

# Parental agreement to investigation or treatment

## Surgery to correct a 'squint' in children

**Authors:** Eye Department (Ophthalmology)

**Brief description:**

- Squint surgery involves the weakening or strengthening of one or more eye muscles to improve the appearance of eye alignment.
- Here, we explain some of the aims, benefits, risks and alternatives to this procedure. We want you to be informed about your choices to help you to be fully involved in making any decisions.
- Please ask about anything you do not fully understand or wish to have explained in more detail.
- If you would like this information in another format or language or would like help completing the form, please ask a member of our staff.

**Please bring this form with you to hospital**

- You will be asked to read this form carefully, and you and your doctor (or other appropriate healthcare professional) will sign it to document your consent.
- All our consent forms are available on the Addenbrooke's website: <http://www.addenbrookes.org.uk/consent>
- Remember, you can change your mind about having the procedure at any time.

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**For staff use:**

Does the patient have any special requirements? (For example, requires an interpreter or other additional communication method)

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.....

## About the surgery to correct the squint

Surgery for squint is usually performed to improve the appearance of eye alignment but sometimes it can also help the child use both eyes together, improving depth perception. Squint surgery involves the weakening or strengthening of one or more eye muscles, and can be performed on one or both eyes (although the squint can appear to be limited to one eye, squint surgery may need to be performed in both eyes). The eye muscles are easily reached, and surgery **does not** involve 'taking the eye out'. The operation usually lasts 30 to 40 minutes.

## Before your child's procedure

- You and your child will be seen within one month of surgery by an orthoptist (eye specialist), who will measure the size of the squint, and an ophthalmologist (eye doctor), who will discuss the planned surgery.
- At this clinic, we shall ask you for details of your child's medical history and carry out any necessary clinical examinations and investigations. Please inform the doctor if your child has had any recent health problems, and discuss any questions regarding the surgery that you might have.
- You will be asked if your child is taking any tablets or other types of medication - these might be ones prescribed by a doctor or bought over the counter in a pharmacy. It helps us if you bring details with you of anything your child is taking (for example: bring the packaging with you).
- This procedure involves the use of general anaesthesia, which means that your child will not be conscious during the surgery. See below for further details about the types of anaesthesia we shall use.
- Squint surgery is usually performed as a day-case procedure in the Cambridge Eye Unit but, if your child has other medical problems, a bed in ward D2, F3 or C3 might have been arranged.
- You are welcome to look around the Cambridge Eye Unit or the ward in advance of your procedure, but please contact them prior to your visit:
  - The Cambridge Eye Unit: (01223) 274239
  - Ward D2: (01223) 217250
  - Ward C3: (01223) 217450
  - Ward F3: (01223) 348313
- If to your knowledge the answer to any of the following is **yes**, it is important that you tell us. Has your child ever:
  - received Human Growth Hormone
  - had brain surgery prior to 1992
  - or has anyone in your family been diagnosed with CJD

A positive answer will not stop any treatment, it will however allow us to plan your operation so as to minimise any risks.

## Fasting before surgery

- Please ensure that your child has plenty to eat and drink the day before surgery. If your child is very young, you might like to wake them in the evening for an extra drink.

It is very important that your child's stomach is empty before they undergo a general anaesthetic. Your child must stop eating (this includes formula baby milk, chewing gum, sucking hard boiled sweets and drinking milk and fruit juice) for **six hours** before their anaesthetic. Breast fed children may have their last feed **four hours** before their anaesthetic and all children must not drink anything for **three hours** before their anaesthetic.

This means that (unless you have been told otherwise by your child's consultant):

- **If you child has been asked to come to the Cambridge Eye Unit for 07:30** they must not have any thing to eat after 02:30 in the morning (last **breast** feed at 04:30). It may be easier to offer your child a snack before bed time and then nothing else to eat until after their anaesthetic. They may drink clear fluids (water or weak squash) until 05:30.
- **If your child has been asked to come to the Cambridge Eye Unit for 12:30** they must not have anything to eat after 07:30 in the morning (last **breast** feed at 09:30). Please offer your child an early light breakfast, such as toast or cereal. They may drink clear fluids (water or weak squash) until 10:30.

