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Scheduling and insurance questions:

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**Medical questions: Dr. Moody 214.808.6689**



FIXING CROSSED EYES  
ONE CHILD AT A TIME

# Hospital Contact Information

If you are running late on the morning of surgery or if you have an emergency on the way, please contact the hospital immediately, so that necessary scheduling adjustments can be made.

Hospital	Number to call
Texas Pediatric Surgery Center 4375 Booth Calloway Rd, Suite 100 North Richland Hills, TX 76180	817-255-1010 (phones open at 6AM) (press 0 for an operator)
USMD Hospital of Arlington 801W I-20 Arlington, TX 76017	817-472-3676(phones open at 5:30 AM)
Dodson Surgery Center, at Cook Children's 1500 Cooper St Fort Worth, TX 76104	682-885-1518 (phones open at 5 AM)
Cook Children's Medical Center 801 7 <sup>th</sup> Ave Fort Worth, TX 76104	682-885-4022 (phones open at 5AM)
Children's Pavilion Surgery Center 2350 Stemmons Freeway Suite 135 Dallas, TX 75235	214-456-1100 (phones open at 6 AM)
Children's Medical Center of Dallas 1935 Medical District Blvd Dallas, TX 75235	214-456-8168 (phones open at 6 AM)
Central Park Surgery Center 411 Central Park Arlington, TX 76014	817-784-8300(phones open at 6:15AM)
Calloway Creek Surgery Center 4300 Cagle Rd Suite 100 North Richland Hills, TX 76180	817-548-4000(phones open at 5:45 AM)

## Strabismus Surgery – what you need to know...

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- **The purpose of surgery is to reattach muscles to a different place in order to straighten the eyes.** Patching cannot straighten the eyes. Patching only takes the favorite eye out of competition to enforce the use of the non-preferred eye. Patching brings the vision up...surgery makes the eyes straight.

- **Putting the eyes straight not only looks better to others, it helps the child (or adult) see better.** Restoring straightness usually restores fusion...depth perception...full side vision to each side... and the stereo reflex that helps keep the eyes straight.

- **The surgery is almost always done on both eyes, even though it appears that only one eye turns.** When the eyes are not straight, the child will choose one eye...and suppress the other (turn off the vision in the other eye in order to avoid double vision.) One eye looks at you and the other eye doesn't. It is easy to begin to think of the condition as a "muscle problem in only one eye", when in fact the choice of one eye is related to vision (which eye sees better) not which eye has a muscle problem.

- **Why do we usually operate on both eyes?** If we move muscles on only one eye, we create small restrictions in that eye only. If we have restrictions in only one eye, when the child looks to the side one eye will go freely and the other will lag behind. By operating on both eyes, we not only divide the restrictions between the eyes, we also place them in opposite directions, so that they offset (or neutralize each other).

- **General anesthesia is required.** While asleep, the child is heavily monitored. There is a constant readout of the EKG placed where we all can see it. Each heart beat is audible in the room, so that if there is any slowing or increase, everyone can hear it. Small children lie on a thermal bed sheet to control temperature and there is a constant readout of body temperature with alarms in the event the patient's temperature goes above or below a certain limit. There is an IV running to administer fluids during anesthesia...and for quick access to the veins for routine or urgent medications to be given. There is a red light fingertip monitor (the "ET" finger we call it for children who know the story) that provides a constant readout of oxygen saturation in the blood. If the saturation changes, the pitch of the tone that beeps each heart beat changes, so we all know instantly what has happened. There is a constant readout of oxygen and anesthetic agents going in and carbon dioxide coming out, with alarms set to announce any amount that falls out of range. The list goes on. The provisions for safety go beyond your imagination, but this partial list is intended to give you an idea of the care and attention we give to safety. There are always risks, but in 44 years, I have never had a patient made worse by anesthesia. Your anesthesiologist will discuss risks further with you.

- **Surgical risks**—The main risk is that the patient may need more surgery in the future. The chance that their eyes will be put straight is in the high 95-99% range, but with time the straightness may deteriorate (mostly because of the growth of the child). Surgery has no way to reach into the future to control that, but more surgery can be done if needed. For exotropes the re-operation rate is about 15% and for infantile esotropes is about 52%, with most other types of strabismus falling in between. There is the risk of persistent double vision which is very rare and may require more surgery. Vision loss has been reported as an extremely rare complication.

### Strabismus—care after surgery...

- **Time**—Surgery takes about 1 to 1 ½ hours. I will talk to you right after surgery and tell you how things went.
- **Wait**—where you are for another 10-20 minutes and the nurses will call you back to be with your child a little before the time the child begins to wake up and look around as he or she emerges from anesthesia.
- **Confusion**—your child will be disoriented and fussy at the very least...and possibly combative. This is normal during emergence from anesthesia. You can help us protect them from bumping themselves during this time.

