

# Accommodative Esotropia

## Information for patients

### What is accommodative esotropia?

An accommodative esotropia is an inward turn (squint) of one or both eyes that can happen when a child is longsighted.

### Why does accommodative esotropia occur?

If a child is longsighted they over focus so that they can see clearly. The over focussing can cause one eye to turn in; this is called an **esotropia**. Sometimes the squint will swap from one eye to the other; this is called an **alternating esotropia**.

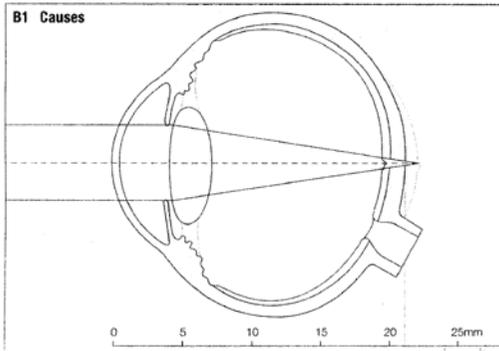
If glasses have been prescribed to correct longsightedness, this may help correct the squint because your child will focus normally through the glasses and will not have to over focus to see clearly.

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## What does longsighted mean?

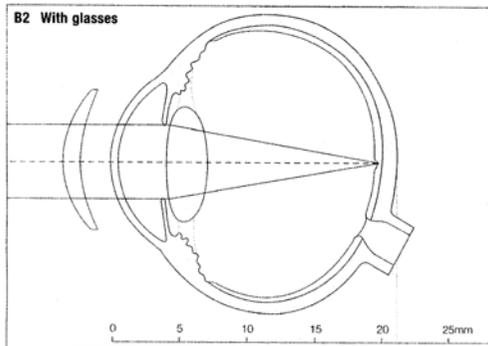
### Long-sighted eye



A longsighted eye is often too short so images are out of focus at the back of the eye (see diagram to the left).

When a lens that corrects the longsight is used, the images are brought into focus on the back of the eye (see diagram below), letting your child focus normally.

### Correction of long-sightedness



## Types of accommodative esotropia

There are three types of accommodative esotropia:

1. Fully accommodative esotropia
  2. Partially accommodative esotropia
  3. Convergence excess esotropia
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## What is a fully accommodative esotropia and how is it treated?



A fully accommodative esotropia is a type of squint that is fully corrected with long-sighted glasses and will allow your child to appreciate 3D vision when they wear the glasses.

However, when the glasses are taken off you will still notice an esotropia as your child will automatically over-focus to see clearly.

Treatment with glasses alone is all that is needed.

## What is a partially accommodative esotropia and how is it treated?

A partially accommodative esotropia is a squint that is reduced in appearance by wearing long-sighted glasses, but is not fully straightened.

When the glasses are worn, if the size of the squint is reduced enough for it not to be noticeable, then no surgical intervention is needed.

If the squint is still noticeable when the glasses are worn, corrective squint surgery may be needed in addition to the glasses. The glasses may still be needed after surgery.

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## **What is a convergence excess esotropia and how is it treated?**

In a case of convergence excess esotropia, the glasses straighten the squint when the child looks at something in the distance, but the squint is still present when they look at something close to them, for example when reading.

Bifocals may be prescribed to help straighten the squint when the child looks at something close to them as well as in the distance. If bifocals are prescribed, the aim will be to slowly reduce the strength of the bifocal part of the glasses.

However, if the size of the squint is very large, surgery may be recommended. Bifocals may be ordered as an interim measure whilst your child is waiting for the surgery.

## **Commonly asked questions**

### **Will my child grow out of the glasses or will they always need them?**

Most children with an accommodative esotropia will always need glasses as they are usually significantly longsighted. The degree of longsight may change as they get older and the shape of the eye changes, but not usually enough to stop them from needing glasses.

### **Why can't my child have surgery to correct the squint when the glasses come off?**

The longsighted glasses help your child to focus 'normally'. If the squint was surgically corrected so that the eyes were straight without the glasses, your child would struggle to see clearly without getting eye strain when not wearing glasses.

Longsighted glasses also help to relax the eye position. If surgery is used to correct the squint that is present without glasses, when the glasses are worn the eyes would then drift outwards.

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### **Can my child wear contact lenses when they get older?**

Most people with accommodative esotropia are able to wear contact lenses when they get older as lenses have the same effect as the glasses i.e. straighten the eyes.

### **How often will my child need to be seen by the Orthoptist?**

Your child will initially be seen every two to four months, to assess their vision and the control of the squint when the glasses are worn. Your child will continue to be seen at regular intervals until the Orthoptist is happy that the squint is stable; at this time your child will be discharged to your local optician.

### **How often will my child need to be seen by the Optician?**

Your child will need regular review by the hospital or local optician once per year unless advised otherwise by your Orthoptist. They will need a glasses test with eye drops each time, to allow a fully accurate assessment.

### **Why am I noticing the squint more when my child is not wearing the glasses?**

This is because your child has got used to the glasses doing the focussing for them and when they take the glasses off the squint can sometimes appear more noticeable.



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**Please use this space to write any notes or questions you may have.**

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**Further information and advice can be obtained from:**

**Maidstone Orthoptic Clinic**

 01622 226236

**Medway Orthoptic Clinic**

 01634 830000  
ext 5792

**Tunbridge Wells Orthoptic Clinic**

 01892 633890

For non appointment enquiries only you can email:

[mtw-tr.PemburyOrthoptics@nhs.net](mailto:mtw-tr.PemburyOrthoptics@nhs.net)

**Sittingbourne Orthoptic Clinic**

 01795 418300  
ext 2015

**NHS 111**

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**NHS Direct online**

[www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)

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If you would like to raise any concerns, make comments and suggestions or require information on Trust services, you can contact **PALS**. Office opening times are Monday to Friday 10.00am to 4.00pm. Both offices offer a 24 hour answering machine. Messages will be responded to within one working day, so please do leave a contact number.

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