

PATIENT INFORMATION

Botulinum Toxin (BOTOX®) Treatment for Squint under General Anaesthetic

What is Botox®?

Botox is the common name for Botulinum Toxin type A. In this country Botulinum Toxin type A is made and sold by several different companies and it is often known by its trade name, e.g. Botox®, Dysport® or Xeomin® etc. In this hospital we currently use Botox®.

How does Botox® work?

Botulinum Toxin works by temporarily paralysing or weakening muscles, by blocking the nerve to that muscle. That's why it's used for wrinkles, as it weakens the muscles that cause the wrinkling of the skin. In hospitals it is used for treating muscle spasm and tics.

It can also be used to treat some kinds of squint (strabismus). In a squint where one eye turns out (an exotropia), it can be given to the muscle pulling the eye outwards (the lateral rectus) and this may allow the eye to come straighter. Similarly, in a squint where an eye turns in (esotropia), it can be given to the muscle pulling the eye in (the medial rectus) and when this muscle weakens after the treatment, it may allow the eyes to become straighter. It is only very rarely used for squints where one eye points up or down.

How is Botox® given for squints?

Botox® has been used to treat certain types of squints in the UK since the 1980s.

The Botox® is given to the muscle using a very fine needle which is slid under the white skin of the eyeball (the conjunctiva).

In children, young teenagers and adults who are unable to tolerate local anaesthetic, it is given under a short general anaesthetic. When you are, or your child is asleep under the anaesthetic, the eye is steadied by the surgeon with forceps, and the injection is given into the muscle by sliding the needle under the white skin of the eye, between the eyeball and the corner of the lids. The procedure takes a few minutes.

After you/your child has recovered from the anaesthetic, the nurses will tell you when you can go home. You will have an appointment with the Orthoptists 2 weeks after the treatment.

When is Botox® used for some squints rather than an operation?

1. To treat squints that have recently come on and that may be causing double vision. In this case, if the eye can be moved back straight by Botox® to get rid of the double vision, the eye may well stay there by itself permanently without the need for surgery.
2. To treat squints that your child used to be able to control themselves, to make it easier for them to control again.
3. To treat squints that have been over, or under corrected by previous surgery

How long does the effect last?

1. The effects usually come on over 24-48 hours
2. In certain cases we would hope that the effects would be more of a permanent treatment, e.g. if the Botox® were given to treat double vision, or to help control a squint that you were previously able to control yourself.
3. If the treatment does not cause a permanent cure, the effects usually last about 3 months, but may last for a shorter or longer time than this.

We will discuss your individual case and what you can expect with you.

What are the side effects and complications?

1. Sometimes the Botox® has no effect, or has less effect that we hoped, and needs to be repeated.
2. Often you/your child will get a droopy eyelid on the treated side (ptosis). This usually lasts for a week or two but rarely can last longer.
3. As the eye moves position, you/your child is likely to get double vision (diplopia) .If you are a driver, and you have double vision, you are not allowed to drive.
4. The risk of damaging the eyesight is extremely small (less than 1 in 3000)
5. Your child/you may have a red eye at the site of the treatment for a few days, or bruising around the eye.
6. The risk of a serious complication of a general anaesthetic for a healthy child is 1:100 000.
7. In extremely rare cases, double vision may be caused that doesn't resolve, and that may require further treatment.
8. Very rarely the injection can cause very marked double vision (vertical or horizontal) which takes a long time to settle. This sometimes happens if the muscles that move the eye around are unusually close together. It's not possible to predict this effect in advance, but it is rare.

What happens if it doesn't work?

If the Botox® does not seem to have moved the eye, or not moved it enough, then it is possible to repeat the treatment. If the Botox® worked to move the eye enough, but the effect didn't last permanently, or did not get rid of the double vision then the next step would probably be an operation. Having Botox does not make it more difficult to do an operation later on, but we do have to wait until the effects of the Botox® have worn off completely before doing an operation.

For further assistance or to receive this information in a different format, please contact the department which created this leaflet.