Manchester Royal Eye Hospital
General Ophthalmology

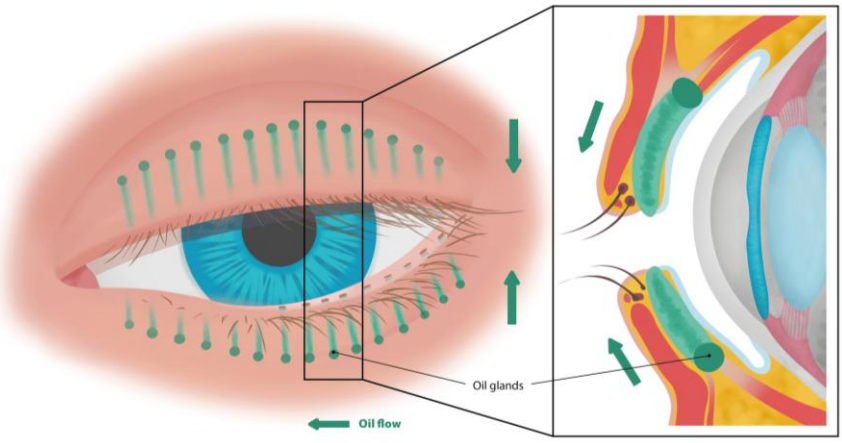
Information for Patients

Blepharitis

You may have been diagnosed with blepharitis / meibomian (oil) gland dysfunction. This is an extremely common condition that is not eye or sight threatening and is best treated safely in the community.

What is blepharitis?

This condition originates in the eyelids, commonly within the tiny oil glands (meibomian glands).
In Greek, “Blepharon” means eyelid and “itis” means inflammation. There is no direct cause for blepharitis. In some cases, it may be associated with rosacea or eczema.



What does this mean for me?

1. This is a **lifelong** (chronic) condition
2. There is **no definitive cure**
3. It often affects both eyes (bilateral)
4. It causes a wide range of symptoms
5. The symptoms can be effectively controlled with **daily treatment**
6. If you **stop** the treatment, the symptoms **will recur** (relapse) sooner or later

How will it affect me?

While blepharitis is not dangerous, it does affect the most sensitive part of the human body, the eye surface. It can cause one, some, or all of the following symptoms:

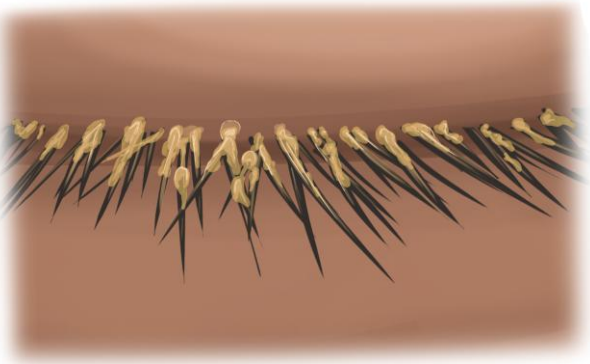
Eye surface	Eyelids	Vision
• Watery eyes • Red eyes • A gritty, burning or stinging sensation in the eyes	• Eyelids that appear greasy • Itchy eyelids • Red, swollen eyelids • Flaking of the skin around the eyes • Crusted eyelashes • Eyelid sticking (usually upon waking) • More frequent blinking	• Sensitivity to light • Blurred vision that usually improves with blinking

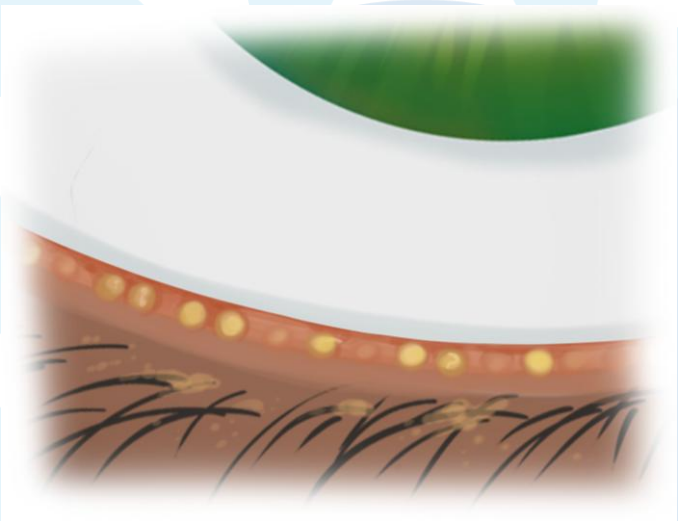
What is happening to my eyes?

There are two forms of blepharitis, and you may have one or both:

Anterior Blepharitis – Eyelash Roots
This is caused by a build-up of dandruff or natural skin bacteria around the eyelash roots.
This causes an inflammation of the eyelids; they can be red or sticky, missing eyelashes or you could have eyelid swelling (styes) often.

Dry eye is present in 50% of cases and causes grittiness, watering, light sensitivity.



