



Blepharitis and Eyelid Hygiene

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If your first language is not English or Arabic we can arrange for an interpreter to be available. Please let us know in advance if you require this service.

This booklet has been designed to help answer some of the questions you and your family or friends may have about blepharitis and eyelid hygiene, to explain what is involved and what the possible risks are. If you have any questions and concerns, please do not hesitate to speak to a doctor or nurse caring for you.

What is Blepharitis?

Blepharitis is a chronic inflammatory condition of the eyelids (see Figure). Although Blepharitis maybe uncomfortable, it is not a sight threatening condition. It is more common in older people, but it can affect people of all ages. It usually affects both eyes.

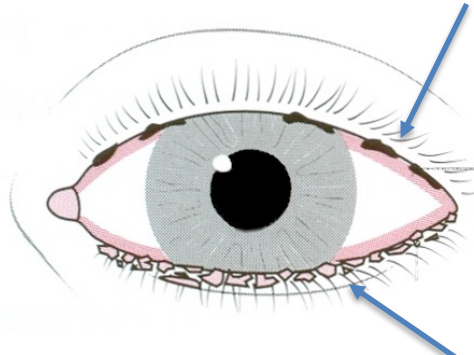
The eyelid margins, as well as having eyelashes protruding from their anterior (front) surface, have the openings of oil glands (Meibomian glands) behind the lashes.

There are three main types of blepharitis:

1. **Anterior blepharitis:** This affects the front of the eyelids around the eyelashes and may be due to seborrhoeic dermatitis (similar to dandruff). This may also involve the scalp, face and ears, or be due to bacterial (staphylococcal) infection.

2. **Posterior blepharitis:** This mainly affects the back of the eyelids, around the Meibomian glands. It is often associated with rosacea (a skin disease causing redness of the face).
3. **Mixed anterior and posterior blepharitis:** a combination of the above.

Excess oil droplets form on the edge of the eyelid.



The edge of the eyelid becomes inflamed and crusty with flakes.

What are the symptoms?

Blepharitis may cause one or more of the followings:

- Itchiness around the eyes.
- Persistent irritation or ‘burning’ sensation.
- A gritty feeling in the eye.
- Sensitivity to light, blurred vision.
- Redness of the eye.
- Tiny flakes on the eyelashes similar to fine dandruff, crusting of the eyelids, especially in the morning, and loss of eyelashes/ in-growing eyelashes.
- Styes (an infection at the root of an eyelash) on the eyelid.
- Eyelid cysts.
- Redness and swelling of the eyelid edges, small ulcers on the eyelids.

How is blepharitis diagnosed?

In most cases the diagnosis is confirmed by an ophthalmologist using a microscope called a slit-lamp. The microscope gives a magnified view of the different parts of the eye.

With blepharitis the eyelids appear red and inflamed with crusts and scales around the bases of the eyelashes. The Meibomian gland openings may be blocked and the lid may have associated notches, styes and Meibomian gland cysts. The tear film, which coats the eye, is often uneven. This can be identified by staining the tear film with a yellow dye called fluorescein. Inflammation and loss of skin cells on the cornea (the epithelium) may also be seen with this fluorescein staining.

What are the causes?

Blepharitis may be due to a combination of one or more of the following:

- A disorder of the Meibomian (oil) Glands at the edge of the eyelid.
- Skin disorders such as dandruff of the scalp.
- A build-up of crusts around the eyelashes, which the body's own bacteria reacts to.

How long will it last?

Blepharitis is a persistent condition, but the symptoms can come and go. There is no one off cure, but it is possible to control Blepharitis with a simple treatment regime.

Is it serious?

NO. Although Blepharitis can be uncomfortable for the sufferer, it rarely causes problems to the eye itself.

Is it an infection?

No, but regular cleaning of the eyelids is important because of the over activity of normal skin organisms. These germs (bacteria and occasional fungi) flourish in debris/ secretions that build up on the edge of the eyelids.

What is the treatment?

Blepharitis is a chronic condition. There is no cure but symptoms can be improved and controlled. It may take some time before treatments are successful.

If you have any allergies to medicines please tell your ophthalmologist.

Your ophthalmologist may recommend the following treatments to ease your symptoms:

- **Cleaning your eyelids** to remove the crusts and scales from the eyelid margins and unblock the eyelid glands. To begin with, you may need to clean your eyelids twice a day. In the long-term, you will need to clean them at least two or three times a week to prevent blepharitis from returning.
- **Artificial tear drops** to treat dry eye symptoms and tear film instability.
- **Antibiotic eyedrops and ointments** to treat any serious infection.
- **Mild steroid eyedrops** to treat any associated corneal and conjunctival inflammation. These are only given for short courses and only under the supervision of your ophthalmologist.
- **Steroid sparing agents:** like Cyclosporine-A eyedrops, which can be used in cases that require long term use of steroids to avoid the

steroids' side effects. These cases include ocular surface inflammation.

- **Antibiotics** – Some forms of blepharitis such as posterior types and those associated with rosacea need to be treated with a course of antibiotic tablets (tetracyclines/ Azithromycin). You may need to take these for several months. If you are pregnant or breast feeding you should not take tetracyclines. You may not be able to take them if you have had liver disease or kidney disease or if you were on blood thinning agents. Please tell your ophthalmologist if you have had a history of these conditions. Long-term use of tetracyclines has been linked to the failure of oral contraception, but this is rare. You should not take tetracyclines with milk or antacids.
- **Anti-yeast shampoo** may be prescribed if you have a form of blepharitis linked to the overgrowth of yeast in your skin.
- **Gentle face washes and shampoos containing tea tree oil** can be of benefit by reducing the population of the demodex mite, which can sometimes contribute to someone getting blepharitis.

