارکنان صحبت کنید تا آن را برای شما تهیه کند.

Jeśli niniejsza ulotka ma być dostępna w innym języku lub formacie,
proszę skontaktować się z członkiem personelu, który ją dla Państwa przygotuje.

Dacă aveți nevoie de această broșură într-o altă limbă sau într-un format accesibil,
vă rog să discutați cu un membru al personalului să se ocupe
de acest lucru pentru dumneavoastră

如果您需要本传单的其他语言版本或无障碍格式，请联系工作人员为您安排。

إذا احتجت إلى هذه النشرة بلغة أُخرى، أو بتنسيق
يسهل الوصول إليه، يرجى التحدث إلى أحد الموظفين لترتيب ذلك لك.

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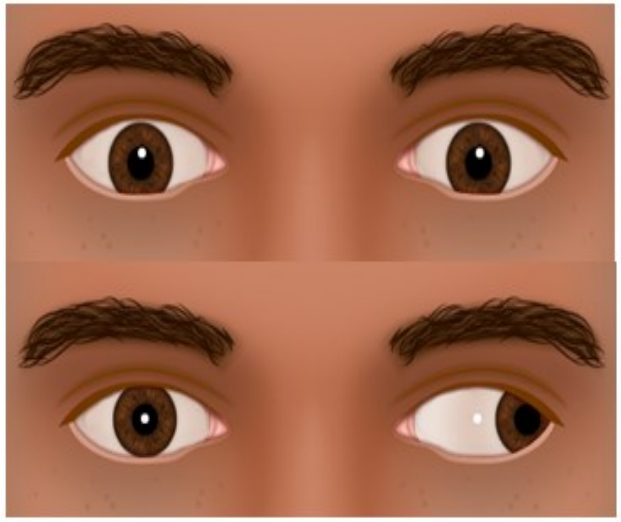
What is Intermittent Distance Exotropia?

This is when one eye turns outwards (divergent squint) when looking at a distant object.

For near tasks such as reading or when viewing close objects, children are usually able to keep their eyes straight.

The squint may be more noticeable when a child is unwell, tired or daydreaming.



Both eyes are straight when looking at a near object

The left eye is turned outwards when looking at a distant object

Note

The information in this booklet is provided for information only.

The information found in this booklet is not a substitute for professional medical advice, care by a qualified doctor or other health care professional.

Always check with your orthoptist if you have any concerns about your condition or treatment.

This is only indicative and general information for the procedure.

Individual experiences may vary and all the points may not apply to all patients at all times.

Please discuss your individual circumstances with your orthoptist.

If you need any further assistance, please contact the orthoptic services department on:

St. Helens - 01744 646 816.

Southport - 01704 705 213.

Ormskirk - 01695 656 690.

What happens when my child is discharged?

Once your child's eye measurements are stable and there are no concerns, your child will be discharged.

We recommend you see your local optician once a year for a routine eye health care check. This is free whilst your child is in full time education until the age of 19.

If you have concerns about your child's squint, your local optician or GP can re-refer your child back to the orthoptist.

If your child has been discharged on a 'Patient Initiated Follow Up' (PIFU) basis, you may be able to request another appointment within a year of discharge.

What does this mean for my child?

It is unusual for children to notice any problems with this condition, however:

- You may notice your child rubs or closes/squints their affected eye, particularly in bright sunlight.
- Your child may occasionally complain of blurring of vision, double vision or headaches.
- They may be aware of being able to see further round to the side.
- Due to the intermittent nature of this squint, your child is less likely to develop amblyopia (or reduced vision) in the squinting eye. This can occasionally occur if the squint becomes constant. This may then disrupt your child's ability to use both eyes together (binocular vision).

What happens at your child's appointment?

At your initial eye clinic appointment an assessment of your child's vision, binocular vision and control of the squint will be undertaken by an orthoptist.

We want to know from parents and carers the following:

- How often the divergent squint is noticed (i.e. more or less than 50% of waking hours).
- Whether or not the squint is seen at near viewing distances as well as when the child is looking further away.

We will routinely perform a glasses test and an eye healthcare check, to ensure the health at the back of the eye is normal. Often children with an intermittent distance exotropia have normal vision in either eye, the need for glasses appears incidental to the presence of the squint. Glasses are not necessarily required.

Treatment may be considered if:

- The squint is noticed more than 50% of waking hours.
- If the eye diverges for near as well as in the distance and looks like a 'constant' squint.
- The squint is large and/or becoming difficult to control for near viewing and disrupts binocular vision.
- There are problems such as double vision or regular headaches.
- There are concerns about the appearance of the squint.

The aim of treatment would be to reduce the size of the squint and allow better eye alignment. This would restore or maintain straighter eyes for more of the time and improve binocular vision.

Types of treatment

Observation

This is suitable for most patients, and is required to monitor any changes or stability in the appearance of the squint.

Parents who are undecided about surgery may choose for their child to be observed over a duration of time before discharge or surgery.

Squint surgery

Please refer to the squint surgery leaflet.

Exercises

Will eye exercise help make my child's eye stronger?

Eye exercises may be given in some cases but these are generally not always helpful in this type of squint.

Will it get better on its own?

This type of squint is unlikely to go away on its own but not all children require treatment. This type of squint may remain unchanged for years and may never require any treatment.