Surgery for crossed eyes not just for children
By James McDonnell
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About 1 in 25 infants are born with an eye disorder called strabismus, in which the eyes do not line up in the same direction. Some children can develop the condition in early childhood.

Strabismus, commonly called “crossed eyes,” typically is treated during childhood with glasses, eye patches and/or surgery. But many adults also have strabismus. Some have had the condition all their lives. Others develop strabismus as a result of such conditions as stroke, tumor or brain injury.

Some patients suffer incapacitating double vision. The condition also can make patients extremely self-conscious. They are afraid to make eye contact, and this adversely affects their work as well as their social life. Studies show strabismus patients think about their eyes almost every hour of every day. It can be emotionally debilitating.

Many adult patients believe, wrongly, that they can’t be treated. They have been told that nothing could be done after a certain age; that strabismus surgery is only cosmetic; that they would outgrow the problem; that insurance wouldn’t cover the procedure or that if they had undergone previous eye-muscle surgery nothing further could be done. Some patients are told that eye exercises or “vision therapy” will straighten their eye. This type of misinformation can come from friends, family doctors and even ophthalmologists and optometrists.

I’ve performed thousands of corrective surgeries in children and adults whose eyes are misaligned for various reasons. These surgeries have been performed on patients ranging from infancy to age 90. In addition to restoring the eye’s normal appearance, the surgery can improve depth perception and eliminate double vision or eye strain.

To correct misalignments, we operate on the muscles that control the movement of the eyes. For adults, we often use a different technique than that typically used on children. In some of these adolescent and adult patients, we use an adjustable suture technique that allows us to fine-tune the eyes to the exact alignment.

Surgery isn’t always necessary. In some patients, strabismus can be successfully treated with Botox. While Botox is best known for its use in cosmetic procedures, we use Botox to temporarily weaken the pull of a strong muscle, allowing the weaker muscle to gain strength. When the drug wears off in about two months, proper muscle balance and eye alignment often are restored.

The surgery is an outpatient procedure. Risks, which are very rare, include infection and damage to the inside of the eye. Results usually are excellent. Most patients tend to be highly satisfied, and many say it has turned their lives around.

Our goal is to restore patients’ eyes to a normal functional alignment and appearance so they can use their eyes together to the best of their ability. We want them to be able to look anyone
directly in the eye and feel confident that their eyes appear normal. Our patients have told us that when you can’t look someone in the eye, it affects their fundamental ability to communicate.

It’s wonderful and humbling to see patients’ tears of joy after surgery. It’s a shame when patients often wait years to correct something we can address in about one hour.

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