

Blepharitis



THE COLLEGE
OF OPTOMETRISTS

What is blepharitis?

Blepharitis is an inflammation of your eyelids. It can make eyelids red and eyelashes crusty and make your eyes feel irritated or itchy.

It can also lead to burning, soreness or stinging in your eyes. In severe cases, your lashes may fall out, and you can develop small ulcers or styes as well. You may find your eyelids become puffy. The symptoms tend to be worse in the morning and when you wake up you may find your lids are stuck together.

Blepharitis is a chronic (long-term) condition. This means that once you have had it, it can come back even after it has cleared up. It normally affects both eyes. You can usually treat it by keeping your eyelids clean. You may need to do this for several months.

If you have any concerns about the health of your eyes, please visit your local optometrist. Optometrists are the eye health specialists on the high street. An eye examination is a vital health check and should be part of everyone's normal health care.

Blepharitis
can be
uncomfortable,
but rarely
causes serious
eye damage.

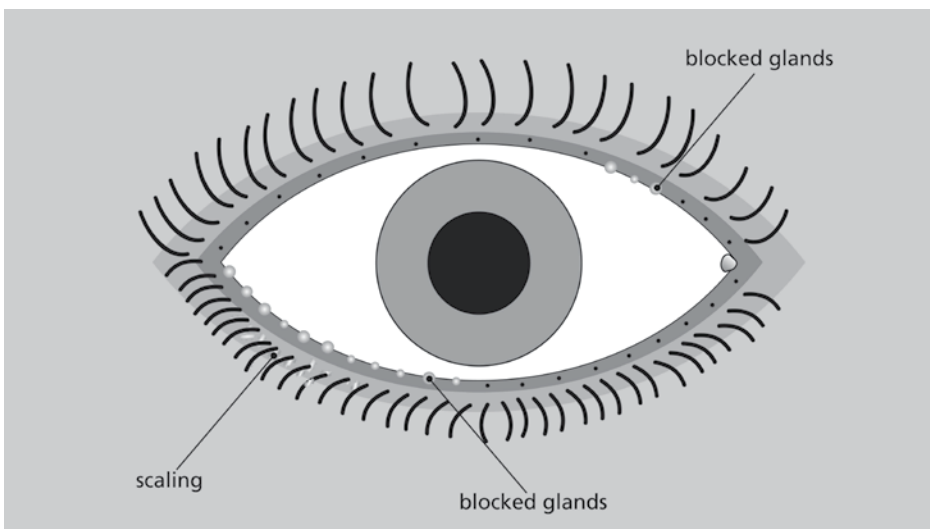
Why do I get blepharitis?

There are two types of blepharitis.

Anterior blepharitis: This affects the outside front edge of your eyelids (near or among your eyelashes). It may be caused by staphylococcus bacteria.

Posterior blepharitis: This is also called Meibomian gland dysfunction (MGD). MGD is caused when something affects the inside rim of your eyelids, just behind your eyelashes, which contains your Meibomian glands. Your Meibomian glands produce part of your tears.

You may also get blepharitis as a complication of seborrhoeic dermatitis, which makes your skin inflamed or flaky. This can involve the scalp (when it is called dandruff), lashes, ears and eyebrows. Seborrhoeic dermatitis can cause both anterior blepharitis and MGD.



Who is at risk of blepharitis?

Blepharitis is more common in people aged over 50, but it can develop at any age. As you get older, the glands in your eyelids that secrete part of your tears become blocked more easily. Your tears contain fewer lubricants and your eyes can feel gritty and dry, so seborrhoeic blepharitis and MGD tend to happen more in older people.

How will I know I have blepharitis?

Your optometrist, GP or eye specialist can spot the signs of blepharitis by looking closely at your eyelids.

A doctor may decide to take a swab which can be sent away to be checked to see if there is a bacterial infection.

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Anterior blepharitis (left) and MGD (right). Photographs courtesy of Spectrum Thea

You may need the treatment for several months.

How should I look after my eyes if I have blepharitis?

It is possible to make your eyes more comfortable, but blepharitis often cannot be totally cured.

If you have blepharitis, avoid eye make-up and smoky atmospheres.

There are treatments which can help you reduce the effects of blepharitis. You may need the treatment for several months.

1. Warm compresses

Warm compresses work by warming the material that blocks the glands and loosening the crusts on the eyelid. This makes them easier to remove. You can use a flannel, cotton wool ball or something similar as a warm compress, or you can buy reusable warming packs from your optometrist which you heat up in the microwave. Soak the compress in hot, but not boiling, water and place it on edge of your closed eyelids for five minutes, rocking it gently. This will loosen the crusts. You can then clean your lids (see below). You should use a separate clean compress for each eye.

2. Lid cleaning

What should I use?

You can buy special lid wipes or solution. Your optometrist will be able to advise you on this.

Alternatively, you can fill a clean egg cup with boiling water and leave it to cool.

Then add either baby shampoo (one part baby shampoo to 10 parts water) or a quarter of a teaspoon of bicarbonate of soda (not baking powder).

What should I do?

Use a lid cleaning wipe or a cotton wool bud dampened in the solution you have made (squeeze it out first) to gently clean the edges of your eyelids near your lashes. Wipe from the inside (near your nose) to the outside corner of your eye. Be careful not to clean inside your eyelid or to touch the clear part of your eye with the wipe or cotton wool bud.

Repeat this twice a day at first and reduce this to once a day as the condition improves.

3. Lubricants

Using an ointment on the edges of your eyelids after cleaning them can help your eyes feel more comfortable. You might find it easier to put the ointment inside your lower lid. If you have dry eyes, you can use gel or drops to lubricate them. Ask your optometrist to recommend the best type to suit your eye problem. If you use lubricants regularly, you may be able to get them on prescription.

4. Oral antibiotics

If these treatments do not work, you may be prescribed antibiotics to take by mouth for several weeks or months. Your doctor or prescribing optometrist will discuss with you whether they are suitable for you. The benefit may last for some months after you finish the treatment. If the problem comes back, you may need another course of tablets.

For more information, please talk to your local optometrist.

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Please visit www.lookafteryoureyes.org for more information.

This information should not replace advice that your optometrist or other relevant health professional would give you.

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