A recession of the inferior oblique muscle is often a satisfying surgical procedure to improve inferior oblique muscle overaction. Excellent results using this procedure are expected whether the surgical indication is a V pattern strabismus or a secondary overaction in patients with chronic fourth cranial nerve palsies. Although I most frequently perform a classic Parks 14-mm recession, I have both witnessed and read reports of good results using lesser amounts of recession. I often tell my patients that this procedure is self-adjusting over time and that they can expect improvement in the alignment of their eyes from the immediate postoperative period to months after surgery.

In this issue, Yoo et al. report their results concerning the self-grading effect of inferior oblique recessions. The authors compared their results following a unilateral 10-mm recession with the tendon placed 2 mm temporal and 3 mm posterior to the inferior rectus insertion and a 14-mm recession with the tendon attached just anterior to the inferior-temporal vortex vein exit site. They found that both procedures were self-grading and no significant differences were noted at 3 months postoperatively. The average primary position hypertropia was greater in the 14-mm group, which is why that procedure was chosen in their patients. Their results help to confirm my observations. I will continue to describe inferior oblique recessions as self-adjusting, or perhaps more correctly self-grading, to my patients and tell them to expect improvement over time following surgery.

Rudolph S. Wagner, MD
Editor

Dr. Wagner is on the speaker's bureau of Alcon Laboratories.
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