## On the day of the surgery

If you are unwell please do not accompany your child onto the ward. Visitors must be clear of any illness for 48 hours before arrival. To help us to prevent the spread of infection please ensure that you use the hand washing facilities and alcohol gel provided throughout the ward; especially upon entering and leaving the hospital. Upon admission your child will need to have swabs taken to test for methicillin-resistant Staphylococcus aureus (MRSA). Please ask if you would like more information about this.

Addenbrooke's has a number of advice leaflets for patients and their visitors about infection control. They can be accessed from the Addenbrooke's website:

[http://www.addenbrookes.org.uk/patient\\_visitors/information\\_leaflets/library/list\\_i.html](http://www.addenbrookes.org.uk/patient_visitors/information_leaflets/library/list_i.html)

If you do not have access to the Internet, please contact PALS on 01223 216756 or extension 2756.

Parents are encouraged to stay with their child in the Cambridge Eye Unit. Upon your arrival the nurses need to complete admission paperwork about your child and family.

The nurse will record your child's weight and take some swabs to check for MRSA, check your child's temperature, pulse rate, breathing rate and any other observations that are necessary. These are important measurements to ensure that your child is fit and healthy prior to undergoing any procedure.

Your doctor will be informed of your arrival and they will come to meet you in order to answer any further questions you may have and to complete a consent form if this has not already been completed. Your child's legal guardian, a person with parental responsibility, will be asked to sign the consent form (if this has not already been signed).

Your child will also see an anaesthetist who will fully explain everything to you regarding your child's general anaesthetic. This will give you the opportunity to ask questions about the procedure.

There will be a little wait while all of the children are assessed. There is a small selection of toys, a selection of equipment for your child to engage with 'colouring in' and word searches and a television with a selection of DVDs to watch.

Please bring a small toy with you, a quiet activity, such as a book or magazine for example, to help to distract your child and pass the time while they are waiting.

When your child's nursing team, surgical team and anaesthetist have assessed all children on the theatre list and confirmed that they are fit for theatre, if you so desire, you can be provided with a rough estimate of when your child's procedure will be taking place.

When your child's allocated theatre slot is ready, the anaesthetist's assistant will arrive to collect your child and take him/her to theatre. A maximum of two parents are allowed into the theatre area with your child to comfort him/her whilst the anaesthetic is administered. A member of theatre staff will then take you to the ward area where you will be shown to the bed space that has been allocated for your child's postoperative care. This provides you with an allocated space in which to wait for your child and also allows you the opportunity to be able to have something to eat and drink whilst your child is in theatre.

You will then be invited into the recovery area when your child's recovery nurse considers it appropriate for you to be present. The paediatric recovery staff will try to call you to recovery prior to your child waking, however this is not always possible and your child may already be awake by the time you arrive in recovery. Your child may be very sleepy when you first see them, or a little disorientated and tearful. Both reactions are completely normal.

Your child might have an oxygen mask on his/her face to help him/her breathe. After this procedure, your child will have a small, plastic tube in one of the veins of his/her arm. This is called a cannula and is left in place in case your child requires any medication that they are unable to take in their mouth.

Upon return to the ward, close observation will be made of your child. The nursing staff can give your child painkillers if they are needed.

Following squint surgery, it is fairly common for children to feel a little unwell and vomit.

Discharge can occur and your child's cannula can be removed once they have had a drink, eaten (without vomiting), passed urine, is comfortable and is back to their usual self, mobilising and communicating appropriately.

We strongly encourage all children to spend at least the first hour with us following their general anaesthetic prior to their discharge.

### **What should my child wear?**

Your child should not be asked to wear a theatre gown for their procedure. Therefore it is important that your child wears loose fitting clothes so that they remain comfortable throughout their stay with us.

We request that you remove all makeup, nail varnish and jewellery (other than those with religious connotation), including earrings, prior to your child's admission. Please keep the amount of property that you bring with you on the day to a minimum, as space is limited around waiting areas and bed spaces and we can not take responsibility for any loss of or, damage to, items left unattended during your time spent with us.

### **During the procedure (operation) itself**

- Before your child's procedure, s/he will be given the necessary anaesthetic - see below for details of this and the role of the anaesthetist in your child's care.
- During surgery, while your child is asleep with the general anaesthetic, several eye muscles are adjusted. These muscles are located on the sclera (the white of the eye), either on the inner (nose side) or outer (ear side) corner or under the lower lid. After adjustment of the muscles' strength, the muscles are sewn back on to the eye. Several dissolvable stitches will be present on the surface of the eye. Drops used during the operation might at first dilate the pupils unevenly.