## Strabismus Surgery – what you need to know...

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- **Discomfort**—The main complaint the day of surgery is that they feel like something is in their eyes (foreign body sensation) and they will be light sensitive as well. This will be 80% better the next day and gone by the second day. Cool packs help a lot. Cold sensation travels over the same fibers as pain and the coolness helps block the pain. The first dose of Tylenol will be given at the hospital. Start giving ibuprofen (Motrin, Advil) 3 hours later at home that day. Alternate Tylenol and Advil or Motrin every 3 hours; If the child is still fussy, it helps to give Benadryl (dose on the bottle).
- **Straightness**—The eyes appear straight right away or slightly turned in for a few days.
- **Vision**—Blurriness is normal for the first couple of days. Double vision lasting for 2-7 days is common in exotropes and is a normal stage of healing. Only very rarely does it persist and require more surgery.
- **Swelling**—is normal unless the lid(s) swell shut. The white of the eye may also swell and look like a blood blister. This may be scary looking, but it is common and normal.
- **Blood staining**—of the tears and nasal secretions is normal and can be wiped away with a tissue or cotton ball (better than washrags, so that they can be disposed of and not reused). It takes about two to three weeks for the body to clear up the blood trapped under the conjunctiva (the white of the eyes). This clearing-up process makes transition through yellow (like a bruise does), but that is normal.
- **Nausea and vomiting**—is much less a problem now that we have Zofran (a powerful antiemetic that was developed for cancer patients undergoing chemotherapy). We will give some to the child during or after surgery (or both). Call me if vomiting is severe or persists beyond the day of the surgery. Giving half strength Gatorade (fed with a tablespoon to avoid gulping) is a great strategy.
- **Diet**—should be clear liquids at first, followed by favorite foods, then a regular diet as tolerated.
- **Activity**—the only restriction is no swimming in an in-ground pool or lake for a week. Chlorine does not kill some of the large viruses. A plastic baby pool is OK. Fill it a half inch with water, add some Clorox, swish it around with a broom, empty the Clorox and fill the kiddie pool with a garden hose.
  - Bathing is OK, just use “no-tears” shampoo (which you probably do anyway).
  - TV is fine.
  - Outings are OK unless they are grossly dirty (like the circus, rodeo, dirt biking, etc.) Patients may want to wear sun glasses outside for comfort. Light does not harm the eyes, but it can be annoying.
  - Most children go to school the second day after surgery and most can play ball in about three days.
- **Contacts**—may be resumed in about 4-6 days, depending on the swelling and comfort.
- **Return appointment**—in about 4-7 days.
- **Call me**—day or night, on my cell phone 214-808-6689, anytime of day or night for any urgent medical question. The office number is 972-258-7979 for any scheduling or administrative question.
- **Things to look for**—(1) fever over 101, (2) if the lid swells shut, (3) if you are worried about anything.

Thank you for your confidence in us.

Everett A. Moody, MD

*Everett A Moody, MD*

## **Instructions for the Night before Surgery**

- **The patient should not eat or drink anything (including water) 6-8 hours before the surgery (or else the surgery may be cancelled).** For babies, the hospital will tell you about the feeding schedule. If you have diabetes, the hospital will tell you how to take your diabetes medication.
- If the patient has been using a dilation eye drop in one eye do not use it the day before surgery.

## **Instructions for the Morning of Surgery**

- The patient should not wear jewelry nor bring valuables with them.
- Make sure to bring the insurance card information and a parent's ID or Driver's License.
- Wear comfortable and loose fitting clothes (sweats or pajamas are good).
- **Remember the patient should not have anything to eat or drink, not even water or else the surgery may be cancelled. NO GUM.**

## **Have on hand the following important items**

- **Tylenol (acetaminophen):** If you do not have Tylenol at home (liquid Tylenol for younger children), please get some from the drug store (it is over-the-counter and you do not need a prescription). The patient may take Tylenol for pain any time before and after the surgery. Follow the directions on the bottle.
- **Advil or Motrin (ibuprofen)**
- **Benadryl**
- **Cold compress:** For a cold compress, wrap a clean washcloth around a cold-pack or a plastic bag of crushed ice or frozen peas.
- Sunglasses
- Lid Scrubs
- Contact numbers for your surgeon and the hospital
- Pedialyte or Gatorade
- "No tears" (Baby) shampoo

- **Diet:**

- It is common for the patient not to be hungry, feel nauseated and even throw up after the anesthesia.
- Start with ice chips or small sips of clear fluids (e.g. water, apple juice, Sprite/7-Up, Gatorade, Pedialyte).
- If there is no nausea or vomiting, slowly advance to more solid foods (e.g. soup, crackers, bread, rice, Jell-O). If there is nausea or vomiting, stay with ice chips/clear liquids until it goes away.
- Avoid fatty or spicy foods the first day.
- Most patients can return to their normal diet by the following day.
- Infants can return to normal feeding soon after surgery.

