

Blepharitis and eyelid hygiene

Q. What is blepharitis?

A. Blepharitis is an inflammatory condition of the eyelids. Oils and other products normally secreted by the eye, build up on the eyelid margins and eyelashes, resulting in symptoms of eye irritation, itchiness and redness. It may be associated with some skin conditions, e.g eczema and dermatitis. If untreated, blepharitis can cause other eye conditions, such as cysts, styes or conjunctivitis.

Q. How do I maintain eyelid hygiene?

A. Blepharitis can usually be controlled by careful cleaning of the eyelids and lashes as described below.

The aim is to soothe the eyelids, 'unplug' any blocked meibomian glands and clear out any stagnant oily secretions from these glands and to clean the eyelids of debris. This is a daily routine that consists of three parts- warmth, massage and cleaning. If you wear contact lenses, remove them before you start.

- First boil a kettle of water and let the water cool down until it is warm/hot to the touch. Pour the water into a clean bowl and add some baby shampoo-approximately 1 part shampoo to 10 parts water.
- While this is cooling, gently press on the eyelids with a flannel (facecloth) soaked in very warm water for 5-10 minutes. If the flannel cools, keep re-warming it in the warm water. This will help to soften any crusts and allow the secretions of the meibomian glands to flow more freely.
- Massage the eyelids immediately after applying the warmth. Massaging helps to push out the oily fluid from the tiny meibomian glands.
- Take a new cotton bud and dip it into the solution of baby shampoo. Gently rub the cotton bud across the upper and lower eyelid margins removing the debris and scales. Use a new cotton bud for the other eye. **Do Not** dip the used cotton bud back into the solution. Variable commercial products are available to help with this process. Ask your optometrist for more information.

Q. What if this does not work?

A. You may need to carry out this routine for a few weeks in order for the condition to resolve. If the condition does not resolve, you should consult your optometrist or GP who may be able to prescribe an appropriate treatment.

Cataracts

Q. What is a cataract?

A. The lens in the eye that focuses light onto the retina is normally clear. When the lens becomes cloudy, it is called a 'cataract'.

Causes and symptoms.

They can result from injury, certain drugs, inflammation or diabetes in younger people, but most develop as people get older. Bright lights or very sunny days may make it difficult to see, your glasses may seem dirty or scratched or may be experiencing double images. As the cataract develops it may become more yellow in colour and can give everything a yellowish tinge.

Treatment

The most effective treatment for cataracts is a small operation to remove the cloudy lens.

Lens Implant

When the cloudy lens is removed surgically it is usually replaced with a plastic lens (implant) so that the eye can focus properly. Occasionally someone's eye is not suitable for an implant and in these cases contact lenses or special glasses will be prescribed. With modern surgery the operation can be carried out at any stage of the cataract's development. You can have the operation and go home on the same day, as long as you have someone to look after you when you go home or sometimes it may mean a short stay in hospital.

The Operation

Just before the operation, drops are put into the eye to enlarge the pupil. Normally cataract surgery is performed with a local anaesthetic and some sedation. The local anaesthetic numbs the area of the eye which is being operated on. You will be wide awake but feel nothing in your eye or they may decide to give you a general anaesthetic. The operation is performed, with the aid of a microscope, through a small cut in the eye, this is closed with small stitches at the end of the procedure. The operation generally takes approximately 45 minutes. Your eye will then be covered with a pad to help protect it from accidental rubbing or knocking. The operation is not painful and the stitches cannot be seen,

Recovering after the operation.

Sight will improve within a few days, but the eye will take several months to completely heal. It's quite a good idea to get some help at home especially to help put your eye drops in. Once home try to avoid any pressure on the eye for example:

- Don't rub your eye
- Avoid any heavy lifting and strenuous exercise.
- Take care when going out, especially when it's windy, use protective glasses to prevent anything going up into your eye.
- Avoid wearing makeup for six weeks.

If you're worried about anything don't be afraid to ask the hospital about any aspects of your treatment either before, during or after your operation.

