Treatment of Intermittent Exotropia

Treatment for intermittent exotropia can include glasses, patching, orthoptic eye exercises, surgery or any combination of these. As each child's needs are different your doctor's recommended therapy will be based on your child's vision in each eye, how frequently the eyes drift, the amount of drift, and whether the drift is greater when looking at a distance or near object. To help you better understand the treatment recommended for your child, we have outlined the most common forms of treatment below.

**Glasses**

Glasses can help if a child has significant nearsightedness, farsightedness, astigmatism or has one eye with a very different prescription than the other. Spectacle correction of these refractive errors works by improving the clarity of vision, making it easier for the brain to use the proper neurological pathways that tell the eyes to track and work together.

In some cases, special “over-minus” glasses can be used to help control a small drift. This technique may be useful even in children who don't otherwise need glasses for overall clarity. As the child grows and the brain's visual pathways mature the doctor will try to wean the child out of these special glasses, leaving the eyes straight.

**Patching an eye**

Patching one eye forces the other eye to stay “on” for long periods of time. It prevents the brain from using the “off switch” that would allow the eye to be turned off and drift out. Continued part-time patching (two to four hours per day) can help the brain stop using abnormal neurological pathways and encourage the use and development of the normal neurological pathways. Usually the straight eye is patched. In cases where both eyes take turns drifting, patching may be less effective. If patching is recommended in this situation, the eyes are patched alternately, one eye on one day and the other eye on the next day.

**Orthoptics or eye exercises**

Orthoptics is the medical term for eye exercises. These exercises can help teach the brain to use the proper neurological pathways thus helping both eyes track and work together. Orthoptics work best in children who have more drifting when they look at a near object than a distance object and when the size of the outward drift is relatively small. Orthoptics are effective only with older children who can cooperate and understand how to do the exercises.

**Surgery**

Surgery is generally the last treatment option. Surgery is usually used for treating frequent, large exotropias and when simpler less invasive methods (such as glasses, patching or orthoptics) have failed to improve smaller less frequent drifts.

Surgery works by moving the position of the muscles on the eyeball to make it mechanically more difficult for the eye to drift out. This makes it much easier for the brain to use the proper neurological pathways that instruct the eyes to track together and stay straight.

**How long does successful treatment last?**

Because the underlying problem in intermittent exotropia is more with the brain than the eye muscles, drifting may return despite initial successful treatment. This can happen even after eye muscle surgery. In the event that the eyes begin to drift again more treatment is required. Therefore it is important to return for periodic follow-up examinations even when the eyes look straight. If a recurrence of the condition is detected often a “simple” treatment can put things back on track.