Dr Kate Gibson

Clinical Geneticist

Genetic Health Service NZ, Children's Specialist Centre, Christchurch Hospital, Christchurch

Dr Antony Bedggood

Ophthalmologist

Children's Specialist Centre, Christchurch

Dr Fiona Leighton

Paediatric Dietitian

Christchurch

Dr Melanie Souter

Otolaryngologist/Otologist

Christchurch Public Hospital, Specialists @nine, Christchurch

Professor Spencer Beasley

General and Paediatric Surgeon

Clinical Director, Department of Paediatric Surgery, Christchurch Hospital, Christchurch

Professor Andrew Day

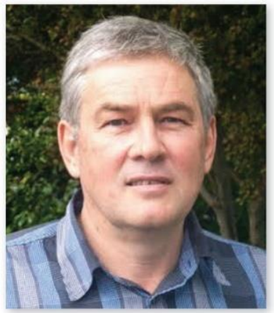
Paediatric Gastroenterologist

Christchurch

Dr Paul Shillito

Child and Adolescent Neurologist

Christchurch Hospital, Christchurch



Dr Colin Watt

Child &Adolescent Psychiatrist

Christchurch

FULLY BOOKED

Friday, August 12, 2016 (Room 6)

16:30 - 18:30 WS #52: Paediatric Forum (120mins - not repeated)

'SQUINTS' DE~~MYSTIFIED~~*MYTHIFIED*

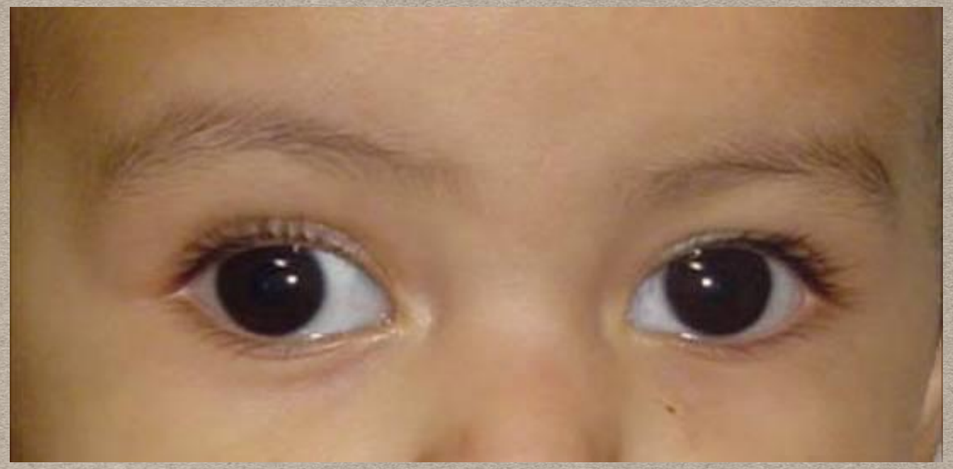
Children's Specialist Centre

Dr Antony Bedggood

Cataract surgeon & Paediatric Ophthalmologist

WILL THIS 'SQUINT' RESOLVE?

Who would be comfortable to observe, or refer?



