

## Information for Patients

# Blepharitis/Blepharokeratoconjunctivitis

## A guide for young people

### What is blepharitis and blepharokeratoconjunctivitis (BKC)?

Blepharitis is a common condition which causes your eyelids to become inflamed (red and swollen) and irritated. It usually affects both eyelids and can affect any age group.

It is a chronic (long term) condition and without treatment it will not improve. The condition can also be associated with inflammation of the cornea (clear layer covering the front of the eye) and conjunctiva (clear membrane covering the front of the eye and lining the eyelids) and is referred to as blepharokeratoconjunctivitis. Blepharitis does not usually affect your eyesight; however, if associated with inflammation of the cornea it can potentially affect your vision.

### What causes blepharitis and BKC?

Your eyelids contain tiny glands that make oil which keeps your eyes moist. In patients with blepharitis/BKC these glands become blocked, which causes irritated eyelids and dry sore eyes. The exact cause of blepharitis/BKC is not known but it has been associated with a number of different factors. These factors include:

- Bacterial infection such as Staphylococcus Aureus or Staphylococcus Epidermis
- Poor hygiene
- Allergies
- Excess production of oil from the Meibomian glands (a tiny oil gland in the eyelid)
- Acne rosacea

### What are the signs and symptoms?

- Crusty, swollen and red eyelids, droopy eyelids.
- Recurrent styes (chalazia)
- Pink eye
- Photophobia (pain and discomfort when looking at bright lights) – this is mainly noticed in BKC.
- Tiny flakes on the eyelashes, which appear similar to dandruff.
- Eye irritation and itchiness.
- Foreign body sensation (feeling that there is something in your eye) and burning sensation.
- Loss of eyelashes.
- Sticky eyelids when waking up in the mornings.
- Dry eyes.
- One or both eyes may be affected

## How is it diagnosed?

An examination of your eyelids and eyelashes is usually all that is required to diagnose blepharitis. The doctor may use a slit lamp microscope to examine your eyelids, conjunctiva and cornea in more detail to diagnose BKC.

## What is the treatment?

There is no specific treatment for blepharokeratoconjunctivitis but it can be improved by having good lid hygiene. Cleaning your eyelids is essential.

Initially you should clean your eyelids twice a day and, once the blepharitis has resolved, continuing to do this a couple of times a week to ensure it does not return. It is important to wash your hands before you clean your lids.

A routine which consists of using a warm compress, eyelid massage and eyelid margin hygiene is explained below:

- **Use a warm compress to remove the build-up of excess oils.**

Boil water and let it cool for a while. The water should be hot but not scald the skin.

Soak a cotton compress or a clean flannel in the warm water and gently press it onto your closed eyelids for 5-10 minutes.

Alternatively you can use a heated eye mask to the eyelids. Eye masks can be purchased from pharmacies and opticians. They are warmed in a microwave and then can be placed over your eyes for around five minutes.

- **Eyelid massage, to help remove the oils from your eyelid glands.**

Firmly roll your little finger over your eyelids in a circular motion. This should make the oils drain onto the surface of the eye. This may cause some irritation at first but settles down.

- **Use a cotton bud or lint free makeup removal pads.**

Gently clean the edge of the upper and lower eyelid margins, removing any excess oils or crustiness.

- **Add ingredients to the warm water.**

You can 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 eyelid cleaning solution – there are a number of products available from the dispensing opticians here at Manchester Royal Eye Hospital or from your local pharmacy.

You may find using certain ingredients or cleaning solution makes your eyes dry, you should therefore use commercial eyelid hygiene products such as Blephasol lotion or Blephaclean wipes (other similar commercial blepharitis treatment products are also available).

Lid hygiene is very important and should be continued even after the condition has cleared.

### **Are there any other treatment options?**

- As mentioned earlier, there are a range of medicated wipes and cleaning solutions that you can purchase from optometry practices and high street pharmacies (e.g. Blephasol and Blephagel). You can ask the ophthalmologist (eye doctor) or your local pharmacist for more information about these.
- There is some evidence that Omega 3 supplements reduce the symptoms of blepharitis and eye dryness. You will be able to buy these at any health food shop or at your local pharmacy. Omega 3 can be found in nuts, seeds and plant oils, so

eating these foods will benefit you. A good and safe source of Omega 3 for children is ground flax seed available in supermarkets and health food shops

- Artificial tear drops may be prescribed if you have dry eyes.
- Antibiotic ointment may be prescribed in short courses to get the condition under control. If this has been advised, rub the ointment into your eyelid after undertaking your lid hygiene. Only use the ointment for the prescribed period.
- Antibiotic tablets such as azithromycin may be prescribed in more severe cases; however, for most patients this is not necessary.
- You may also be prescribed some anti-inflammatory eye drops, such as steroid eye drops, to treat any associated corneal and conjunctival inflammation. These will only be given for short courses and under close supervision of your ophthalmologist.

### **Will the blepharitis/BKC come back again?**

- It is likely that it will reoccur if you stop the eyelid cleaning regime. Some people have to carry on with treatment for a long time to prevent it reoccurring, sometimes for many years. Should the symptoms come back and you have stopped the eyelid cleaning, you should start the regime again and continue with it.
- This is not normally an emergency situation or urgent condition and you should refrain from visiting the Emergency Eye Department unless your symptoms have changed significantly and you have followed the advice in this information leaflet.