

# Distance exotropia

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## What is a distance exotropia?

A distance exotropia is a type of squint. A squint describes when one or both eyes turn inwards or outwards, depending on the eye muscles involved.

A distance exotropia is a specific type of intermittent squint where one eye turns outwards (divergent) when looking at an object in the distance. This may happen all the time when looking at distance or intermittently. It may also be more noticeable when unwell, tired, day dreaming or in bright light.

## What causes a distance exotropia?

A distance exotropia is the result of an imbalance of the eye muscles. Everyone has a level of control over their eyes, however if the imbalance is too great it can become difficult to keep the eyes under control, particularly in the distance.

Occasionally there can be family history of this type of squint but this is limited to immediate family.

Occasionally it can be secondary to myopia (short sightedness).

## What are the symptoms?

Often children with this type of squint have no symptoms, sometimes they may feel like they can see further round to the side.

Sometimes they may complain of blurring of their vision or double vision.

You may notice your child rubbing or closing the affected eye particularly in bright sunlight.

As this type of squint is not present constantly it is uncommon for amblyopia (reduced vision "lazy eye") to develop unless it becomes more constant. If this happens it may also affect your child's ability to use their eyes together as a pair (3D vision).

## How is it diagnosed?

Diagnosis occurs following referral to the Orthoptist. It is usual practice to have a further assessment by a Hospital Optometrist to test for glasses however children with a distance exotropia often have normal vision and often do not require glasses.

## How is it treated?

If glasses are found to be necessary, these will be prescribed.

If the vision in the eye with the squint becomes reduced (amblyopic), it may be necessary for your child to wear an eye patch. This involves the child wearing a patch on the good eye for a period of time per day in order to improve the vision in the weaker eye. If this is required, your orthoptist will advise you and provide additional information.

If the vision is equal in both eyes, the eyes are straight for near with 3D vision and there is no concern regarding the appearance of the squint, then generally monitoring only is required.

If the appearance of the squint becomes a concern or symptoms such as closing one eye frequently, double vision (seeing 2 of things) or dislike of bright light are frequently present, surgery may be considered to aid the control.

## Possible effects of treatment

If surgery is being considered, your orthoptist will provide you with further written information and your child will also be seen by one of the ophthalmology (eye) doctors to confirm the suitability for surgery and the best timing for this.

## What is the prognosis or expected outcome of treatment?

If patching is necessary the aim is to achieve as near to equal vision in both eyes as possible.

If surgery is undertaken, the aim is to reduce the amount the eye drifts outwards so it becomes less noticeable and hopefully controlled more of the time. There is a risk of over or under correction and sometimes further surgery can be required.

## Are there any possible complications?

If surgery is required, you will be provided with further written information outlining the risks and benefits.

## Follow up

Your child will be monitored regularly in the orthoptic clinic to ensure the vision is developing appropriately in each eye and to monitor the control of the squint and amount the eye drifts.

## Further information

Orthoptic Department 01271 322469

Eye clinic reception 01271 322466

British and Irish Orthoptic Society – [www.orthoptics.org.uk](http://www.orthoptics.org.uk)

Squint Clinic – [www.squintclinic.com](http://www.squintclinic.com)

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## PALS

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Royal Devon University Healthcare NHS Foundation Trust  
Raleigh Park, Barnstaple  
Devon EX31 4JB  
Tel. 01271 322577  
[www.royaldevon.nhs.uk](http://www.royaldevon.nhs.uk)

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