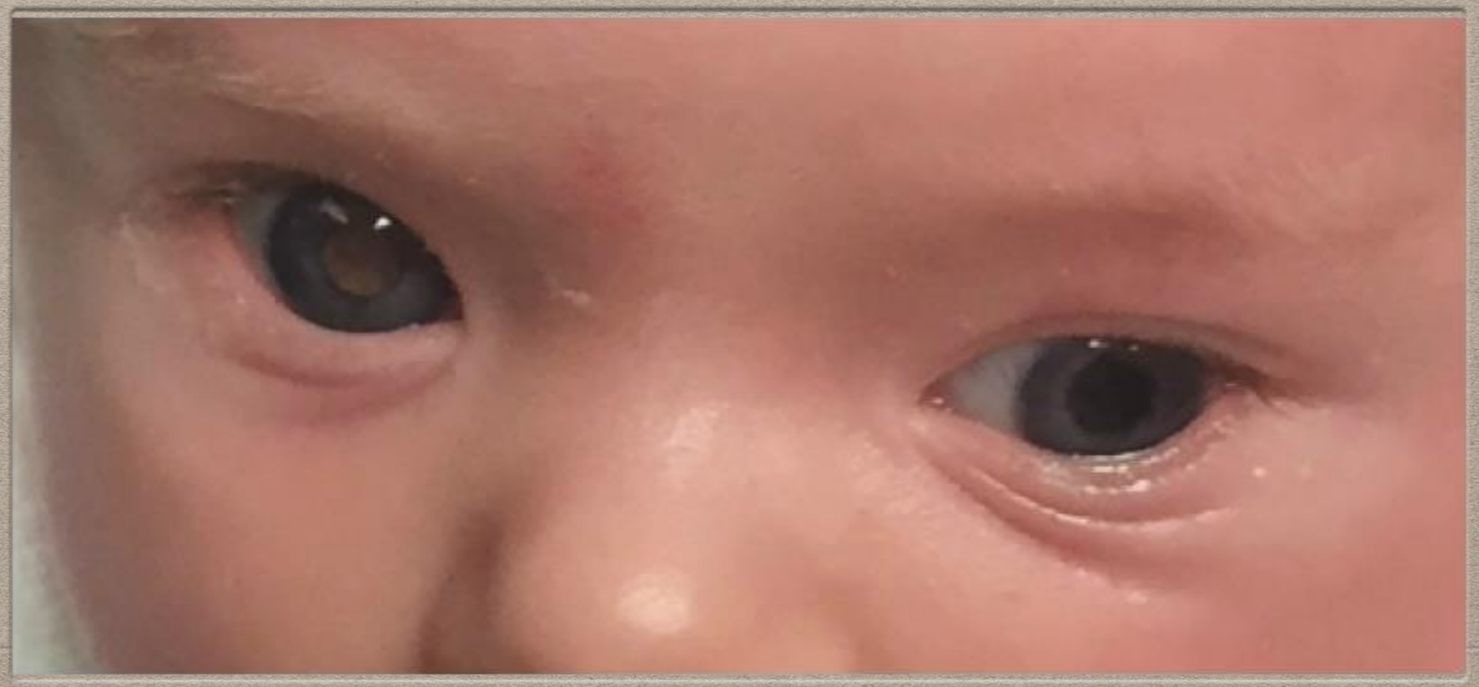
SHOW OF HANDS

Is a real strabismus present? Which eye?

MYTH

An eye possibly turning.....

"Wait before referring young children as some resolve"



ISSUE

It can be difficult to know whether there is a squint present
& many cases begin intermittently or with a smaller angle

Technology makes screening & accurate diagnosis easy - done outside the hospital system:

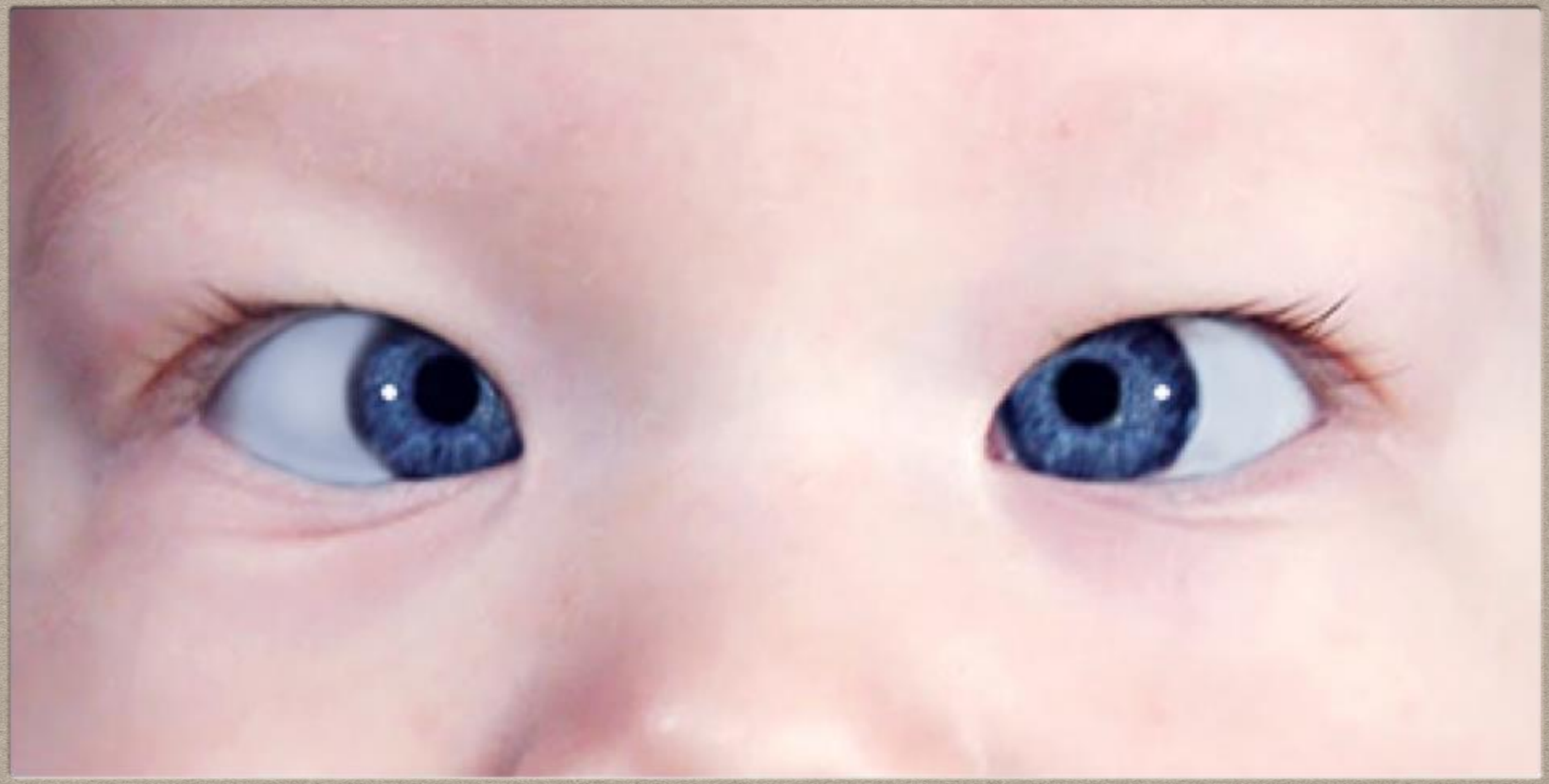
Free, & any required specialist management -

