

# POST-OPERATIVE INSTRUCTIONS FOR STRABISMUS SURGERY

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## **(1) ICE / COLD COMPRESSES:**

Please try to apply ice cold compresses to the operated eye(s) for the first 24 hours following surgery as frequently as possible. A typical routine involves ten minutes with the compress on followed by a five minute break. This significantly reduces swelling and discomfort and can accelerate the overall recovery time. Using ice or cold compresses beyond the first 24 hours after the operation is not necessary as the acute inflammation and swelling has mostly subsided by then. One useful trick is to buy bags of frozen peas to use as cold compresses. The peas act like tiny ball bearings and fill in the “nooks and crannies” around our eyes, getting the cold as close to the eyes as possible. Of course, the compress should be applied with the eyes closed. Please place a clean, thin towel or napkin around the compress before placing it on the eyes to prevent dirty surfaces from potentially infecting the surgical site.

## **(2) TOBRADEx EYEDROPS AND OINTMENT:**

You will receive a bottle of Tobradex eyedrops and a tube of the same medication in ointment form on the day of surgery at the hospital. This medicine is a combination antibiotic (to prevent infection) and mild steroid (to decrease inflammation) that will help speed the healing process. I put this ointment on the eye(s) at the conclusion of surgery, so you don't need to put a drop in yourself until you get home on the day of surgery. Please use one Tobradex eyedrop four times a day in the operated eye(s). This eyedrop is a suspension and should be shaken gently before using it. The Tobradex ointment should be placed in the operated eye(s) at bedtime only. With the patient looking up, pull the lower eyelid down gently and squeeze out a thin horizontal ribbon of ointment across the lower aspect of the eye in the small pocket formed between the eye and the outstretched lower eyelid. Having the patient look up while doing this greatly facilitates the process. Try to avoid touching the surface of the eye with the tip of the tube (or eyedropper). I recommend doing this just as you are going to bed as the ointment will blur your vision a bit. The ointment provides treatment through the night while you sleep without having to wake up periodically to deliver an eyedrop. It is formulated to slowly release the medication over many hours. The ointment will be almost completely absorbed by morning, but a little bit of crusting and “sticky eyelids” are normal upon awakening. Gentle cleaning of the eyelids with a warm washcloth is usually sufficient to remove this mild mucus and discharge. Please use the eyedrops and ointment for a full seven days following the surgery. Even if you feel almost completely healed sooner than that, please continue using these medications for the full seven days.

## **(3) WHAT SHOULD I CALL THE DOCTOR ABOUT?**

Here are a few things to expect after the surgery: Blood-streaked tears are common and should not cause concern. Strabismus surgery involves making small incisions through the conjunctiva on the surface of the eye. Some minimal oozing from these incisions is normal and to be expected. Pink or

lightly red-stained tears are not a cause for alarm. Bright red blood in any significant amount is concerning and would be extraordinarily unusual. You would certainly want you to call me about that. (I have never seen such a thing following strabismus surgery, but I will warn you anyway.) Soreness and mild pain in and around the eyes is common after surgery. Again, this is incisional surgery and some discomfort is to be expected. Any discomfort, though, is typically minimal and Tylenol or Advil is usually more than sufficient treatment. The cold compresses will also help alleviate this discomfort. Most patients will also feel a slight gritty or sandy sensation, almost as if something is in their eye. This is due to the tiny absorbable sutures I use to close the incisions and to some of the edges of the incisions themselves. Such irritation is usually minimal and typically only significant in the first couple of days following surgery. Artificial tears to lubricate the surface of the eye can help relieve this sensation. You can use over-the-counter artificial tears liberally, as often as necessary. However, please do not use tears immediately after using a Tobradex drop. You should wait five minutes after giving a medication drop like Tobradex before putting any other eyedrops in the eye. The artificial tears could wash out the medication. Severe sharp pain or a significant, deep ache or pain is distinctly unusual and I would want to hear about that. The ocular alignment should be improved from the pre-operative condition, but may be slightly off. Sometimes we actually aim to slightly overcorrect or undercorrect in strabismus surgery, so a slight misalignment is nothing to be concerned about. However, if one eye is extremely deviated or seems to be “stuck” in one position without any movement in the opposite direction I would want to hear about it. This suggests that one of the operated muscles has slipped from its insertion and may need to be fixed surgically.