### **After the procedure**

- **Eating and drinking:** When your child is fully awake, they will be encouraged to drink and eat. We provide a snack box for your child. The snack box usually includes a sandwich, crisps, cake, yoghurt and juice. We also have toast, milk and squash if they would prefer. Alternatively please feel free to bring in appropriate light snacks. There is also a ward kitchen that members of staff can use to heat up milk for your child. Please bring with you any formula milk that you may require for the day. If your child has any special dietary requirements, please discuss this with your allocated nurse on arrival.

For safety reasons if you have a hot drink please take care not to leave it unattended.

- **When you can leave hospital:** Parents are expected to provide transport on discharge home. The use of a bus may not be appropriate. Your child is undergoing a planned surgical procedure; it would be helpful if you ensure that you have sufficient supplies of simple painkillers such as Paracetamol and Ibuprofen at home, in anticipation of some minor discomfort. You should plan for your child to spend at least half a day in the Cambridge Eye unit. This is the estimated average length of stay; however, according to the nature of your child's procedure, some times it may be necessary for your child to remain with us for longer. Please bear this in mind when planning your day.
- **Car parking:** There are car parking facilities in the multi-storey car park, not too far from the Cambridge Eye Unit. Discounted tickets can be obtained from the customer services desk (by the pay point in the car park). As of June 2011 the charge for these is £3, regardless of your length of stay during the day; however, the charge may have increased since this leaflet was authored.
- **When your child can resume normal activities including school:** Your child should have about five to seven days off nursery/school. Your child should not swim or play with sand for four weeks but can take part in PE and other (non contact) sports.
- **Check-ups and results. Before leaving hospital you should be given:**
  - A follow-up appointment for the Eye Clinic.
  - Eye drops and pain-killers.

## Intended benefits of the procedure

- Squint surgery is usually performed in order to improve the appearance of a squint. Sometimes, by straightening the eyes, the child's perception of depth can also be improved. We can usually predict this by orthoptic (eye) tests performed before surgery.

## Who will perform my procedure?

- This procedure will be performed by Miss Allen or by a senior registrar who is experienced in the technique. Some training of junior surgeons may take place during the operation under close supervision by the consultant.

## Alternative procedures that are available

- Squint surgery is usually performed in order to improve the appearance of a squint. Sometimes, by straightening the eyes, the child's perception of depth can also be improved. We can usually predict this by orthoptic (eye) tests performed before surgery.

## Serious or frequently occurring risks

- The outcome from squint surgery is not always predictable: it is possible that the squint will be over or under corrected. Approximately 30% of children operated on will need a further operation for their squint.

- Sometimes, there is a mild, temporary over-correction following surgery, which can result in double vision. A change in the glasses prescription, use of a stick-on prism on the glasses, and/or orthoptic exercises can help this. If the over-correction persists, further surgery can be required.
- It is extremely common for the eyes to be both red and sore for two weeks following squint surgery. The drops you have been given will soothe the eyes and reduce the inflammation (redness).
- Less commonly, the dissolvable sutures (stitches) placed on the surface of the eye can cause excess inflammation and cause a lump to form on the white of the eye. Further surgery can be required to remove the suture that is causing the inflammation.
- Rarely, in less than 1% of squint operations, the sutures holding the adjusted muscle in place untie, and the muscle can detach from the eye. This causes rotation of the eye either to the outer- or inner-most corner. This complication requires urgent surgery to find and re-attach the muscle. Please contact us if your child's eye is in this position.
- Very rarely, (in less than 1 in 1000 squint procedures) the stitches cause a small perforation (hole) in the eye, which can (if treatment fails) lead to an infection in that eye, which could cause blindness in that eye.

## Information and support

- You might be given some additional patient information before or after the procedure, for example: leaflets that explain what to do after the procedure and what problems to look out for. If you have any questions or anxieties, please feel free to ask a member of staff.
  - The Cambridge Eye Unit: (01223) 274239
  - Ward D2: (01223) 217250
  - Ward C3: (217450)
  - Ward F3: (01223) 348313
  - Orthoptic department: (01223) 216528
  - Paediatric Ophthalmology Clinical Nurse Specialist:  
On Bleep Number 156 2251 (via the Addenbrooke's Switch Board on 01223 245151) or direct dial telephone number (01223) 596414

## Children's anaesthesia

Children may need anaesthetics for operations, just like adults. They may feel distressed and their parents can feel anxious. Anaesthetists generally recognise this, and do their best to keep distress down to a minimum. These days, children usually come into hospital on the same day as the operation, unless it is major, and usually do not have premeds. They are seen with their parents by their anaesthetist and usually have local anaesthetic cream put on their hands at this point.