Free for CSC card holders <16

Test & expert management (100s of cases/yr)

BABIES WITH WIDE NASAL FOLDS

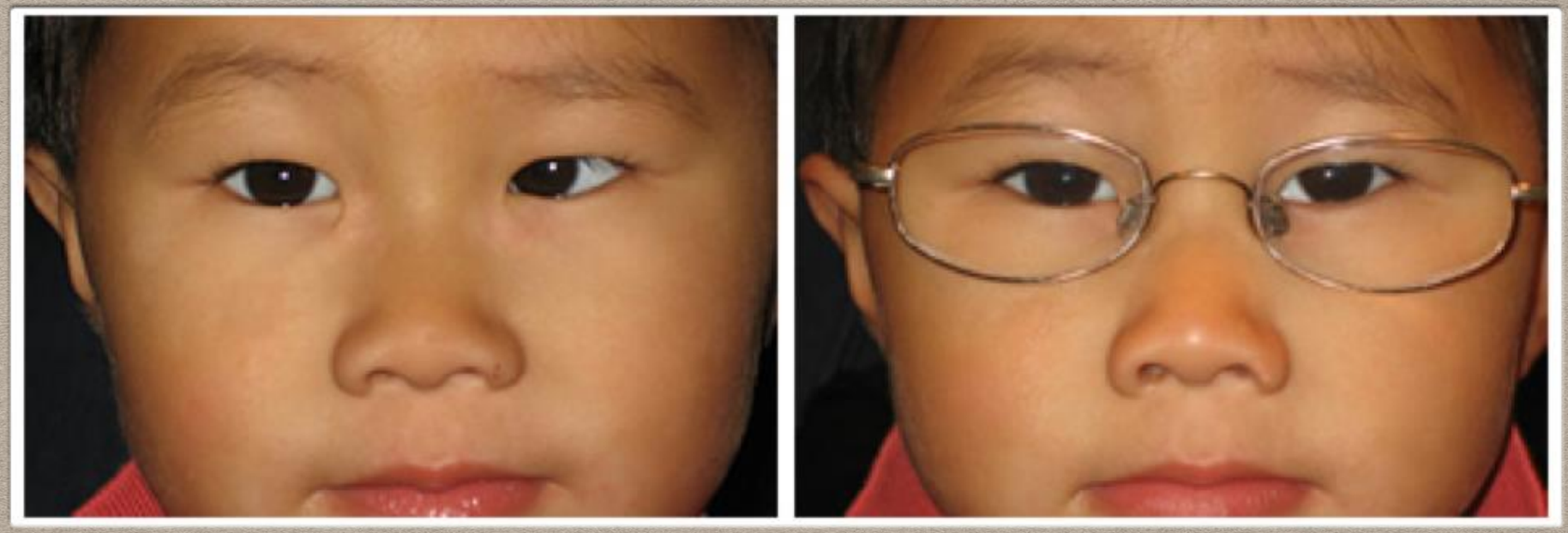
SMALL FACE, CLOSE SET EYES
PARENTS THINK AN EYE IS TURNED



INFANTILE ESOTROPIA

Constant, large, many lose vision in 1 eye

Surgery must be done by 12 months to get normal vision

