Blepharitis and Eyelid Hygiene

You have been informed by your doctor or specialist that you have Blepharitis. Answers to some of the most commonly asked questions are given below.

What is Blepharitis?

Blepharitis is an inflammatory condition that affects the edges (margins) of the eyelids, and usually causes itching and irritation. It usually affects both eyes and it can occur at any age. Although Blepharitis maybe uncomfortable, it is not a sight threatening condition.

What are the symptoms?

Blepharitis may cause one or more of the following:

- Itchiness around the eyes.
- Persistent irritation or ‘burning’ sensation.
- Redness and swelling of the eyelid edges.
- Tiny flakes on the eyelashes.
- Crusting of the eyelids, especially in the morning.
- Eyelid cysts / styes.
- Sensation of ‘grit’ in the eye.
- Redness of the eye.

Symptoms may come and go. It is common to have flare ups or long periods with no symptoms.

What are the causes?

Blepharitis may be due to a combination of one or more of the following:
A disorder of the Meibomian (oil) Glands at the edge of the eyelid: Normal tears of the eye are made up of three layers - an oily (lipid) layer, a watery (Aqueous) layer and a sticky (mucous) layer.

There are Meibomian glands inside the eyelids with openings onto the edges of the eyelids (lid margins) which naturally produce oil. This oil stops the watery element of the tear film from drying out. At times the Meibomian glands become blocked; this leads to the tear film breaking down and ‘evaporative’ dry eyes.

A build up of crusts around the eyelashes, which the body's own bacteria reacts to: The Meibomian glands may also produce excess oil which clogs the lashes causing skin disorders such as acne rosacea, which leads to red and inflamed skin, and scalp dandruff (seborrheic dermatitis).

How long will it last?
Blepharitis is a persistent condition, but the symptoms can come and go. There is no one off cure, but it is possible to control and manage Blepharitis with a simple eyelid hygiene regime (treatment).

Is it serious?
No. Although Blepharitis can be uncomfortable for the sufferer, it rarely causes problems to the eye itself.

Is it an infection?
No, but there may be over activity of normal skin organisms. These germs (bacteria and occasional fungi) flourish in debris/secretions that build up on the edge of the eyelids. This is why regular cleaning of the eyelids is important.

What is the treatment?

Regular eyelid cleaning

The treatment of Blepharitis involves the regular cleaning of the eyelids and lashes to remove the irritating substances.

The aim of regular cleaning of the eyelids and lashes is to soothe the eyelids, unblock the Meibomian glands and remove any stagnant oily secretions.
The main points of regular eyelid cleaning are:

**Warmth:** Warmth is used to break down the oil in the Meibomian glands and softens the skin and any crusts attached to the eyelids. The most successful method is a reusable bag device which can be heated in the microwave (ensure you are heating according to manufacturer’s instructions and can be purchased from any pharmacy). The other method is a hot flannel, but this needs to be constantly rewarmed in hot water to be effective. It should be applied for 5-10 minutes.

**Massage:** Massage should be done immediately after applying the warmth. Massaging along the length of the eyelids towards the eye (massage upper lid down and the lower lid up) with the eyes closed using comfortable pressure. Massage for 30 seconds and repeat 5–10 times after warming the eyelids. This helps to push the oil out of the glands.

**Clean:** Clean the eyelids following the warming and massage. Clean the eyelid edges with a clean cotton ball moistened with a bicarbonate of soda solution or a baby shampoo solution. Alternatively, ready-made eyelid cleaning wipes may be used, which can be obtained from any chemist. Use a side to side motion to remove the debris from the eyelid edges and eyelashes.

It may take up to six weeks for the symptoms of Blepharitis to improve once the eyelid cleaning regime has begun, so perseverance is essential.

Eyelid cleaning should be performed at least twice a day, morning and evening, until the symptoms have settled. When the symptoms have gone, performing eyelid cleaning once a day, every day, may prevent further flare-ups.

**Bicarbonate of Soda solution**

Boil some water, and then let it cool to room temperature.

Pour 100 mls (1/4 pint) of the water into a clean container.

Dissolve one level teaspoon of bicarbonate of soda (not baking powder) in the water. Use as directed.

Discard this solution immediately after use.

**Baby shampoo solution**

Boil some water in a kettle.

Pour 100 mls (1/4 pint) of water into a clean container.

Allow the water to stand until it is warm, and then mix two or three drops of baby shampoo into the water. Use as directed.

Discard solution immediately after use.

**If you have any problems or questions about your treatment, please ask one of the Eye Clinic Nurses.**

**Further Advice**
• Wearing eye make-up, particularly eyeliner, may make symptoms worse. It is best to avoid eyeliner, particularly during a flare-up of Blepharitis.

• Rubbing your eyelids may make inflammation worse, so try to avoid doing this.

• As mentioned above, blepharitis commonly develops in people with seborrhoeic dermatitis, rosacea or dry eye syndrome. If relevant, treatment of these other conditions may also help to ease symptoms of blepharitis.

• There is some evidence to suggest a high diet in omega-3 fats can help to improve blepharitis.

The best sources of omega-3s are oily fish, such as:
• Mackerel
• Salmon
• Herring
• Fresh or frozen tuna – not canned, as the canning process sometimes removes the beneficial oils.

Aim to eat at least two portions of fish a week, one of which should be oily fish.

Flaxseed oil Capsules can also be taken as an alternative source of omega-3.

When taking omega-3 fats, it has been stated that it can take between 6 to 12 months to see a definite effect.

**Contact information**

If you have any problems, and require further information or need advice, please telephone:

Conquest Hospital - Telephone: 01424 755255
Conquest Hospital Eye Clinic Ext. 8971 during 09.00am and 17.00pm.

Eastbourne District General Hospital – Telephone: 01323 417400
Eastbourne Eye Clinic Ext. 4118 during 9.00am to 17.00pm.

When leaving an answerphone message, please include your name, date or birth and telephone number, (if possible your X number).

For Out of Hours contact you may leave an answerphone message on the telephone numbers above, and a member of staff will contact you the next working day. Otherwise you may wish to contact your local pharmacist or optician for further advice.

**Sources of information**

Important information
The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments
We are always interested to hear your views about our leaflets. If you have any comments please contact our Patient Advice and Liaison Service (PALS) – details below.

Conquest Hospital
Email: palsh@esht.nhs.uk - Telephone: 01424 758090

Eastbourne District General Hospital
Email: palse@esht.nhs.uk - Telephone: 01323 435886

Hand hygiene
The trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats
If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.

Tel: 01424 755255 Ext: 2620

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

Reference
Originally written by: Dr H Htwe and Sister H Coombs
Updated By: Janine Robus (Associate Practitioner) and Paul Russell (Staff Nurse)

The Ophthalmology department have been consulted and agreed this patient information.

The directorate group that have agreed this patient information leaflet:

Manuel Saldana (Consultant Ophthalmologist and Clinical Governance Lead for Ophthalmology Department)

Next Review Date: Sept 2021
Responsible Clinician: Ophthalmology Department

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