When they come into the anaesthetic room, it is usual for one of their parents to be encouraged to come in with them, in case they get scared. Many anaesthetists start the anaesthetic with an injection into a vein, and with the local anaesthetic cream this usually does not hurt, or not very much. Others prefer to use gas, and most will use gas if there is a particular fear of needles.

Sometimes, especially for emergencies, gas cannot be used, as there may be a risk of vomiting. Occasionally, the anaesthetist will ask parents to leave the anaesthetic room just before starting anaesthesia, as some procedures that need to be done just as the anaesthetic starts may be distressing to watch. After the operation parents can usually come back to their child as they are beginning to wake, so that they do not feel left alone.

Usually pain can be controlled by use of local anaesthesia to wounds, followed by paracetamol syrup of something similar. For more major surgery other pain relief methods will be required. Discuss this with your anaesthetist at the pre-operative assessment.

## **What are the risks of general anaesthesia?**

In modern anaesthesia, serious problems are uncommon.

Risk cannot be removed completely, but modern equipment, training and drugs have made it a much safer procedure in recent years.

Most children recover quickly and are soon back to normal after their operation and anaesthetic. Some children may suffer side effects like sickness or a sore throat. These usually last only a short time and there are medicines available to treat them if necessary.

The exact likelihood of complications depends on your child's medical condition and on the nature of the surgery and anaesthesia your child needs. The anaesthetist can discuss this with you in detail at the pre-operative visit.

For a child in good health having minor surgery:

- 1 child in 10 (like one person in a large family) might experience a headache, sore throat, sickness or dizziness.
- 1 child in 100 (like one person in a street) might be mildly allergic to one of the drugs that has been given.
- 1 child in 20,000 (like one person in a small town) might develop a serious reaction (allergy) to the anaesthetic.

## **Final thoughts**

If you have any other children, please try to avoid bringing them along with you on the day. It is not always appropriate to have additional children in the Cambridge Eye Unit and we do not provide child minding facilities.

As we plan for your child's stay with us to only be for a few hours visitors are not encouraged. However, people are welcome to telephone you to enquire about your child on (01223) 257168.

We encourage children to rest following their general anaesthetic. Due to this fact please be mind full to ensure that mobile phones are switched off for the duration of your child's time with us in the Cambridge Eye Unit. Thank you.



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We are currently working towards a smoke free site. Smoking is only permitted in the designated smoking areas.

For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169

#### Help with this leaflet:



If you would like this information in another language, large print or audio format, please ask the department to contact Patient Information: 01223 216032 or

[patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)



#### Document history

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Consent Form 2

# Consent Form (Child or Young Person)

Parental agreement to investigation or treatment

<p><b>For staff use only:</b>  <b>Surname:</b>  <b>First names:</b>  <b>Date of birth:</b>  <b>Hospital no:</b>  <b>Male/Female:</b>  <b>(Use hospital identification label)</b></p>
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Responsible health professional/job title: .....

Special requirements .....  
 (For example, other language/other communication method)

**Name of proposed procedure or course of treatment**

**Surgery to correct a 'squint' in children Side (left/right).....**

**Statement of health professional**

(To be filled in by a health professional with an **appropriate knowledge of the proposed procedure**, as specified in the Hospital's consent policy)

I have explained the procedure to the child and his or her parent(s). In particular, I have explained:

- The intended benefits of the procedure: to improve the appearance of a squint. Sometimes, by straightening the eyes, the child's perception of depth can also be improved. Other (please specify): .....

- Any serious or frequently occurring risks from the procedures including those specific to the patient: It is possible that the squint will be over or under corrected. Approximately 30% of children operated on will need a further operation for their squint; Sometimes, there is a mild, temporary over-correction following surgery, which can result in double vision; If the over-correction persists, further surgery can be required; It is extremely common for the eyes to be both red and sore for two weeks following squint surgery; Less commonly, the dissolvable sutures (stitches) placed on the surface of the eye can cause excess inflammation and cause a lump to form on the white of the eye. Further surgery can be required to remove the suture that is causing the inflammation; Rarely, in less than 1% of squint operations, the sutures holding the adjusted muscle in place untie, and the muscle can detach from the eye. This causes rotation of the eye either to the outer- or inner-most corner. This complication requires urgent surgery to find and re-attach the muscle; Very rarely, (in less than 1 in 1000 squint procedures) the stitches cause a small perforation (hole) in the eye, which can (if treatment fails) lead to an infection in that eye, which could cause blindness in that eye. Other (please specify): .....

