

Information for Patients

Marginal Ulcer

The Nurse practitioner or doctor has diagnosed that you have a marginal ulcer. This leaflet will help you understand what has happened in your eye.

What is a Marginal Ulcer?

A marginal ulcer is a small ulcer on the front part of your eye, the cornea. The cornea is the clear 'window' of the eye'. An 'ulcer' is a shallow crater, similar in appearance to a crater on the surface of the moon.

What causes a Marginal Ulcer?

Blepharitis is one of the main causes of marginal ulcer. Blepharitis is inflammation (redness and swelling) along the edge of your eyelids. There are two types of blepharitis:

- Anterior blepharitis, when the inflammation affects the outside front edge of your eyelids, where your eyelashes are attached.
- Posterior blepharitis, when the inflammation affects your Meibomian glands (which are on the inside front edge of your eyelids and produce a fatty liquid that protects your cornea and is part of the normal tear film).

Sometimes people will experience both types of blepharitis because the causes are often connected. Many cases of anterior blepharitis are caused by a bacterial infection.

A marginal ulcer forms as part of your body's reaction to toxic material released from the bacteria. Some bacteria are trapped in the eyelids, and some are naturally present on the surface of everyone's eyes. The bacteria may invade the surface of the cornea,

and your body's immune system reacts to the bacteria, which causes the ulcer. When the body 'overreacts' an ulcer forms. Some people develop marginal ulcers quite frequently, perhaps every few months.

What are the symptoms?

At first your eye will start to feel a little sore and gritty, as though something may be in it, and may ache. About 1-2 days later it may start to water and be painful and red. Bright lights become painful, and your eye may become sticky and difficult to open in the morning.

What is the treatment?

There are two parts to the treatment: Treating the ulcer itself, and then trying to prevent more ulcers.

Usually you will be given steroid eye drops combined with an antibiotic to put in your eye. The steroid eye drops stop the body's defence system from overreacting and generally has no side effects for the short time they are needed (normally between 1-3 weeks). The use of the antibiotic drop helps prevent an infection occurring in the ulcerated area. The ulcer usually gets better over the period of 1-2 weeks.

Can I prevent Marginal Ulcers from occurring?

You may be able to stop more ulcers developing, or at least make them less frequent, by cleaning your eyelids regularly. The cleaning helps to stabilise the overacting glands which attract bacteria.

Cleaning your eyelids

Always wash your hands thoroughly before and after you have cleaned your eyelids.

Remove contact lenses if worn

There are three main steps to eyelid hygiene that should be performed once or twice a day:

- Warm compresses
- Gentle lid massage
- Lid margin hygiene

Warm compresses

- Apply a warm compress for 5-10 minutes, twice a day. This can provide some relief from the soreness and itching. Simply moisten a clean facecloth under a running tap of hot water (as hot as you can stand) and then place over the eyelids for approximately 5 minutes. Reheat the compress regularly by soaking it in hot water, so that the flannel is not allowed to cool – the warmth melts the oils in the stagnated eyelid glands. Do this twice a day for a month, then twice a week (even after your eyelids are clear of the crusting). This will help to prevent the condition from returning.
- Some people find a microwavable eye mask (Eyebag, Blephamask) useful. Make sure that you clean the eye mask before and after use. It is important to carefully follow the manufacturers' guidelines if using one of these products, to prevent burning your skin.

Eyelid massage

- Gently massage your closed eyes by rolling your little finger in a circular motion; this will help to push the melted oil out of the glands. You cannot see the oil coming out as the droplets are tiny.
- Next take a cotton-tipped applicator (cotton wool bud) and with your eyes shut, gently roll the cotton bud sideways along the whole length of the upper eyelids and then repeat along the whole length of the lower eyelids. This will help to remove all residues from the margin of the eyelids after having initially dissolved the fatty contents with the heat.
- If the oils have been stagnant in the glands for quite some time, they might have changed their chemical structure. It is possible that when the oil drains onto the surface of the eye after gentle expression, it may cause irritation, a bit like getting soap in your eyes. This is normal and should get better with time as the Blepharitis comes under control.

Lid margin hygiene

- The expressed oils should be wiped away from the eyelid margin. This also helps to reduce bacteria, dust or grime (that may have accumulated along the eyelids whilst blinking) and also any remaining crusts.

- There are many recipes for cleaning solutions and the best proportions or products to use may vary between individuals. For example, boil a pint of water, fill an egg cup and allow the water to cool. Add either a drop of baby shampoo, a drop of tea tree shampoo or half a teaspoon of bicarbonate of soda. You could also use a commercial lid cleaning solution – there are a number of products available from the dispensing opticians at Manchester Royal Eye Hospital or from your local optician or pharmacy.
- Soak clean lint free makeup remover pads in the warm solution and remove crustiness from around the eyelids, paying special attention to the eyelashes. Throw the makeup remover pad away. If necessary repeat with a clean makeup remover pad, paying attention to the roots of the lashes, the bases of the lashes and the length of the lashes.
- Some patients may find the use of cleaning products or shampoo makes their eyes dry. These patients should use commercial products for example Blephasol lotion or Blephaclean wipes.

Are there any complications?

Occasionally you may notice recurrences even with these 'preventative' measures, but gradually the episodes become fewer. Recurrences may lead to scarring and thinning of the cornea which in turn can lead to perforation and loss of vision. This is, however, extremely rare and is usually related to other health problems.

Because each patient is different, the information contained in this leaflet is a general guide only. If you require any further information or wish to discuss any of the potential complications outlined in this leaflet, please speak to a member of the nursing or medical staff treating you.