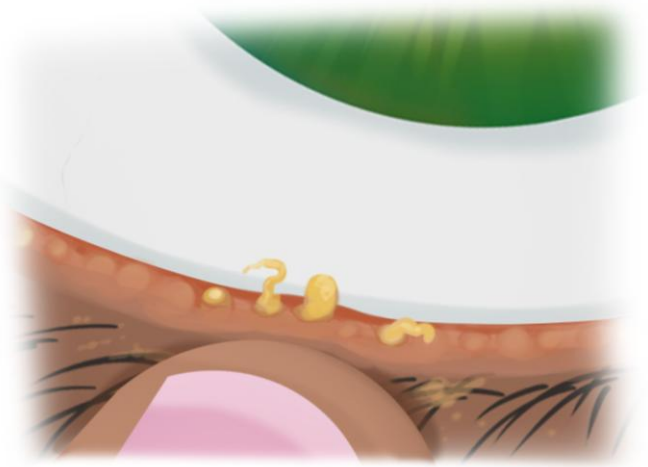


Posterior Blepharitis – Meibomian glands
This is caused by thickening and poor flow of oil within the meibomian oil glands (meibomian gland dysfunction or MGD). You can see the blocked oil glands in this picture.

You can carefully unblock these glands with proper eyelid cleaning and massage.

Our tears are made up of a watery layer and an oily layer. The oily layer prevents speedy evaporation of tears and is key in keeping the eye lubricated.

In MGD, this oily layer gets stuck in the eyelids, rather than coating the eye's surface, leading to dry eyes.
This can cause grittiness, watery eyes, light sensitivity and blurring of vision that is improved with blinking. The blocked glands can become infected and lead to recurrent eyelid lumps (chalazion).



What is the treatment?

There is no singular cure for blepharitis, however there is a range of daily treatment options you may benefit from depending on the severity of your symptoms:

Mandatory (all patients):
1. Daily eyelid hygiene
2. Lubricant eye drops

Additional:
3. Omega-3 Fatty Acid supplementation
4. Lubricant drops with oily component

Severe cases (rare):
5. Antibiotic/Steroid ointment
6. Oral antibiotics
7. Private eyelid treatment (see below for more information)

All patients must **persevere with daily eyelid hygiene and lubricant drops**. The treatments for severe cases are only useful in controlling short term flare ups of the condition and won't work if you stop your daily treatment regime.

1. Daily Eyelid Hygiene

This is the most important treatment and should be done at least once-a-day with clean hands. Keep doing it even if your symptoms get better to make sure the inflammation doesn't get worse again.
In the following order, the aim is to:

- Melt/soften the oil within your eyelids

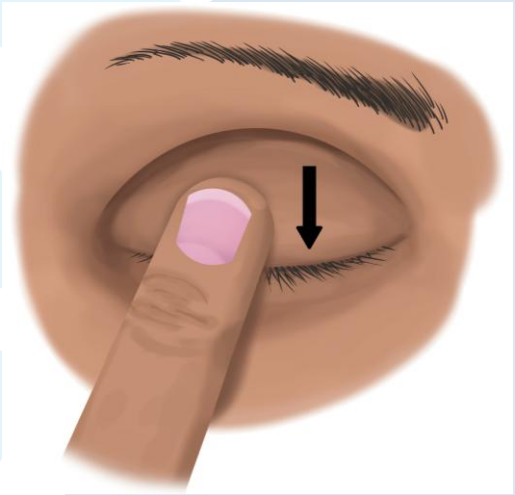
- Massage the oil onto the eye surface
- Clean the excess oil/eyelash debris

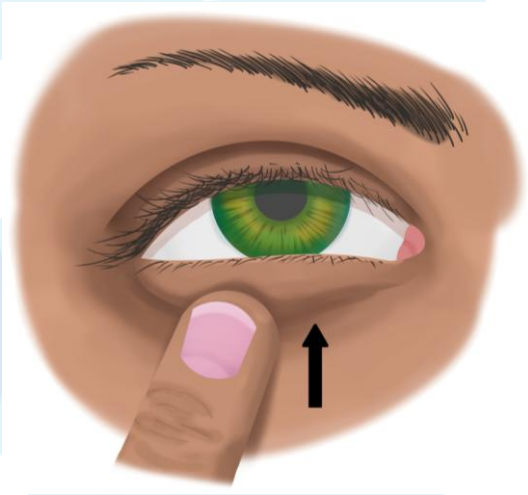
A. Hot compress

The aim is to heat your eyelids as much as comfortably possible for 3-5 minutes. Use a clean flannel/face cloth soaked in hot water (but not so hot it burns or hurts you) to press onto your closed eyelids.
You can buy a **microwaveable blepharitis mask** from your chemist or online to simplify this.