What happens if I do not get treatment?

Blepharitis will not go away. It may get worse and irritate the front surface of your eye (the cornea). This could lead to discomfort and infection.

Side-effects

The main side-effects of the drops, ointments and other medication used to treat your eyes are an allergic reaction or irritation. These side-effects include worsening redness/ sore eyes, increased itchy eyes, and impairment of vision.

The side-effects are similar to the symptoms of blepharitis. If you feel your symptoms are getting worse, please contact your nurse practitioner in the eye casualty department (see page 6 for contact details).

Because a number of different medicines may be used in treatment of your blepharitis, it is not possible to list all potential side-effects here. You should refer to the information leaflet supplied with your medicine.

How do I clean my eyelids?

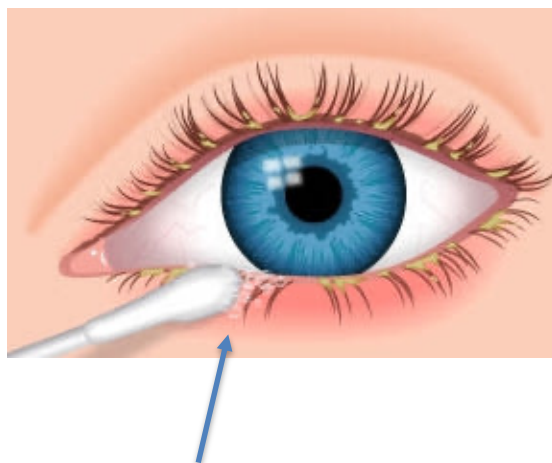
1. Wash your hands.
2. Soak a flannel/ washcloth in warm water (**make sure the water is not too hot**). Close your eyes and gently press the flannel against them for five to seven minutes. This will help to soften any hardened oil secretions. An alternative to the flannel/ washcloth method is to purchase a device such as an 'eye bag' over the internet. These bags

can be heated in a microwave and then placed over your eyes in a similar manner to the flannel. They have the advantage that they release heat more slowly and unlike a flannel do not have to be re-soaked in warm water every few minutes to maintain their heat.

3. Following the warm flannel compresses, clean the eyelid edges with a clean cotton bud moistened with a baby shampoo solution.

Baby shampoo solution: Boil some water in a kettle. Pour 100 mls of water into a clean container. **Allow the water to stand until it is warm**, and then mix two or three drops of baby shampoo into the water. Use as directed. **Discard solution immediately after use.** Soak a cotton bud and use it to clean your eyelids. Gently rub the cotton bud along the edge of the lower lid. It helps to tilt the lid outward using a finger from your other hand. The upper lid is more difficult to clean. It is best done with the eyelid closed and pulled slightly over the lower lid. This makes sure that you can't poke yourself in the eye.

Alternatively, ready-made eyelid cleaning wipes may be used, which can be obtained from any chemist. Use a side to side motion to remove the debris from the eyelid edges and eyelashes.



Cleaning your eyelids

4. Massage your eyelids using your forefinger. Move in a downward motion for the upper eyelid and an upward motion for the lower eyelid.
5. You can add ointments and drops after you've finished cleaning your eyes.

How to apply your eye-drops or ointment

1. Always wash and dry your hands before putting in the drops to prevent infection.
2. Sit or lie with your head tilted backwards and support it on the back of a chair, or a pillow for comfort and safety. Look up at the ceiling.
3. If the eye is sticky, used cooled boiled water to gently clean the lids, taking care not to poke the eye.
4. When putting the eye drops into your eye do not allow the bottle tip to touch your eye.
5. Gently pull down the lower lid with one finger to create a pocket for ease of access.
6. Holding the drop bottle on the bridge of your nose or your forehead, squeeze one drop into the eye.
7. Squeeze a drop or a half-inch ribbon of ointment into the pocket of the lower lid.
8. Close your eyes for a timed five minutes.
9. Remove any excess eye drops/ ointment gently with a clean tissue and wash your hands again.

Storage of eye drops and ointments

1. Never share your eye drops with anyone else
2. Store drops and ointments in a cool place (< 25 degrees centigrade and only store drops in the fridge if requested to do so). Ensure that it is out of reach of children
3. Dispose of all opened eye drops and ointments after one month

Further questions

We hope this information is sufficient to help you decide whether to go ahead with the surgery. Please write down any questions not covered in this booklet and ask the doctor when you come to the hospital for your appointment. All our staff will always be ready and happy to give you the information you need.

This brochure is not intended as a substitute for professional medical care. Only your eye specialist can diagnose and treat eye problems.

If you have any further questions or concerns please contact your doctor.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact us.

References

This leaflet was edited by specialist ophthalmologists from the GCEO Group® who are licensed in the EU and the Middle East. This leaflet was edited based and in accordance to the guidelines of the:

- The American Academy of Ophthalmology (USA) - Preferred Practice Pattern Guidelines:

<https://www.aao.org/about-preferred-practice-patterns>

- The Royal College of Ophthalmologists (UK):

<https://www.rcophth.ac.uk/standards-publications-research/clinical-guidelines/>

- National Institute for Health and Care Excellence (UK):

<https://www.nice.org.uk/about/what-we-do/our-programmes/nice-guidance/nice-guidelines>

- The International Council of Ophthalmology:

http://www.icoph.org/enhancing_eyecare/international_clinical_guidelines.html

More resources:

The American Academy of Ophthalmology (USA) - Eye Health A-Z:

<https://www.aao.org/eye-health/a-z>