- **Discomfort:**

- After the surgery, it is normal to feel irritation (like an eyelash stuck in the eye). This should be 80% better overnight. A cold compress over the eyes helps.
- A sore throat is common from the general anesthesia for 1-2 days.
- Blood-tinged tears may be seen for the next two days. Pat the eyes with a clean tissue or cotton ball. (use disposable materials to avoid infection)
- The eyelashes may become stuck together, especially after the patient has been sleeping. Use a cotton ball (or lid scrubs) to gently clean the eyelashes.
- The eyes may be light sensitive for up to a week. Sunglasses and/or a hat may be helpful (though little children often prefer to squint or close their eyelids rather than wear sunglasses).

- **Redness:**

- Redness varies a lot, from 3 days to 3 weeks.
- Unequal redness or swelling of the conjunctiva or lids is also common.
- Discomfort (pain or itching) may be unequal also. Cool packs help.
- If the swelling increases after the second day or if a yellow/green discharge develops, call your doctor, as these may be signs of an infection.

- **Vision, Double Vision and Glasses:**

- Double vision may occur after surgery, but this usually goes away in 1-2 weeks.
- Do not ask a child if he/she is having double vision as this may only magnify the annoyance.

## Common Concerns after surgery...

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- The patient may use his/her eyes immediately after the surgery, including watching television, using the computer and reading.
- If glasses were needed before surgery, they will probably still be needed after surgery. The patient can restart the glasses right after surgery.
- No contact lenses for 7 days after the surgery (wear glasses instead).
- **Bathing:**
  - The patient may bathe at any time; just use “no tears” (baby) shampoo.
- **Restrictions for 7 days after the surgery:**
  - No swimming in an in-ground pool for 1 week. (Two weeks for a lake or river.)
  - Outside play is O.K., but no Rodeo or circus for 1 week.

### Eye drops after surgery:

- I will place an antibiotic-steroid eye drop in each eye at the end of surgery.
- I will give the bottle to you to use when you arrive home and again at bedtime.
- Continue to use the drops 3 x a day for 4 more days (morning, mid-day and bedtime).
- After the fifth day, the drops may be stopped (or be continued if swelling or discomfort persists.)
- **Pain medications:**
  - We will give the first dose of Tylenol by IV in the Hospital.
  - Three hours later, you may give ibuprofen (Advil or Motrin). (See package insert for the proper dose for the age of your child.)
  - In three more hours, you may give Tylenol again by mouth. (See package insert.)
  - Three hours later ibuprofen again, if needed.
- **Anxiety or emotional distress:**
  - Benadryl may be used if your child cries uncontrollably. Use the proper dose for age (see package insert.) If not settled down within 15 minutes, the dose may be repeated **only once**. (In other words, a double dose is O.K.)



## Eye Muscle Specialist – **Everett A. Moody, M.D.**

3200 N. MacArthur Blvd ste.200  
Irving, TX 75062

811 W. I20 ste.134  
Arlington, TX 76017

**Toll free: 1-888.511.2026**

### **Post-Op notes for School**

#### **Notes to share with your child's care taker, teacher or school nurse**

- **Redness and Light Sensitivity**
  - ✓ The eyes may remain slightly red for 6 or more months after the surgery.
  - ✓ The eyes may be light sensitive for up to a week. Sunglasses and/or a hat may be helpful
  - ✓ One eye will always be more red and more uncomfortable than the other eye.
  
- **Restrictions for 7 days after the surgery**
  - ✓ No strenuous activities (this includes exercising, lifting heavy objects, rough playing with playmates, or anything else that raises the blood pressure)
  - ✓ No recess periods or physical education programs
  - ✓ No exposure to dusty conditions (beach, sandbox, garage, basement, attic, yard work)
  - ✓ No exposure to dirty water (swimming pool, hot tub, ocean water, lake water, river water)
  
- **Return to School / Work**
  - ✓ The patient may usually go back to school or work in 2-5 days after the surgery
  - ✓ During the first several weeks after the surgery, the eyes may still wander (in or out) while they are healing. It will take several months to know the final result of the surgery.
  
- **Vision, Double Vision and Glasses**
  - ✓ Double vision may occur after surgery, but this usually goes away in 2-3 weeks.
  - ✓ Do not ask a child if he/she is having double vision as this may only magnify the annoyance.