

## BLEPHARITIS

### What is blepharitis?

Blepharitis is a common eye problem. Inflammation of the eyelids causes irritation, itching and occasionally a red eye.

The condition often occurs in people who have a tendency towards oily skin, dandruff or dry eyes.



Blepharitis can occur in early childhood and continue throughout life as a chronic condition, or develop later in life.

Bacteria reside on the surface of skin, but in certain people these bacteria thrive at the base of the eyelashes. The resulting irritation, sometimes associated with over-activity of the nearby oil glands, causes dandruff-like scales and particles to form along the lashes and eye margins.

Sometimes the irritation is only minor, but some people develop an allergy to the bacteria and scales. This can lead to inflammation of the eye tissues, particularly of the cornea (the clear front window of the eye).

### How is it treated?

Blepharitis is a condition that cannot be cured, but can be controlled with a few simple daily measures:

- Twice a day, take a cloth wet with warm water, wring it out, and place it over the closed eyelids for a minute. Reheat the cloth a few times, with warm water as it cools. This softens and loosens the scales and debris. It also helps liquefy the oily secretions from the oil glands in the eyelids and which helps prevent the development of a chalazion (an inflamed lump in the eyelid).
- Gently scrape the base of the lashes with an earbud dipped in a lukewarm, dilute solution of baby shampoo for about 15 seconds per lid. It

is very important to clean the edges of the lids, so pull the lower eyelid downwards and the upper eyelid upwards when scrubbing.

- If an antibiotic ointment has been prescribed, apply some ointment at the base of the lashes (usually at bedtime), using your fingertip or a cotton swab.

Additional measures may include:

- Artificial tears can relieve the symptoms of dry eye.
- Steroids may be used in the short-term to decrease inflammation.
- Antibiotics can be used to treat bacterial infections.

Please note that these are general guidelines. If in doubt, consult your ophthalmologist.