#### **(4) NO EYE RUBBING!**

Please avoid vigorous rubbing or firm pressure on the surface of the eyes/eyelids during the first week or two following surgery. The tissues of the surface of the eye are very thin and fragile, and very fine, hair-like sutures are used to close the surgical incisions. Both these tissues and the sutures can be ripped or torn by vigorous eye-rubbing in the early post-operative period. Dirty hands and fingers near the incisions also increase the risk of infection. Keeping the hands away from understandably irritated eyes can be quite a struggle with infants and small children, but the more vigilance the better. For very difficult cases there are forearm/wrist restraints available for small children that prevent them from reaching their eyes. However, these are difficult for parents (and me) to see on any child, and are generally used only as a last resort. Please know also that all of the sutures I use are absorbable, so no suture removal is necessary following surgery.

#### **(5) SHOWERING:**

Please avoid direct eye contact with tap water for one week following surgery. This is aimed at preventing infection from bacteria in the water supply while the surgical incisions are still healing. For infants and small children sponge baths are usually your best bet in the first week following surgery. Tilt the child’s head back when washing his or her hair to allow the water to run off the back of the head rather than onto the face. For older children and adults simply keeping your head and eyes out of the shower stream is sufficient to avoid considerable contact with the water. Forceful shower streams can also dislodge some of the very fine sutures on the surface of the eye, so please avoid direct “sprays” into or onto the eyes/eyelids for the first week. In either case please do not worry about a few errant drops of water getting into the eyes—it is large scale exposure we are trying to avoid with this advice. Remember, antibiotics are being used during this same period of time and infection is very rare to begin with. It simply makes good sense to try to reduce the risk of infection, but it does not mean that you should not bathe or wash your face for a week!

## **(6) ACTIVITIES:**

No swimming is allowed for two weeks following surgery. This is related to the showering rule above and intended to prevent infection. “Dirty” activities like sandbox play, baseball, football or soccer also ought to be avoided for the first two weeks after surgery for the same reason. It’s impossible for me to list every activity that children (and adults) participate in these days— so I advise you to use your common sense on this one. If the activity in question involves significant exposure to dirt and grime, then you would be wise to avoid it for two weeks. Likewise, any heavy contact sports or activities with a risk of injury or trauma to they eye or surrounding tissues are to be avoided for two weeks. Heavy lifting or strenuous exertion that requires “bearing down” is also to be avoided as such activities can increase the pressure in the head and eyes. I would rather not expose fresh surgical incisions and fine sutures to any potentially damaging forces—from within or without.

## **(7) WHAT ABOUT DRIVING?**

I am frequently asked whether it is safe to drive following surgery. There is no simple answer to this question as it differs from individual to individual. Certainly nobody is allowed to drive themselves home on the day of surgery. This is a hard and fast rule for anyone having surgery under general anesthesia. You must have someone accompany you on the day of surgery to drive you to and from the hospital. But how soon may you go back to driving after that? Strabismus surgery, in general, does not have any effect on vision. It only alters the alignment of the eyes. The surgical incisions made on the surface of the eye, however, cause minor irritation and tearing that may disrupt vision temporarily. A mild sandy or gritty sensation along with some soreness in the operated eye(s) is common following surgery and may make some patients too uncomfortable to consider driving. The eyedrops and ointments given in the week following surgery may also blur the vision slightly. Sometimes double vision occurs as an expected outcome in the first few days following surgery, an especially common occurrence with certain kinds of adult strabismus. Obviously, those experiencing double vision should not drive until this symptom has resolved. For all others, though, the decision is up to you. There is no hard and fast rule for this. You should return to driving only when you feel comfortable with your eyes and vision. For those who undergo relatively small surgeries, perhaps involving only one eye muscle on one eye, for example, you may feel comfortable enough very quickly, perhaps within a day or two. Others who have more extensive or complex surgeries may not feel comfortable enough to drive for several days or even a week or more. Everyone heals and responds to surgery differently. You should only get back behind the wheel of a car when you feel comfortable enough to do so.