

Patient Information

Lid hygiene for blepharitis treatment

Blepharitis is an inflammatory condition of the eyelids. Oils and other products normally secreted by the eye build up on the surface and eyelashes, resulting in symptoms of eye irritation and often redness. Though we often must use a combination of many forms of treatment, including antibiotic tablets and antibiotic ointments, the mainstay of therapy is always careful cleaning of the eyelids and lashes to remove the irritating substance.

To obtain the best results, please follow the instructions listed below. Remember blepharitis is a skin condition that may be with you for a lifetime. The treatment is aimed at minimising your symptoms and making you more comfortable. Regular lid hygiene should become part of your daily routine and is best done first thing in the morning.

Warm compresses

Mix one teaspoon of baby shampoo into a pint of hot water (as warm as the lid can stand). Soak a clean face cloth in the water and then apply it to the closed lid for a period of five minutes. You may need to re-warm your cloth repeatedly. This will not only feel good, but will make the lid oils easier to remove.

Lid cleaning

Following the warm compresses, clean the eyelid margins with the clean face cloth, using a side-to-side motion. This will remove the debris from the eyelids and eyelashes. If the debris remains and it frequently may be observed early in the treatment period, use a moistened cotton wool bud to scrub between the lashes. There is now a product specifically designed for the treatment of blepharitis. This is called Lid-Care sterile wipes and can be obtained from most chemists.

Application of ointment

If an antibiotic has been prescribed by your doctor this should be applied at bed time. A quarter of an inch of ointment should be placed inside the lower eyelid (you may be asked to use the ointment more often).

You may find that artificial tear drops may help with this condition

The choice of artificial tear solution is partly subjective as to which one best controls your symptoms.

The suggested order of use, based on clinical evidence, is:

- i. A cellulose derivative e.g. hypromellose or carmellose
- ii. A carbomer e.g. geltears, viscotears
- iii. A hyaluronic acid product
- iv. Ointments e.g. simple eye ointment, lacrilube

If you are a contact lens wearer, a povidone or polyvinyl alcohol (PVA) product may be effective.

To prevent toxicity preservative free artificial tears should be used if you wear soft contact lenses or if drops are regularly used more than six times a day.

If, after a month of therapy, you are still exhibiting symptoms of 'dry eye', we suggest that you change the drops to another class.

Some products can be less expensive than the cost of a prescription when bought over the counter from any pharmacy

Having followed the steps outlined above, you may expect the redness and irritation to be improved within 2 to 8 weeks of the starting treatment. Once comfortable, the regular cleansing may be reduced to alternate days or even once a week. Always be prepared to step up the treatment quickly if symptoms worsen.

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