



Paediatric information: for parents

Blepharitis

What is blepharitis?

Blepharitis is a common condition that causes inflammation (irritation) of the eyelids. It is common in children and for most people it is not harmful. Symptoms include red and sore eyelids, tiny flakes like dandruff at the bottom of the eyelashes, the feeling that there is something in the eye, dry or burning eyes and sometimes blurring of the vision.

What causes blepharitis?

The eyelids contain tiny glands which make an oil, keeping the eyes moist. In blepharitis, these glands become blocked, causing irritated eyelids and dry sore eyes. It is thought that, in some people, blepharitis is partly caused by sensitivity to the bacteria (staphylococcus) which normally live on the skin. Blepharitis is more common if your child has other skin conditions such as eczema.

Treatment

The doctor may prescribe antibiotic drops or ointment, artificial tear drops and occasionally, antibiotics by mouth or steroid eye drops.

The most important treatment is good eye care, known as 'lid hygiene'. This should be done twice daily, even when

the symptoms are not there, to prevent the condition causing further problems.

- Warm compress: Boil some
 water and let it cool a little or
 use water from the hot tap.
 Water should be hot but not hot
 enough to burn. Soak cotton
 wool or a clean flannel in the
 water and gently press onto your
 child's closed eyelids for two to
 three minutes at a time.
- Massage your child's eyelids by gently rolling your first finger over them in a circular motion or running the length of your finger up and down the eyelids towards the eyelashes. This helps to push out the oil from the tiny eyelid glands.
- Use a moistened cotton bud to gently clean the inside edge of the eyelids and any flakes on the lashes. If your child is too young to do that, a moistened face cloth held firmly across your index finger can be used.

Complications

Blockage of the glands can lead to a chalazion or meibomian gland cyst, leaving a round, painless swelling sometimes with discolouration underneath the eyelid. Most disappear

within a few months without treatment. To help the cyst to go, warm compresses can be used (see above). Much less commonly, blepharitis can lead to changes on the clear window of the front of the eye (the cornea), which will usually require further treatment and a check-up.

Further check-ups

In most cases, your eye doctor will discharge your child straight from A&E. Most children will need blepharitis treatment for some time but will eventually grow out of it.

What to look out for:

- Increasing redness and soreness of the eye itself
- Very blurred vision
- Very noticeable and spreading redness together with a lot of swelling of the eyelids

If you are worried please call the advice line below or alternatively you can attend A&E for a further review.

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Moorfields Eye Hospital NHS Foundation Trust City Road, London EC1V 2PD Phone: 020 7253 3411

www.moorfields.nhs.uk

Moorfields Direct telephone helpline

Phone: 020 7566 2345
Monday-Friday, 8.30am-9pm
Saturday, 9am-5pm
Information and advice on eye conditions and treatments from experienced ophthalmic-trained nurses.

Patient advice and liaison service (PALS)

Phone: 020 7566 2324/ 020 7566 2325
Email: moorfields.pals@nhs.net
Moorfields' PALS team provides
confidential advice and support to help
you with any concerns you may have
about the care we provide, guiding you
through the different services available
at Moorfields. The PALS team can also
advise you on how to make a complaint.

Your right to treatment within 18 weeks

Under the NHS constitution, all patients have the right to begin consultant-led treatment within 18 weeks of being referred by their GP. Moorfields is committed to fulfilling this right, but if you feel that we have failed to do so, please contact our patient advice and liaison service (PALS) who will be able to advise you further (see above). For more information about your rights under the NHS constitution, visit www.nhs.uk/choiceinthenhs