Glaucoma

Q. What is glaucoma?

A. Glaucoma is the name given to a group of conditions in which the optic nerve is damaged where it leaves the eye. This nerve carries the information about what is being seen from the eye to the brain. The eye needs a certain amount of internal pressure in order to work. In glaucoma, the pressure within the eye is too high for the optic nerve and it becomes damaged, leading to a characteristic loss of the visual field. This damage usually starts in the peripheral parts of the visual field and if untreated, progresses to tunnel vision and eventually blindness. The loss of vision in glaucoma is permanent, but with early treatment, the damage to vision can be minimised.

There are several different types of glaucoma.

Primary open angle glaucoma:

(chronic glaucoma) is the most common form of the condition. 'Chronic' means 'lasting' or 'persistent', and this condition develops slowly over time without pain. The sufferer is often unaware that they have a problem until their sight is severely and permanently damaged. Patients are usually treated with eye-drop and/or oral medications first; this is a lifelong condition and needs regular treatment and monitoring.

Angle closure glaucoma:

Angle closure glaucoma may be subdivided into two basic types. These are known as primary angle closure glaucoma and acute angle closure glaucoma.

Primary angle closure glaucoma:

Accounts for 10% of glaucoma patients and two-thirds of these present asymptotically (without symptoms). This condition is characterized by a narrow drainage angle, so that fluid drainage is obstructed, causing the pressure to rise.

Acute angle closure glaucoma:

'Acute' means 'sharp' or 'severe', this is one of the few types of glaucoma that presents with symptoms. The pressure in the eye suddenly increases dramatically, patients may present with blurred vision, coloured halos, severe pain, red eye, and nausea or vomiting. On examination, the eye pressure is extraordinarily high.

Low tension glaucoma

This type of glaucoma (also known as normal pressure glaucoma), occurs in approximately one-third of all glaucoma patients. Patients with this condition have essentially the same findings as patients with primary open angle glaucoma (optic nerve damage and visual field loss), although the intraocular pressure appears to be within 'normal' limits.

Most glaucoma has no symptoms until the damage is very advanced. The best prevention is regular eye examinations to detect the early 'signs'

Age-Related macular degeneration (AMD)

AMD

AMD is a condition that generally affects the eyes as you get older, it is the leading cause of sight loss over 50s in the UK. The most common forms are dry and wet, both can lead to severe sight loss. Both types affect the macula- the central part of the retina responsible for the ability to see fine detail, peripheral vision is unaffected. Usually one eye is affected first and the other eye is highly likely to be affected at a later stage.

Dry AMD:

The most common form has a more gradual onset; the signs of this can be seen at the back of the eye on examination. Relatively good vision can be maintained for a long time even with apparently very marked changes at the back of the eye. Eventually this leads to loss of central vision

Wet AMD:

Occurs much less frequently, approx 1 in 10 of all AMD cases. However 90% of people affected severely by AMD have Wet AMD. The onset of wet AMD is more sudden with noticeable loss of central vision and or distortion of objects, especially straight lines which appear bent.

Any sudden loss of vision or distortion should be investigated as soon as possible.

Cause of AMD:

The cause of AMD is still unknown, but there is a definite link with smoking, other possible risk factors include genetics (family history) high blood pressure, sun exposure and poor diet. A good diet including vitamins C & E, beta-carotene, copper and zinc and oily fish can help reduce the risk of developing AMD. Bananas and oranges have recently been shown to be beneficial.

Other food studies continue to point to the benefits of antioxidants and carotenoids (e.g lutein and zeaxanthin) in foods like dark green leafy vegetables. It makes sense to maintain a well rounded diet, high in fruits and vegetables. Some consultants recommend supplements such as ICaps which have been formulated to help prevent AMD.

Treatment:

There is no current treatment for dry AMD. For wet AMD two main types of treatment may be helpful, these are:

- Photodynamic therapy
- Laser photocoagulation

The decision as to whether these will be of benefit in a particular case is made by an Ophthalmic Surgeon (Ophthalmologist)

Regular eye examination, at least every two years, is the best way to determine the early signs of AMD or immediately if you notice sudden changes in your vision

