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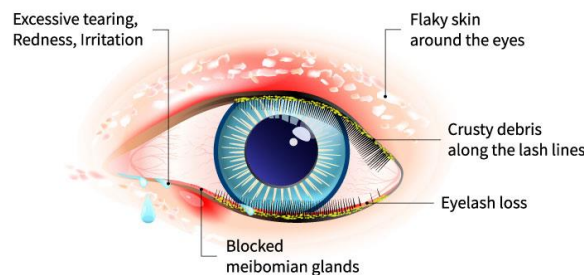
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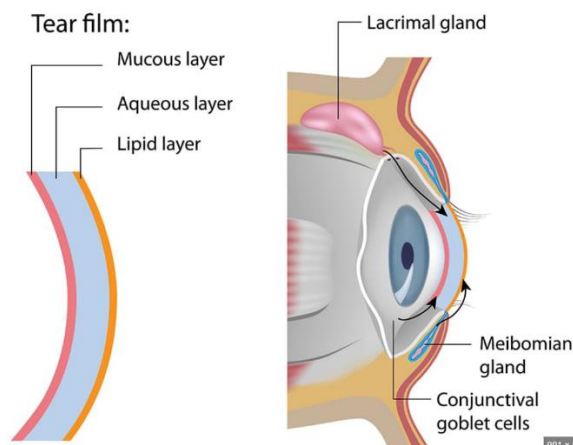
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## **BLEPHARITIS INFORMATION LEAFLET**

### **BLEPHARITIS**



- Blepharitis is a combination of infection and inflammation which affects the function of important eyelid glands. This disrupts the balance of oil and water production, which make up our normal tears. If the oily lipid layer of the tear film is disrupted, the watery layer may evaporate more quickly, leading to dry eye symptoms.



- This inflammation and infection can cause a waxy build up of oils in the eyelid glands, and around the eyelashes, in turn leading to an accumulation of bacteria.

- These can lead to eye redness, irritation, itchiness, burning sensation, excessive tearing and or dryness, crusting and sticking of the eyelids.

Blepharitis may be a long-term condition, requiring long-term management.

It is common in people over 50 years, people with dry eyes, people with rosacea or eczema, and people with Celtic skin colouring.

There are two main types, although often these are seen in combination:

- **anterior blepharitis**, a general sensitivity to bacteria present on the eyelids, also associated with some scalp conditions, such as dandruff
- **posterior blepharitis**, meibomian gland dysfunction when glands that make oily part of tears become blocked

Both types of blepharitis can cause or worsen dry eye symptoms.

## Management

*The following 3 steps should be followed for 4-8 weeks depending on the severity and response of your condition. After this, steps 1-2 should be continued as often as is needed to keep your eyes comfortable, for example 2-3 times a week.*

### **1. HEAT lids**

The most effective way to apply heat to the eyelids is by using a USB plug-in heated eye mask (available from online sites such as Amazon). This achieves an adequate temperature for an appropriate length of time (20-30 minutes) to allow the blocked meibomian glands to adequately open up and release their beneficial oily contents. Ideally the mask should be used last thing in the evening, after applying lubricating gel or drops as prescribed, and followed by rigorous cleaning of the eyelid margins in the morning. (See below).

You should aim to use the mask for 20-30 minutes a day for the first month, or until you feel an improvement in your eye condition. Thereafter, you can reduce the sessions to 2-3 times a week, depending on your symptoms.

### **2. CLEAN lids**

Once or twice a day, whether or not you have applied heat treatment, use warm water with cotton pads/ make-up removal pads/ specialist blepharitis wipes to gently scrub the eyelash roots and eyelid margins.

A good long-term habit to adopt (which is more environmentally-and pocket-friendly!) is, after washing your hair, with shampoo still on your fingertips, to shut your eyes and firmly

rub your eyelashes under a hot shower for around 20 seconds. The combination of soap, hot water, and massage helps to stop the build-up of the waxy lash scurf (debris which can harbour bacteria), and also helps to keep the meibomian glands unblocked.

### 3. **TREAT lids**

a) **Antibiotics:** Chloramphenicol eye ointment – copiously along both lower eyelid margins last thing at night for 4 weeks then stop

*(warm it up in your hands before using, makes it less sticky and easier to apply)*

b) **Anti-inflammatories:** 0.1% Dexamethasone eye drops (eye steroid)

- 4 times a day for 4 weeks
- followed by 2 times a day for 4 weeks then stop

c) **Lubricants:** Hylo Tears/ Viscotears/ Celluvisc/ Hycosan etc depending on whether available on your prescription/over the counter/online – 2-4 times a day, as well as a lubricating gel such as Hylo Night before sleep.

*These should be continued in the long-term, ask your GP to prescribe if necessary*

### **Oral antibiotics**

If there is evidence of acne rosacea, or even severe meibomian gland disease in the absence of facial skin changes, a course of oral lymecycline may be recommended. This consists of a tablet a day (408mg) for 3-6 months depending on how the blepharitis signs and symptoms respond. Oral courses of this antibiotic may need to be repeated in the future if symptoms return. The side effects of this antibiotic are rare, and you should always read the medicine information leaflet for full details.

### **Manual expression of the meibomian glands**

If the meibomian glands are severely blocked, manual expression of their contents may be useful. This is performed either on the slit lamp, or with the patient lying down, usually after application of hot compresses and local anaesthetic drops. Miss Baldwin will 'express' the contents of the meibomian glands by rolling the eyelid vertically between two sterile cotton buds. This is not something that should be attempted at home! This process may be repeated if severe obstruction remains.

### **The BlephEx Method**

BlephEx is a revolutionary tool for deep cleaning of eyelids and eyelashes. It may be suitable in some patients' treatment regimes. A very small sterile spinning sponge is soaked in a

specialist cleaning solution and applied to the eyelid margin and eyelashes. This gentle but rigorous tool can remove debris, bacteria, biofilm build-up, and bacterial toxins from the area. It may be used once or on regular occasions.

## **Nutrition**

Omega-3 fatty acids (in oily fish such as mackerel, salmon, fresh or frozen tuna) and Flax seed oil both in the diet and as high-dose supplements can help to reduce the symptoms of blepharitis and dry eye – your pharmacist can advise.

## **Makeup**

It is fine to use eye makeup once the main symptoms of blepharitis are controlled, although you may want to check that you are not sensitive to the makeup, and that you have a clean new set once you have controlled any florid infective signs. All make up should be carefully and thoroughly removed as part of your lid hygiene regime.

## **Contact lenses**

Lenses should not be worn when your eyes are irritated. Your ophthalmologist or optician will advise you when you are safe to resume contact lens wear.

## **Meibomian cysts and chalazia ('styes'/ eyelid cysts)**

These larger blockages may occur as a result of blepharitis and are managed with hot compresses and antibiotic ointment. If they don't resolve spontaneously, they may require surgical drainage.

*Please be patient - you may not see any improvement for some weeks! You will probably need to continue to apply warmth and clean your lids at least twice a week in the long term to help prevent the blepharitis from returning.*

*Heather Baldwin MBBS BSc FRCOphth MD, 2024*