- Any extra procedures that might become necessary during the procedure:

Blood transfusion  Other procedure (please specify) .....

I have discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient and his or her parents.

- The following information leaflet has been provided: Surgery to correct a squint in children.

Version/Date/Ref: 3/July 2008-2010/CF122

This procedure will involve:  General and/or regional anaesthesia  Local anaesthesia  Sedation

**Health professional's signature** ..... **Date:** .....

Name (PRINT): ..... Job title: .....

Contact details (if child/parent wish to discuss options later) .....

I have offered the parent information about the procedure but s/he has declined information.

**Statement of the interpreter (if appropriate)**

I have interpreted the information above to the child and his or her parents to the best of my ability, and in a way in which I believe they can understand:

Interpreter's signature: ..... **Date:** .....

Name (PRINT): .....

**Important notes: (tick if applicable)**

- Parent has withdrawn consent (ask parent to sign/date here) .....
- See also advance directive/living will

**Statement of parent**

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy, which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. Do ask if you have any further questions. The staff at Addenbrooke's are here to help you and your child. **You have the right to change your mind at any time before the procedure is undertaken, including after you have signed this form.**

<p><b>For staff use only:</b></p> <p><b>Surname:</b></p> <p><b>First names:</b></p> <p><b>Date of birth:</b></p> <p><b>Hospital no:</b></p> <p><b>Male/Female:</b></p> <p><b>(Use hospital identification label)</b></p>
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Training doctors and other health professionals is essential to the continuation of the Health Service and improving the quality of care. Your child's treatment may provide an important opportunity for such training, where necessary under the careful supervision of a senior doctor. You may, however, decline your child's involvement in the formal training of medical and other students without this adversely affecting your care and treatment.

**Please read the following:**

**I understand** that my child and I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of the situation prevents this. (This only applies to children having general or regional anaesthesia.)

**I understand** that you cannot give me a guarantee that a particular person will perform the procedure. The person undertaking the procedure will, however, have appropriate experience.

**I understand** that any procedure in addition to those described on this form will only be carried out if it is necessary to save my child's life or to prevent serious harm to his/her health.

**I have been told** about additional procedures which may become necessary during my child's treatment. I have listed below any procedures that **I do not wish, without further discussion, to be carried out.**

**I understand** that any tissue (including blood) removed as part of the procedure or treatment will be anonymised and may be used for teaching or quality control, and stored or disposed of in a manner regulated by appropriate, ethical, legal and professional standards.

**I understand** that all research will be approved by a research ethics committee and undertaken in accordance with appropriate ethical, legal and professional standards.

**I understand** that the research may be conducted within a hospital, university, not for profit organisation or a company laboratory.

**Please tick boxes to indicate you either agree/disagree to the three points below. Yes No**

**I agree** that tissue (including blood) not needed for my child's diagnosis or treatment can be used for **research which may include genetic research. If you wish** to withdraw your consent for the use of your tissue (including blood) for research, please contact the Patient Advice and Liaison Service at Addenbrooke's Hospital.

**I agree** to the use of photography for the purpose of diagnosis and treatment.

**I agree** to anonymised photographs being used for medical teaching.

**I confirm** that the risks, benefits and alternatives of this procedure have been discussed with me and my child and I have read and understood the above and agree to the procedure (or course of treatment) on this form.

**Parent's signature:** ..... **Date:** .....

**Name (PRINT):** .....

**Child's agreement to treatment (if child wishes to sign)**

I agree to have the treatment I have been told about.

Signature: Date: .....

Name (PRINT): .....

**Confirmation of consent** (to be completed by a health professional when the child is admitted for the procedure, if the parent/child have signed the form in advance)

On behalf of the team treating the patient, I have confirmed with the child and his/her parent(s) that they have no further questions and wish the procedure to go ahead.

Signature: Date: .....

Name (PRINT): ..... Job Title: .....

Copy accepted by patient/parent: yes / no (please circle)