



THE COLLEGE
OF OPTOMETRISTS

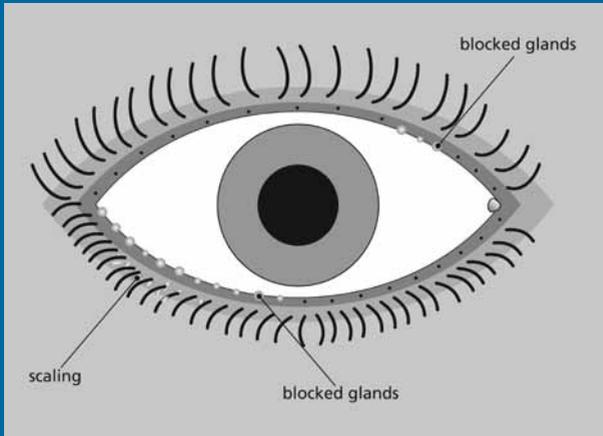


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EYELID PROBLEMS

Overview

We have developed this leaflet to help you understand more about eyelid problems.



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 regime.

***“Blepharitis
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What is blepharitis?

Blepharitis is an inflammation of your eyelids. It can make eyelids and eyelashes red and 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 can be uncomfortable, but rarely causes serious eye damage.

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 just taking care with your hygiene, but you may need treatment for several months.

Why do I get blepharitis?

There are two types of blepharitis.

- Anterior blepharitis, which affects the outside front edge of your eyelids (near your eyelashes).
- Posterior blepharitis, which affects your meibomian glands (which produce part of your tears).

You may get anterior blepharitis as a complication of seborrhoeic dermatitis which causes your skin to become inflamed or flaky. This can involve the scalp (when it is called dandruff), lashes, ears and eyebrows.

Anterior blepharitis may also be caused by an infection by staphylococcus bacteria. This is called staphylococcal blepharitis.

Posterior blepharitis is caused when something affects your meibomian glands and may also be called meibomian blepharitis. It may also be caused by seborrhoeic dermatitis.

“Blepharitis is more common in people over 50, but it can happen at any age”

Who is at risk of blepharitis?

Blepharitis is more common in people over 50, but it can develop at any age. As you get older, the glands in your lids 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 meibomian blepharitis tends to happen more in older people.

Staphylococcal blepharitis happens in younger people.

What might happen if I have blepharitis?

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

A doctor can take a swab which they can send away to be checked to see if there is a staphylococcus bacteria infection.

What is the treatment for blepharitis?

Blepharitis is a condition that tends to come back even after treatment. It is possible to make your eyes more comfortable, but blepharitis often cannot be totally cured.

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

If you have blepharitis, avoid eye make-up.

There are a number of 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 blocking the glands and melting the crusts on the eyelid. This makes them easier to remove. You can use a flannel or something similar as a warm compress, or you can buy special packs from your optometrist which you heat up in the microwave. Soak the flannel (it is best to use a separate clean flannel for each eye) in hot, **not** boiling water, and place the flannels on the shut eyelids for five minutes, rocking gently with the heel of your hands. This will loosen the crusts. You can then use lid scrubs (see below).

2. Lid scrubs

Make up a solution of baby shampoo (one part baby shampoo to 10 parts water) or bicarbonate of soda (one teaspoon dissolved in a cup of water) using slightly cooled boiled water. After using the warm compress, use your

(clean) finger to pull your lower lid slightly away from the eye and clean the lower lid edge with a cotton wool bud, dampened in the solution you have made. You should aim for the base of the eyelashes. You can also do this with the upper lid, but it may be more tricky.

Repeat this morning and evening for two weeks. Then repeat only in the morning for two weeks, and then two to three times each week in the future to prevent the problem from coming back.

If you wish, you can buy special lid wipes or solution to do this from your optometrist or pharmacy.

3. Lubricants

Using an ointment on the edges of your eyelids after cleaning them can help your eyes feel more comfortable. 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 other treatments do not work, you may be prescribed antibiotics to take by mouth for three months. Antibiotic tablets do not suit everyone, so talk to your GP about this. You may notice a benefit for some months after completing the treatment. If the problem comes back, you may need another course of tablets.

*“Antioxidants
may help if you
have blepharitis”*

5. Changing your diet

It has been suggested that antioxidants may help if you have blepharitis. Fruits, especially grapes (the skin rather than the flesh), contain the relevant antioxidant, resveratrol. Aim to avoid saturated fats, such as butter, cheese and cream and things that contain these ingredients such as biscuits, cakes and chocolate, and eat more fish oils and flaxseed oil which can reduce the symptoms of dry eyes.

Other tips

Some medicines can make your eyes feel dry. Talk to your GP or pharmacist about whether this may be the case.

For more information, please talk to your local optometrist.

This leaflet is produced by The College of Optometrists. We are the professional, scientific and examining body for optometry in the UK. People who are our members must meet the highest clinical and ethical standards. Look for the letters MCOptom or FCOptom to see if your optometrist is a member.

Please visit **www.lookafteryoureyes.org** for more information.

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

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