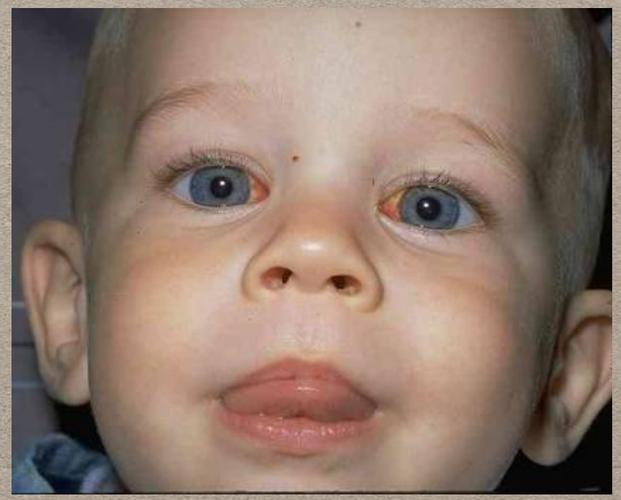


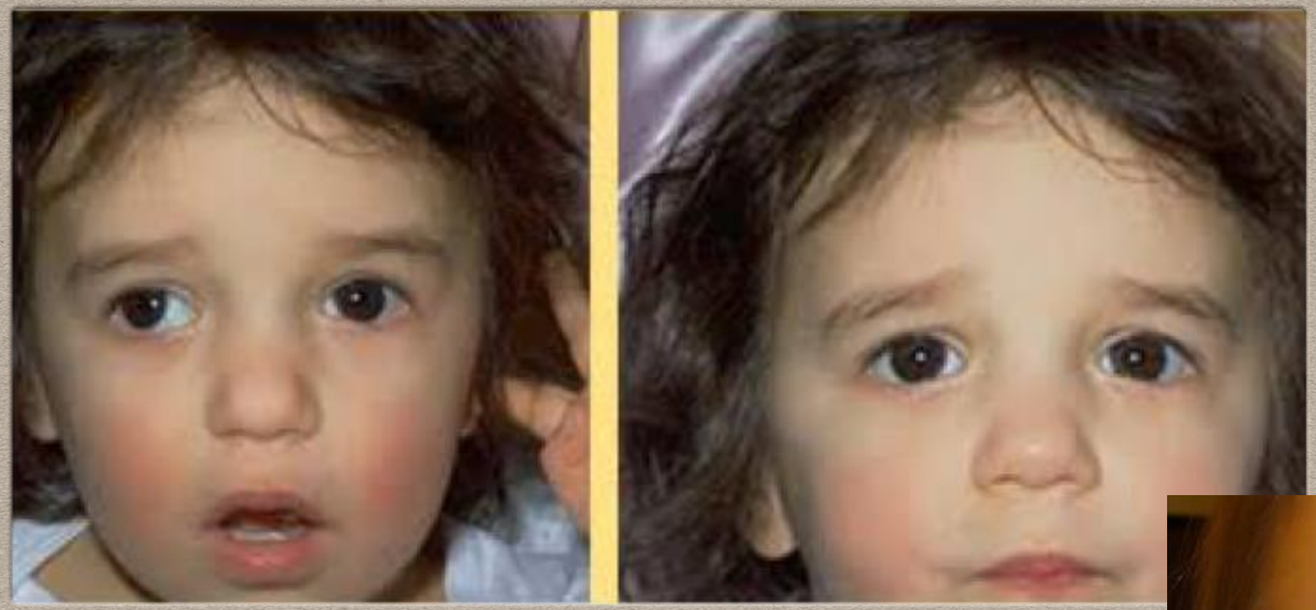
FOCUS DRIVEN ESOTROPIA

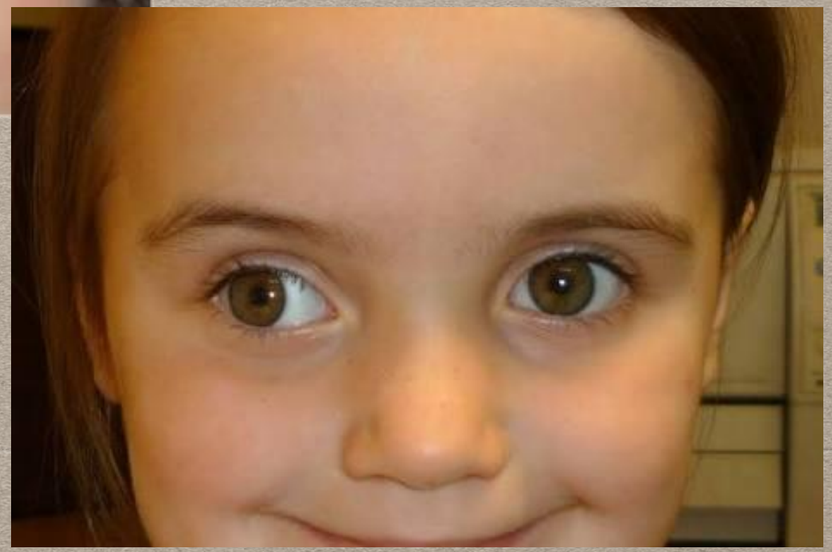
Start 1 to 3 yrs old, ~100% poor vision 1 eye if not referred & treated early. Easy to miss - need high tech screen

MYTH

- "Surgery is done when children older"
