

BLEPHARITIS

Inflammation of the Eyelids

Blepharitis is a common, chronic condition affecting the eyelid margins. It can cause discomfort and may affect the quality of the tear film, leading to dry eye symptoms if left untreated.



EDGBASTON EYE CLINIC
DON WILLIAMS OPHTHALMOLOGY (ACP)
Excellence in Eye Care

CAUSES & RISK FACTORS

- Dysfunction of the meibomian glands (posterior blepharitis)
- Bacterial overgrowth on the eyelid margins (anterior blepharitis)
- Demodex infestation
- Seborrhoeic dermatitis, rosacea
- Ocular surface dryness
- Environmental factors: wind, smoke, pollution
- Contact lens wear
- Poor lid hygiene
- Associated skin conditions

i Blepharitis is not contagious but is often chronic and may flare up periodically.

WHAT IS BLEPHARITIS?

Blepharitis affects the eyelid margins and is usually bilateral. It may involve the front (anterior) or back (posterior) of the eyelid.

ANTERIOR BLEPHARITIS (Front of eyelid)



Scales and crusts at the base of the lashes. Lashes may appear sticky or matted.

POSTERIOR BLEPHARITIS (Back of eyelid)



Meibomian gland dysfunction leading to poor quality tears and lid margin inflammation.

i Often both anterior and posterior blepharitis are present.

COMMON SYMPTOMS

- Red, irritated eyelids
- Grittiness or foreign body sensation
- Burning or stinging
- Itchy eyelids
- Watery or dry eyes
- Crusting of lashes, especially on waking
- Fluctuating or blurred vision
- Sensitivity to light

i Symptoms can vary in severity and are often worse in the morning.

SIGNS (CLINICAL FINDINGS)

- Redness and swelling of the eyelid margins
- Crusting or collarettes around the base of the lashes
- Greasy or waxy lid margins
- Telangiectasia (dilated blood vessels) at the lid margin
- Meibomian gland plugging (posterior blepharitis)
- Foamy tears in some cases
- Associated dry eye signs



Crusting and collarettes at lash base



Redness and telangiectasia of lid margin



Meibomian gland plugging (posterior blepharitis)



Foamy tear film

i Chronic inflammation can affect the tear film and lead to dry eye symptoms.

TREATMENT APPROACH

Treatment aims to relieve symptoms, improve lid hygiene and control inflammation.

- LID HYGIENE (ESSENTIAL FOR ALL PATIENTS)**
 - Warm compresses 5–10 minutes, 1–2 times daily
 - Lid margin cleansing (see Iodine Lid Scrub below)
 - Regular and long-term maintenance

- IODINE LID SCRUB**
 - Use a dilute povidone-iodine (e.g. 0.01–0.02%) solution or commercially available iodine wipes
 - Apply to closed eyelid margins with gentle massage for 30–60 seconds
 - Rinse if directed by product instructions
 - Helps reduce bacterial load and debris

- ORAL DOXYCYCLINE** (for posterior blepharitis / meibomian gland dysfunction)
 - Low dose: 50–100 mg once daily (or as directed)
 - Anti-inflammatory dose (not for antibiotic effect)
 - Usual course: 8–12 weeks, then review and reduce
 - Contraindicated in pregnancy and children <12 yrs
 - GI upset and photosensitivity possible

- TOPICAL MEDICATIONS** (as required)
 - Antibiotic / steroid combination for flares: Maxitrol® (neomycin, polymyxin B, dexamethasone)
 - 1 drop to affected eye(s) 2–4 times daily for 7–14 days, then review and reduce
 - Use short term only under medical supervision
 - Lubricating drops: 4–6 times daily (preservative-free if possible)

i Treatment is usually long-term and maintenance is the key to control.

WHEN TO SEEK HELP

- Symptoms worsen or do not improve
- Severe redness, swelling or pain
- Discharge or crusting increases
- Changes in vision
- Light sensitivity becomes significant

i Early treatment prevents complications and improves comfort and quality of life.

TREATMENT OPTIONS SUMMARY

- Warm Compresses**
5–10 minutes, 1–2 times daily
- Iodine Lid Scrub**
Daily lid margin cleansing
- Oral Doxycycline**
50–100 mg once daily for 6–12 weeks (for MGD)
- Maxitrol® Eye Drops**
(neomycin, polymyxin B, dexamethasone)
2–4 times daily for 7–14 days during flares
- Lubricating Eye Drops**
Regular use to improve tear film and comfort

i Always follow your eye care professional's advice and attend follow-up reviews.

POSSIBLE COMPLICATIONS

- Chronic dry eye
- Recurrent styes (hordeola)
- Chalazia (lumps in the eyelid)
- Keratitis (corneal inflammation)
- Conjunctivitis
- Worsening meibomian gland dysfunction

i Long-term control reduces the risk of complications.

LIFESTYLE & SELF-CARE

- Maintain daily lid hygiene even when symptoms improve
- Avoid rubbing your eyes
- Remove eye makeup thoroughly each night
- Stay well hydrated
- Take regular screen breaks
- Manage associated skin conditions



Warm compress
5–10 minutes

i Consistency is crucial – regular care keeps blepharitis under control and prevents flare-ups.

KEY POINTS

- Blepharitis is common and often chronic.
- Daily lid hygiene and warm compresses are essential.

- Treat underlying causes and control inflammation.

- Consistency and maintenance prevent flare-ups.

- Follow-up with your eye care professional is important.

- Control today for comfortable eyes tomorrow.



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