NHS
Bristol, North Somerset and South Gloucestershire
Integrated Care Board

Surgical correction of Strabismus or Amblyopia in Adults

Prior Approval

Before consideration of referral for management in secondary care, please review advice on the Remedy website (www.remedy.bnssgccg.nhs.uk/) or consider use of advice and guidance services where available.

If the patient in question is clinically exceptional compared to the cohort, then an Exceptional Funding Application may be appropriate. The only time when an EFR application should be submitted is when there is a strong argument for clinical exceptionality to be made. EFR applications will only be considered where evidence of clinical exceptionality is provided within the case history/primary care notes in conjunction with a fully populated EFR application form.

Surgical correction of Strabismus or Amblyopia in adults

Funding for surgical treatment will only be provided by the ICB for patients meeting the criteria set out below.

The patient is suffering from Strabismus which is:

1. Causing intractable significant diplopia, as evidenced in either the GP's referral letter or Consultant's clinic letter.

AND

2. All appropriate conservative methods have been exhausted and have failed to resolve the diplopia, (Note – patients suffering from intractable diplopia are considered to be suffering from significant functional impairment), as evidenced in either the GP's referral letter or Consultant's clinic letter.

Patients who are concerned with their cosmetic appearance due to strabismus or connected conditions should be managed conservatively and advised that surgery to correct a cosmetic defect is not routinely available.

BRAN

For any health- related decision, it is important to consider "BRAN" which stands for:

- **B**enefits
- **R**isks
- **A**lternatives
- Do **N**othing

Benefits

Reduction or removal of strabismus

Risks

All surgery has a small risk of complication

Incomplete resolution of strabismus

Alternatives

Significant strabismus will only be improved by surgery

Do Nothing

Remember, you always have the option to do nothing. Doing nothing is an equally reasonable option to doing something. Sometimes “not yet” is a good enough answer until you gather more information.

Strabismus– Plain Language Summary

Strabismus, or squint means a misalignment of the two eyes. It may arise for a variety of reasons and may be present from birth or arise at any time in life. If strabismus arises after the visual system matures (around the age of 8), strabismus usually results in diplopia (double vision). If it arises at an earlier **age**, the brain adapts by suppressing the image from the squinting eye, so that diplopia is no longer a problem, but this adaptation comes at the price of loss of stereopsis (detailed depth perception) and sometimes at the price of reduced visual acuity in one eye (amblyopia or lazy eye).

Strabismus and amblyopia are common and the treatment of these conditions is covered in the specialty training of ophthalmologists. Many general ophthalmologists continue to manage these conditions including surgery for strabismus.

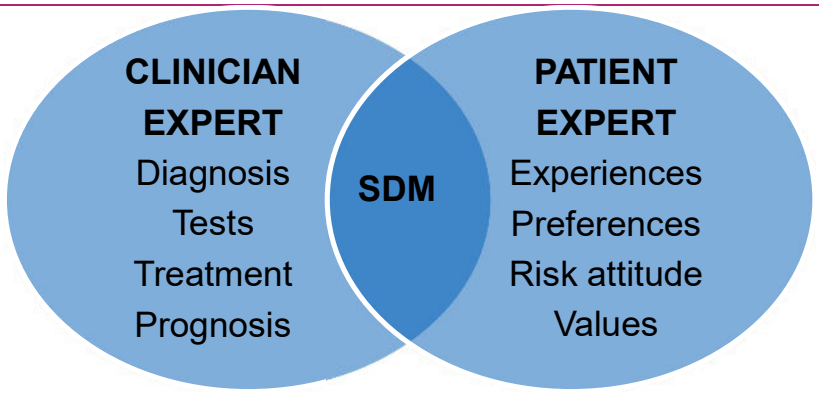
Strabismus does not always require surgery. Correction of a hyperopic refractive error with spectacles or contact lenses may sometimes allow the eyes to straighten completely or to a cosmetically satisfactory degree. Weak convergence may respond to convergence exercises. Some people may be quite untroubled by a squint which others would regard as intolerable.

Surgery for strabismus varies from procedures which are technically straightforward (eg recession or resection of the horizontal rectus muscles for simple convergent or divergent squint) to much more complex adjustments, perhaps involving several muscles, or muscles that have had previous surgery. Most surgery takes place under general anaesthesia.”
(Royal College of Ophthalmologists , 2016)

Shared Decision Making

If a person fulfils the criteria for surgical correction of strabismus or amblyopia it is important to have a partnership approach between the person and the clinician.

Shared Decision Making (SDM) is the meeting of minds of two types of experts:



It puts people at the centre of decisions about their own treatment and care and respects what is unique about them. It means that people receiving care and clinicians delivering care can understand what is important to the other person.
The person and their clinician may find it helpful to use 'Ask 3 Questions':

1. What are my options? (see sections above)
2. What are the pros and cons of each option for **me**?
3. How can I make sure that I have made the right decision?

This policy has been developed with the aid of the following:

1. Squint - NHS (www.nhs.uk)
2. Lazy eye - NHS (www.nhs.uk)

Due regard

In carrying out their functions, the Bristol, North Somerset and South Gloucestershire Clinical Policy Review Group (CPRG) are committed to having due regard to the Public Sector Equality Duty (PSED). This applies to all the activities for which the ICB are responsible, including policy development and review.

Document Control

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Governance

Commissioning policies are assessed for their likely level of impact on BNSSG ICB and the population for which it is responsible. This determines the appropriate level of sign off. The below described the approval route for each score category.

Policy Category	Approval By
Level 1	Commissioning Policy Review Group.
Level 2	Chief Medical Officer, or Chief Nursing Officer, or System Executive Group Chair
Level 3	ICB Board

OPCS Procedure codes

Must have any of (primary only): C311, C321

Support

If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Customer Services Team on: **0117 900 2655** or **0800 073 0907** or email them on **BNSSG.customerservice@nhs.net**.