  - general myth: squint outcomes not dependent on how quickly and well the child is treated
- Normal, or good vision, is totally dependent on treating promptly/expertly



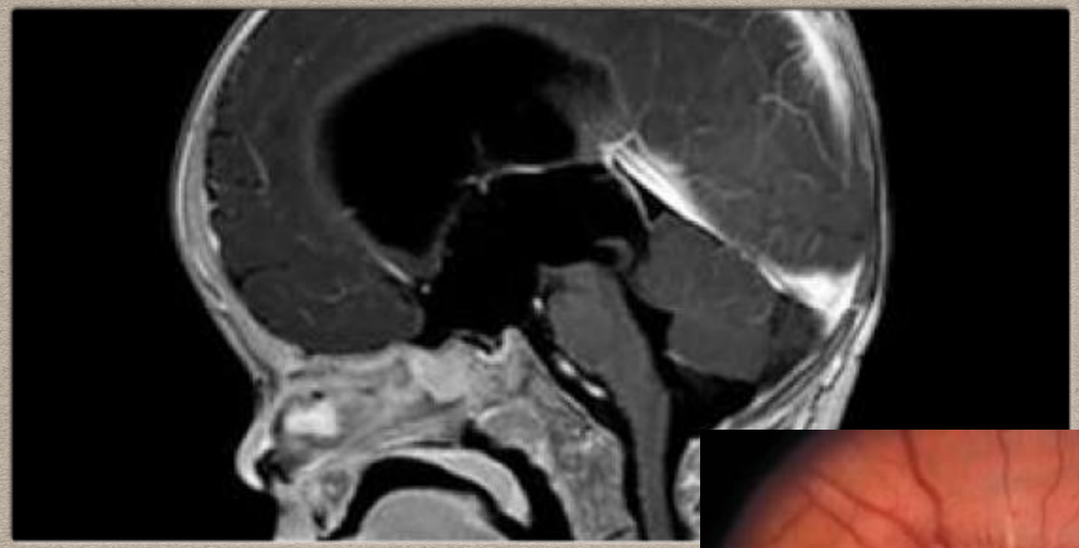




EXOTROPIA

Often intermittent, visual development can be normal

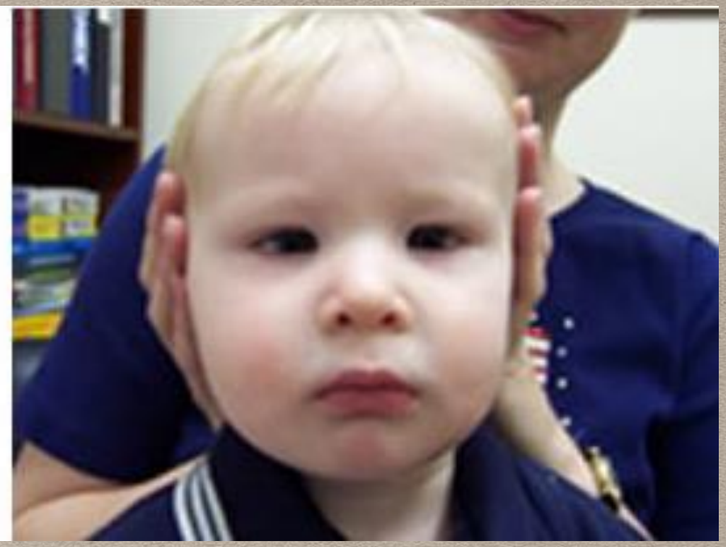
A constant outward turn needs urgent referral and treatment



