WHEN TO OPERATE IN STRABISMUS?

Dr. Njambi Ombaba, University of Nairobi
Outline

- Considerations for surgery
- Prerequisites before surgery
- Early versus late surgery
- Current practice
- Paralytic strabismus
Considerations for surgery
Considerations for surgery

- Aetiology / characteristics
  - Congenital (constant Vs intermittent)
  - Refractive / accommodative
  - Amount of deviation
  - Paralytic
- Age of patient
- Associated systemic anomalies
- Effects of the strabismus - amblyopia, BSV, RE, cosmesis
Prerequisites before surgery

- Stable Angle
- Amblyopia Therapy
- Refractive Error Correction
- Surgery
Early versus late surgery

- 6-24 months
- Restores binocular vision / prevents loss
- Better gross stereopsis
- Better psychomotor development
- Less stigma with early cosmesis
- More operations

Simonsz HJ¹, Kolling GH, Unnebrink K Final report of the early vs. late infantile strabismus surgery study (ELISSS), a controlled, prospective, multicenter study. *Strabismus.* 2005 Dec;13(4):169-99
Late strabismus surgery

- 32-60 months
- Angle correction more precise at 4-5 years
- Combined surgery for secondary deviations
- Less operations
- Amblyopia treatment more difficult after early surgery (assessing VA, parent motivation)
A MATTER OF PERSPECTIVE

It's a six

It's a nine
Current practice: Considerations

- Number of operations
- The degree of binocular vision achieved
- The final angle of the deviation
- Success in treating amblyopia
- Amount of deviation
- Cosmesis
Paralytic strabismus

- Careful pre operative assessment and diagnosis

- Aims
  - Diplopia free field
  - Achieve ocular symmetry
  - Eliminate AHP
  - Minimal muscle operations
Points in paralytic strabismus

- Stable angle: 6 - 12 months
- Paresis vis a viz paralysis
- Restrictive factors
- Congenital or acquired
- Central fusion disruption
Thank you