

PATHWAY FOR THE MANAGEMENT OF BLEPHARITIS

Management:

Advise eyelid hygiene twice daily until symptoms resolve and then once daily indefinitely

- Gently press on the eyelids with a cloth soaked in warm water for 6-7 minutes
- Massage and express meibomiam gland contents when there is posterior blepharitis
- Cleanse lid margins using any of the following – sodium bicarbonate: a teaspoonful in a cup of cooled, boiled water; baby shampoo diluted with cooled boiled water, or commercial eyelid products e.g. Lidcare, Blephclean (not available on FP10)

Treat underlying conditions that may be causing or exacerbating blepharitis
Artificial tears are recommended for people with dry eyes or an abnormal tear film
Choice of formulation should generally be guided by individual preference.
Hypromellose 0.3% eye drops are the cheapest and most commonly used formulation in the UK
Initially use artificial tears as required, at up to 30-minute intervals if symptoms are severe. Decrease the frequency as symptoms improve
Use preservative-free drops if more than six applications per day are necessary or if the person uses soft contact lenses
Consider prescribing a paraffin eye ointment at bedtime to provide prolonged lubrication
Contact lenses must not be worn during any eye infection and when eye drops or ointment are being used
Ensure all make-up is thoroughly removed at the end of the day, if its use cannot be avoided.

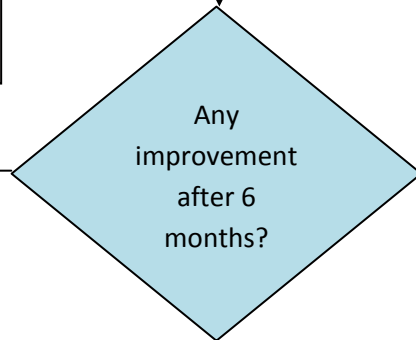
Diagnosis:

Symptoms of blepharitis are often intermittent and typically bilateral

- Sore eyelids and gritty eyes
 - Dry eye symptoms – blurred vision, contact lens intolerance
- Signs of blepharitis include:*
- Swollen eyelids, inflamed lid margins and inflamed conjunctiva (common complication)
 - Altered eyelash appearance
 - Eyelid surfaces may be scaly, oily or greasy
 - Styes and chazalia are much more common in people with blepharitis
 - Visual acuity should be normal, although dry eyes may cause intermittent blurring
 - Infection is suggested by ulceration of the anterior lid, or eyelids sticking together (particularly in the morning)
 - Swabs for culture and sensitivity are not routinely indicated

Patient presents with blepharitis

Treat initially with lid hygiene.
Consider long term tetracyclines (as used for acne) for at least 3 months



Refer to Ophthalmology

Discharge and review as appropriate

PLEASE NOTE:

These guidelines are suggested best practice. However the guidance does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or carer.