ACQUIRED DOUBLE VISION

ALWAYS NEEDS REFERRAL

MYTH



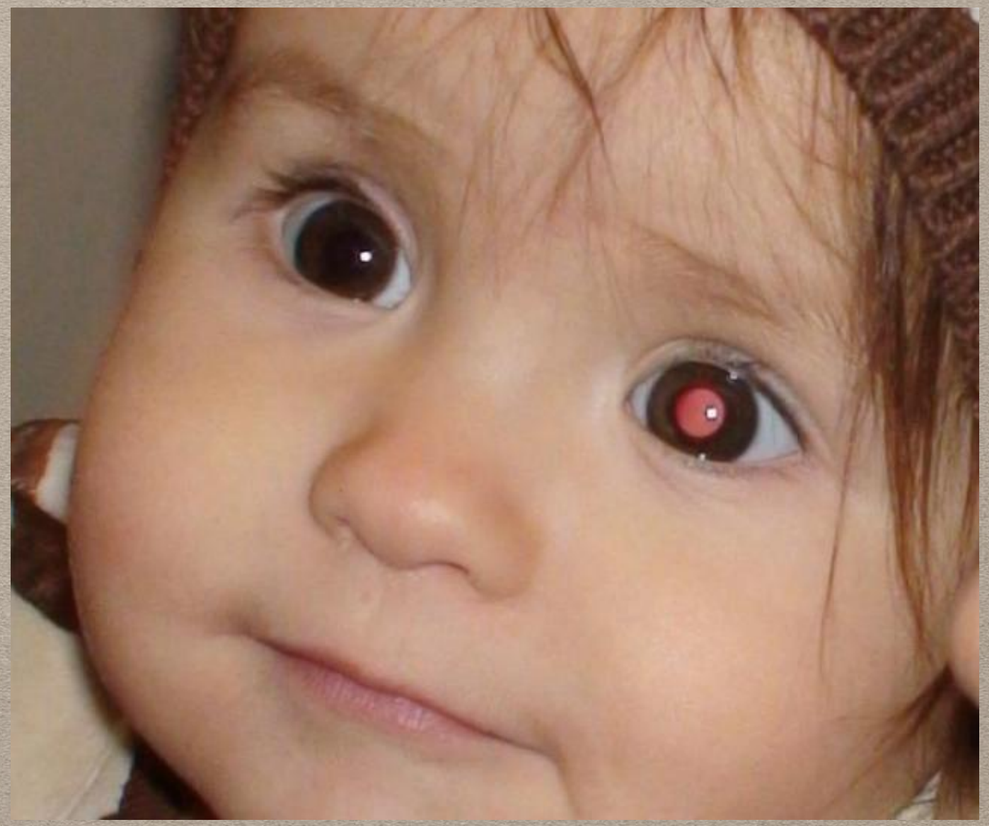
- *"Strabismus surgery is a largely cosmesis issue"*
  - Function is *the* key indication
    - Unless blind in 1 eye (large, disfiguring squint)
- *"Surgery often needs 2 or 3 attempts"*
  - My 2nd surgery rate is 5%
  - 3 or more <1%

SUMMARY
SHOULD YOU REFER A 'SQUINT?'

- Always do so: at least to screen
- Don't observe/delay

But usually not *urgent unless absent red reflex*

Warning signs: older onset, diplopia, headache



WHAT TO TELL PARENTS

- Common & fixable, must be seen
- To eye Dept: *will* be accepted, takes 6 weeks

Children's Specialist Centre: ease of access, free care with Community services card, including glasses

Screening free to all, ASAP, confirms diagnosis

- screen all children with parent/sib affected, prems, systemic illness, sensory/neuro disorders, & developmental delay

Thankyou for your attention

Dr Antony Bedggood
Cataract surgeon & Paediatric Ophthalmologist