

MGD MEIBOMIAN GLAND DYSFUNCTION



EDGBASTON EYE CLINIC

Safe, Efficient & Patient Centred Care

5 ★ Rated on Google

Understanding MGD, Evaporative Dry Eye, Assessment & Treatment

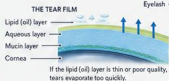
1. CAUSES & RISK FACTORS

- Meibomian gland blockage or poor-quality gland secretions
- Ageing changes of the eyelids
- Blepharitis / lid margin inflammation
- Rosacea and skin conditions
- Hormonal influences
- Prolonged screen use and reduced blinking
- Contact lens wear in some patients
- Environmental factors and dry climates
- Previous ocular surface disease

i MGD is a common cause of evaporative dry eye.

2. WHAT HAPPENS?

- The meibomian glands in the eyelids produce the oily layer of the tear film.
- If the oil is reduced or poor in quality, tears evaporate too quickly.
- This leads to tear film instability, irritation, and dry eye symptoms.



i MGD affects the quality of tears rather than simply the quantity.

EYELID MARGIN (CROSS-SECTION)



3. COMMON SYMPTOMS

- Dryness, grittiness or irritation
- Burning or stinging
- Fluctuating or blurred vision
- Watery eyes / reflex tearing
- Lid soreness or tenderness
- Crusting or sticky lids in some cases
- Light sensitivity
- Symptoms worse later in the day or with screen use

! Persistent pain or sudden visual loss is not typical simple MGD and should be assessed.

4. CLINICAL FINDINGS



- These findings indicate meibomian gland dysfunction and tear film instability.
- Severity can vary and may change over time.

i MGD is often associated with blepharitis and other ocular surface conditions.

5. ASSESSMENT AT EDGBASTON EYE CLINIC

- ✓ Full symptom and ocular surface assessment
- ✓ Keeler digital slit lamp examination
- ✓ Assessment of lid margins and gland function
- ✓ Tear film and ocular surface evaluation
- ✓ Fluorescein staining where indicated
- ✓ Optos Daytona ultra-widefield imaging if clinically indicated
- ✓ Management plan tailored to severity and associated dry eye / blepharitis



i Careful assessment helps distinguish MGD from other causes of irritation and watering.

6. MANAGEMENT / TREATMENT

A. LID HYGIENE & HEAT



- Warm compresses (5-10 mins)
- Lid massage
- Regular cleansing

B. MEDICAL / SUPPORTIVE CARE



- Lubricating drops or ointment
- Treat associated dry eye
- Manage inflammation when present

C. TARGETED THERAPIES



- Lidine lid scrub / antiseptic lid hygiene where appropriate
- Oral Doxycycline in suitable patients
- Short course topical treatment when indicated

D. LONG-TERM CONTROL



- Consistency is important
- Reduce screen-related evaporative stress

- Manage rosacea / blepharitis and follow-up when required

i Treatment is individualised according to the clinical picture, severity and associated conditions.

7. WHEN TO SEEK HELP



- Symptoms not improving despite treatment
- Marked pain or severe redness
- Sudden reduction in vision
- Significant light sensitivity
- Contact lens wearer with painful red eye
- Recurrent symptoms or concern about ocular surface inflammation

Seek prompt specialist eye assessment if symptoms are worsening or you develop pain, significant redness or reduced vision.

8. KEY POINTS



MGD is a common cause of evaporative dry eye.



Tear quality matters as much as tear quantity.



Lid hygiene and regular treatment are important.



Long-term control is often needed.



Early assessment helps guide the right treatment.

i MGD is a chronic but manageable condition. Consistent care and follow-up help protect your comfort and vision.



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