

# Blepharitis and Meibomian Gland Dysfunction (MGD)



## **Background**

Normal tears of the eye are made up of three layers – an oily (lipid) layer, a watery (aqueous) layer and a sticky (mucous) layer.

There are Meibomian glands inside the eyelids with openings onto the edges of the eyelids (lid margins) which naturally produce oil. This oil stops the watery element of the tear film from drying out. Sometimes the glands become blocked (MGD) leading to tear film breakdown and 'evaporative' dry eyes. The glands may also produce excess oil which clogs the lashes causing crusting. You may experience discomfort, visual problems and other complications listed below.

Blepharitis is an inflammation of the eyelids causing irritation and discomfort. It can be persistent and usually affects both eyes.

It is common to have a combination of MGD, dry eye and blepharitis.

## **Symptoms of MGD and Blepharitis**

- Sore eyelids – both eyes usually affected
- The eyes may feel gritty, itchy or as though they are burning
- The eyes may look inflamed or greasy
- The eyes may be sticky with discharge and stuck together in the mornings
- The eyes may be watery
- Flakes or scales may appear on the eyelids and eyelashes
- Glands may block and fill with oily fluid (chalazion)

Symptoms may come and go. It is common to have flare ups or long periods with no symptoms.

## **Possible Complications of Blepharitis**

- Chalazion – swelling under the eyelid due to a meibomian cyst

WAHT-OPH-012

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Review Date 27<sup>th</sup> July 2019

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- Stye – painful swelling outside the eyelid due to an infected eyelash
- Contact lens irritation
- Changes to eyelashes - loss of lashes, in growing lashes (trichiasis) or loss of colour to the eyelashes
- Eyelid ulceration and scarring
- Entropion (lid turning in) or ectropion (lid turning out)
- Conjunctivitis – sore red eye with discharge and/or watering
- Corneal ulceration and scarring

## **Treatment for MGD and Blepharitis**

The aim of treatment is to control and manage the symptoms. There is no one off cure as inflammation tends to recur without treatment. Regular treatment will keep symptoms to a minimum. This treatment is mainly done by you.

## **Lid Hygiene**

This is the most important part of your treatment.

The aim is to sooth the eyelids, unblock the meibomian glands and remove any stagnant oily secretions. This is achieved by cleaning the eyelids.

**Warmth** is used to break down the oil. The most successful method is a reusable bag device which can be heated in the microwave. It is preferable to a hot flannel as it retains heat longer (A hot flannel usually cools quickly and has to be constantly re-warmed in hot water to be effective). It should be applied for 5 -10 minutes.

**Massage** should be done immediately after applying the warmth. It helps to push the oil out of the glands. Massage along the length of the eyelids towards the eye (massage

the upper lid down and the lower lid up) with the eyes closed using comfortable pressure. Massage for 30 seconds and repeat 5 – 10 times after warming.

**Clean** the eyelids following the warming and massage using a foam scrub as recommended by the doctor/nurse.

Repeat lid hygiene twice daily during a flare up. When symptoms subside continue as part of your daily routine.

If your symptoms are severe you may also be prescribed

- Antibiotics
- Artificial tears/lubricating drops/gel

Other advice

- Consider Omega 3 supplements – Research shows that these may help relieve symptoms
- Avoid wearing eye make-up (especially eyeliner) when you have a flare up
- Avoid rubbing the eyes as it will make inflammation worse
- Continue your treatments for any other related conditions such as seborrheic dermatitis, rosacea or dry eye syndrome
- It is likely that unless you have severe dry eye complications or need for specialist drops your ongoing management will be with your optician or GP

## **Patient Experience**

Being admitted to hospital can be a worrying and unsettling time. If you have any concerns or questions you should speak to a member of staff in the ward or department who will do their best to reassure you. If you are not happy with their response, you can ask to speak to someone in charge.

## **Patient Advice and Liaison Service (PALS)**

Our PALS staff will provide advice and can liaise with staff on your behalf if you feel you are unable to do so. They will also advise you what to do if your concerns have not been addressed. If you wish to discuss making a formal complaint PALS can provide information on how to do this. Telephone: 0300 123 1732. Monday to Thursday 8.30am to 4.30pm. Friday 8.30am to 4pm.

An answerphone operates outside office hours. Or email us at: [wah-tr.PET@nhs.net](mailto:wah-tr.PET@nhs.net)

## **Feedback**

Feedback helps us highlight good practice and where we need to improve. There are lots of ways you can give feedback including completing a Friends and Family Test card or undertaking a survey. For further information please speak to a member of staff, see our Patient Experience leaflet or visit [www.worcsacute.nhs.uk/contact-us](http://www.worcsacute.nhs.uk/contact-us)

**If you would like this leaflet in an alternative language or format, such as audio or braille, please ask a member of staff.**

## **Polish**

Jeżeli są Państwo zainteresowani otrzymaniem niniejszej ulotki w innej wersji językowej lub formacie, prosimy zwrócić się w tej sprawie do członka naszego personelu.

## **Bengali**

আপনি যদি এই লিফলেটটি অন্য ভাষায় বা ফর্ম্যাটে পেতে চান যেমন, অডিও বা ব্রেইল তাহলে অনুগ্রহ করে সদস্য বা কর্মীদেরকে তা জানান।

## **Urdu**

اگر اس کتابچہ کو آپ کسی متبادل زبان یا ہیئت جیسے آڈیو یا بریل میں چاہتے ہیں، تو برائے کرم اسٹاف رکن سے مانگیں۔

## **Romanian**

Pentru a obține această broșură în altă limbă sau în alt format fie audio sau limbajul Braille, vă rugăm să apelați la un membru al personalului.

## **Portuguese**

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## **Chinese(Mandarin)**

如果您想要本手册的替代语言或格式的版本，如音频或盲文，请向工作人员咨询

WAHT- OPH-012

Version 1

Review Date 27<sup>TH</sup> July 2019

<http://www.worcsacute.nhs.uk>

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