B. Eyelid Massage

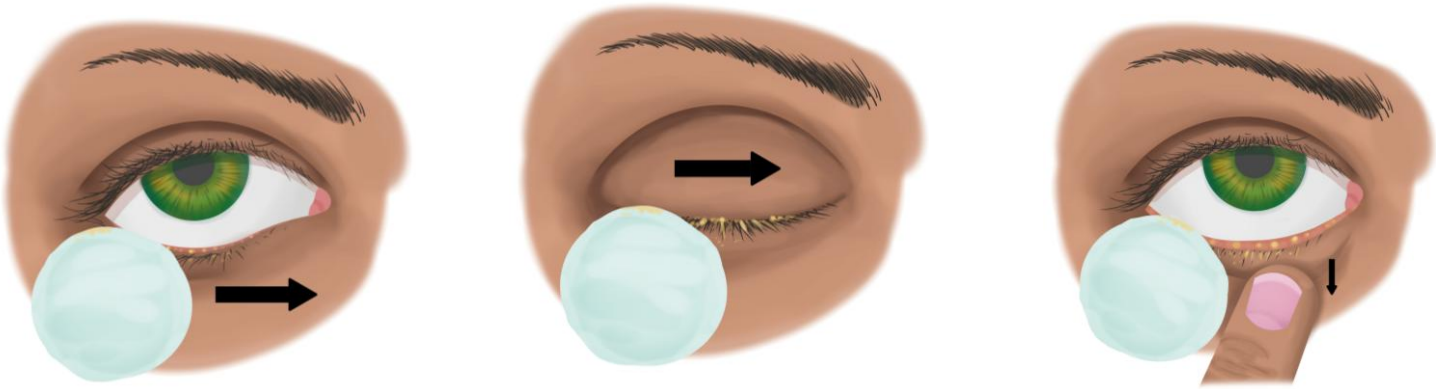
The aim is to clear the oil from your blocked glands onto the surface of your eyes. This is done by firmly pressing the eyelid against the white of your eye with your index finger, then gently stroking towards your eyelashes. The lower eyelid is massaged upwards, and the upper eyelid downwards:





C. Clean eyelid margin/eyelashes

The aim is to clean crust, debris and flaking from the eyelids. Use a clean, wet cotton pad or a commercially available blepharitis solution or wipes. Apply firm pressure on your eyelash roots, starting towards your nose, then wiping along the lash line towards your ear.



2. Lubricants

Most patients with Blepharitis will have some dry eye symptoms (soreness, grittiness, watery eye, light sensitivity, blurred vision).

If you suffer from these symptoms, daily over the counter lubricant drops should be used. Most patients need lubricants a **minimum of four times a day**. In more severe cases, they can be used **as many times a day as required** long term, with no risk of overdosing.

Lubricants vary in viscosity, which determines how long they coat your eye surface.

Hypromellose, **Carmellose** and **Sodium Hyaluronate** drops are suitable for mild, moderate and severe symptoms respectively.

Preservative chemicals in eyedrops may worsen your symptoms, and all these drops do come in **preservative-free formulations**. Ask your local pharmacist for more information on the range of drops they offer.

If these lubricants do not provide full relief, there are specific lubricants designed for MGD which aim to stabilise the tear film to reduce evaporation. Your pharmacist will tell you more about what they have available. These lipid layer lubricant drops are typically used 4 times a day, as well as the normal lubricants above. Some examples of these are: **Hycosan Dual, Thealoz Duo, Hylo Dual**

Applying a lubricating ointment at bedtime will also help in controlling symptoms: **VitaPos, Hylo Night, Xailin Night**

3. Omega-3 Fatty Acids

There is evidence that long term use of omega-3 fatty acid supplements helps with blepharitis. Flaxseed oil or cod liver oil capsules are commonly used and can be purchased over the counter.

4. Antibiotic/Steroid Ointment

People with anterior blepharitis, who may suffer from sticky eyelashes or red/inflamed eyelids, a two-week course of antibiotic eye ointment may be beneficial. A several week course of steroid eye drops may sometimes be prescribed. You can discuss this with your local optometrist.

5. Oral antibiotics

Longstanding blepharitis which isn't improving even with steps 1-5 can be treated with oral antibiotics. This is rare but can improve the quality of the oil produced in the eyelids. Doxycycline given over 1-3 months (do not take with Warfarin), and Azithromycin given over 1-3 weeks are common choices.

6. Private Eyelid Treatment

There are a few additional options for blepharitis treatment not covered on the NHS. These include thermal pulsation systems and light therapy. You can inquire with your local private providers for further information.

When to seek further advice

If you develop persistent blurred vision or noticeable eyelid swelling, redness or pain, you can attend a qualified ophthalmologist or optometrist service. Free urgent self-referral to an optometrist can be done by visiting https://primaryeyecare.co.uk/

This is not an emergency or urgent condition. Please do not visit the Emergency Eye Department unless your eye is red or painful and you have followed the advice in this leaflet.

However, if you do need emergency treatment, you can contact the **Emergency Eye Department**, which is open from 8am to 8pm every day. Outside these hours, please contact **Ward 55**, which is open 24 hours a day. These departments can be contacted via the hospital switchboard on **(0161) 276 1234.** Ask to be put through to the Emergency Eye Department or Ward 55.