Blepharitis
An inflammatory condition of the eyelids

The aim of this information sheet is to answer some of the questions you may have about blepharitis. If you have any further questions or concerns, please do not hesitate to speak to a doctor or nurse caring for you.

What is blepharitis?

Blepharitis is an inflammatory condition of the eyelids (see Figure 1). It can affect people of all ages, but it is more common in older people. The eyelid margins, as well as having eyelashes protruding from their anterior (front) surface, have the openings of oil glands (Meibomian glands) behind the lashes.

Figure 1: Blepharitis

Excess oil droplets form on the edge of the eyelid.
The edge of the eyelid becomes inflamed and crusty with flakes.


There are three main types of blepharitis:

- **Anterior blepharitis:** This affects the front of the eyelids around the eyelashes and may be due to seborrhoeic dermatitis (similar to dandruff). This may also involve the scalp, face and ears, or be due to bacterial (staphylococcal) infection.
- **Posterior blepharitis:** This mainly affects the back of the eyelids, around the Meibomian glands. It is often associated with rosacea (a skin disease causing redness of the face).
- **Mixed anterior and posterior blepharitis:** a combination of the above.

What are the symptoms of blepharitis?

The symptoms of blepharitis are:

- crusting, swelling and redness of the eyelids
- dryness of the eye
- a gritty feeling and burning sensation in the eye
- tiny flakes on the eyelids similar to fine dandruff
- sensitivity to light
- blurred vision
- loss of eyelashes / in-growing eyelashes
- styes (an infection at the root of an eyelash) on the eyelid
- small ulcers on the eyelids.
How is blepharitis diagnosed?
In most cases the diagnosis is confirmed by an ophthalmologist (specialist eye doctor) using a microscope called a slit-lamp. The microscope gives a magnified view of the different parts of the eye.

With blepharitis the eyelids appear red and inflamed with crusts and scales around the bases of the eyelashes. The Meibomian gland openings may be blocked and the lid may have associated notches, styes and Meibomian gland cysts. The tear film, which coats the eye, is often uneven. This can be identified by staining the tear film with a yellow dye called fluorescein. Inflammation and loss of skin cells on the cornea (the epithelium) may also be seen with this fluorescein staining.

What treatments are available?
Blepharitis is a long-term condition. There is no cure but symptoms can be improved and controlled. It may take some time before treatments are successful.

Your ophthalmologist may recommend the following treatments to ease your symptoms:

- **Cleaning your eyelids** to remove the crusts and scales from the eyelid margins and unblock the eyelid glands. To begin with you may need to clean your eyelids twice a day. In the long-term, you will need to clean them at least two or three times a week to prevent blepharitis from returning.
- **Artificial tear drops** to treat dry eye symptoms and tear film instability.
- **Antibiotic eye-drops and ointments** to treat any serious infection.
- **Mild steroid eyedrops** to treat any associated corneal and conjunctival inflammation. These are only given for short courses and only under the supervision of your ophthalmologist.
- **Antibiotics** – Some forms of blepharitis such as posterior types and those associated with rosacea need to be treated with a course of antibiotic tablets (tetracyclines). You may need to take these for several months. If you are pregnant or breast feeding you should not take tetracyclines. You may not be able to take them if you have had liver disease or kidney disease. Please tell your ophthalmologist if you have had a history of these conditions. Long-term use of tetracyclines has been linked to the failure of oral contraception, but this is rare. You should not take tetracyclines with milk or antacids.
- **Anti-yeast shampoo** may be prescribed if you have a form of blepharitis linked to the overgrowth of yeast in your skin.
- **Omega 3 supplements** have been shown to reduce the symptoms of blepharitis and eye dryness. They are not available on prescription, but you can buy them from a range of pharmacies and health food shops.
- **Gentle face washes and shampoos containing tea tree oil** can be of benefit by reducing the population of the demodex mite, which can sometimes contribute to someone getting blepharitis. These can be bought from most pharmacists and supermarkets.

If you have any allergies to medicines please tell your ophthalmologist.
What happens if I do not get treatment?

Blepharitis will not go away. It may get worse and irritate the front surface of your eye (the cornea). This could lead to discomfort and infection.

Side-effects

The main side-effects of the drops, ointments and other medication used to treat your eyes are an allergic reaction or irritation. These side-effects include;

- worsening redness
- worsening sore eyes
- increased itchy eyes
- impairment of vision.

The side-effects are similar to the symptoms of blepharitis. If you feel your symptoms are getting worse, please contact your nurse practitioner in the eye casualty department (see page 4 for contact details).

Because a number of different medicines may be used in treatment of your blepharitis, it is not possible to list all potential side-effects here. You should refer to the information leaflet supplied with your medicine.

How do I clean my eyelids?

1. Wash your hands.

2. Soak a flannel/washcloth in warm water (make sure the water is not too hot). Close your eyes and gently press the flannel against them for five to seven minutes. This will help to soften any hardened oil secretions. An alternative to the flannel/washcloth method is to purchase a device such as an 'eye bag' over the internet. These bags can be heated in a microwave and then placed over your eyes in a similar manner to the flannel. They have the advantage that they release heat more slowly and unlike a flannel do not have to be re-soaked in warm water every few minutes to maintain their heat.

3. Massage your eyelids using your forefinger. Move in a downward motion for the upper eyelid and an upward motion for the lower eyelid.

Soak a cotton bud in cooled boiled water. Use the cotton bud to clean your eyelids. Gently rub the cotton bud along the edge of the lower lid (see Figure 2). It helps to tilt the lid outward using a finger from your other hand. The upper lid is more difficult to clean. It is best done with the eyelid closed and pulled slightly over the lower lid. This makes sure that you can’t poke yourself in the eye.

4. You can add ointments and drops after you’ve finished cleaning your eyes.

Royal National Institute of Blind People (RNIB)
A charity offering information on many different eye conditions. RNIB can also provide information in large print or in audio formats.
t: 0845 766 9999  (helpline)  e: helpline@rnib.org.uk  w: www.rnib.org.uk

Pharmacy Medicines Helpline
If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline. t: 020 7188 8748 9am to 5pm, Monday to Friday

Your comments and concerns
For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department. 
t: 020 7188 8801 (PALS)  e: pals@gstt.nhs.uk  
t: 020 7188 3514 (complaints)  e: complaints2@gstt.nhs.uk

Language and accessible support services
If you need an interpreter or information about your care in a different language or format, please get in touch: t: 020 7188 8815  e: languagesupport@gstt.nhs.uk

NHS 111
Offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day. t: 111

NHS website
Online information and guidance on all aspects of health and healthcare, to help you take control of your health and wellbeing. w: www.nhs.uk

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