

This leaflet is intended to provide you with general information. It is not a substitute for advice from your ophthalmologist. You are encouraged to discuss the benefits and risks of treatment with your ophthalmologist. This is an abridged version of the RANZCO patient education pamphlet: Blepharitis: a guide for patients. The complete pamphlet with treatment details is available from your ophthalmologist.

Blepharitis is inflammation of the margins of the eyelids. Both eyes are usually affected. The condition appears in two forms: anterior (on the top eyelid) and posterior (on the lower eyelid). The most common cause is bacterial infection in the glands of the eyelids and eyelash follicles. Blepharitis can occur in children and adults of any age. Signs and symptoms include:

- a feeling of “something in the eye”
- excessive or frothy tears
- itchiness
- excessive blinking
- photophobia (sensitivity to light)
- crusty or sticky eyelashes, particularly in the morning.

### Diagnosis

- Your ophthalmologist will ask you about your symptoms and carefully examine your eyes.
- The examination may include a vision test and an assessment with a special microscope called a slit lamp.
- If the inflammation looks unusual or does not respond to treatment, a laboratory “culture” of the eyelid margin may be needed to identify any bacteria.
- In rare cases, the ophthalmologist may advise that a biopsy be taken. A tiny piece of the eyelid margin is removed and examined under a microscope.

### Your medical history

Your ophthalmologist needs to know your medical history to plan the best treatment. Tell your ophthalmologist about any health problems you have. Some may interfere with treatment.

### Treatment

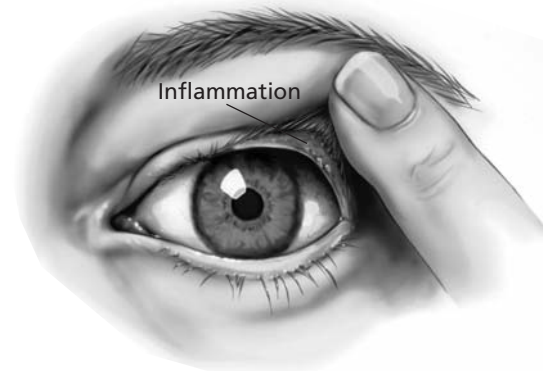
The aim of treatment is firstly to get rid of the infection. Your ophthalmologist may prescribe antibiotic ointment. Oral antibiotics can be useful in severe cases. Secondly, any underlying condition (such as dry eye syndrome) needs to be treated.

Treatment may take weeks or months before the condition is controlled. Blepharitis is often an ongoing condition. Symptoms may recur. Regular long-term treatment usually helps to control the symptoms.

### Eye cleaning routine

Long-term care of the eyelids is the main treatment for blepharitis. Eyelid care may be required for life.

ANTERIOR BLEPHARITIS



POSTERIOR BLEPHARITIS

The cleaning routine recommended by your ophthalmologist should be carried out once or twice daily until the inflammation is controlled. It can then be done twice weekly. The cleaning routine generally includes:

- massage of the eyelid toward the eyelid margin
- cleaning of the eyelid using a tissue or cotton bud and warm water (or special eyelid cleaner)
- application of a warm compress to the eyelid margin for several minutes to loosen the crusts.

### Avoid eye irritants

Eye shadow, eyeliner and other cosmetics around the eye should be discontinued during treatment. Contact lenses should NOT be worn until the condition is under control.

### A decision to have treatment

As you make the decision whether to have treatment, make sure that you understand the risks, benefits and limitations of treatment. If you do not have treatment, your symptoms and the condition may continue to worsen. If you have any questions, ask your ophthalmologist.

### Possible risks and complications

Treatment of blepharitis is safe but does have risks of complications for some patients. These are more fully outlined in the complete RANZCO patient education pamphlet and should be discussed with your ophthalmologist.