

Dry eye and its treatment

Dry eyes are a very common problem - usually caused either because the body doesn't produce enough tears to keep the front of the eyes lubricated or that the tears that are produced are not oily enough and so tend to evaporate away too quickly. Common symptoms of dry eyes are: stinging; burning or grittiness; tired feeling eyes and, somewhat strangely, watery eyes. The eyes may look red and sore but, unlike conjunctivitis, don't generally produce sticky discharge. Dry eyes may cause blurred vision or vision that blurs and clears upon repeated blinking. Dry eyes tend to get more common with age, are more common in females and can be connected with arthritis and rheumatism. Dry eye problems may be intermittent or permanent and often worse during winter.

There isn't a cure for dry eyes – it is a matter of keeping the problem under control to maintain comfort. This may involve dry eye treatment for long periods of time - even a lifetime in severe cases. Severe dry eye problems may need to be managed by an ophthalmologist.

Treating Dry Eye

Environment: anything that increases the rate of evaporation of the tears can contribute to dry eyes, for example car heaters blowing hot air into the face or air conditioning in offices, shops or on aircraft. In winter if the heating in the home gets too warm this can dry the eyes too. If you have dry eyes, try to minimise these effects where possible.

Hot Lid Compresses: Heat helps to unplug any blocked Meibomian glands in the lids and allows the oily secretions to flow more readily. These oily secretions form the surface layer of the tears and help to prevent the tears evaporating away too quickly. In people who suffer from dry eyes, this oily layer is often of poor quality and a very warm/hot compresses can help to rectify this.

The traditional method is to press on the eyelids gently with a folded flannel (facecloth) soaked in very warm water for 2-5 minutes. If the flannel cools, keep re-warming it in the very warm water. This should be done twice a day for the first week or two and then daily to maintain the effect.



Warm lid Compress



Massage the lid

Massage the Lids: Massage the eyelids immediately after applying the warmth as this helps to push out the oily fluid from the tiny meibomian glands. To massage the eyelids: ...

- Use your index or middle finger and sweep the pad (fingertip) of that finger from the inner corner of the eye along the eyelid to the outer corner of the eye.
- Start with the upper lid. Put the finger pad in the corner of the eye next to the nose, just resting on the eyelid above the lashes. Then sweep the finger gently but firmly along the eyelid to the outer end.
- Repeat this with the lower lid, placing the pad of the finger just below the lashes in the corner of the eye and sweeping outwards towards the temple.
- Repeat this sweeping massage action 5 to 10 times over about 30 seconds immediately following the warming.
- Massaging should neither be too gentle nor too firm. It should be relatively comfortable and you should not press hard enough to actually hurt your eyeball under the closed lids. Always massage with the eyes shut.



A popular alternative is to use a specially designed microwavable heat bag which you place over your eyes for about five minutes. The EyeBag® which we supply at Mackereths, is one such product— produced by local ophthalmologist Tefi James, who specializes in dry eye problems. The heat bags are warmed in a microwave. Their advantage over a hot flannel is that the heat is retained for many minutes and so it keeps constant warmth over the eyes. You can simply lie down and relax for five minutes with the bag placed over your eyes.

Artificial Tears: Mild to moderate cases of dry eye syndrome poor tear production can usually be treated using lubricants that consist of a range of drops, gels and ointments. These lubricants are often called ‘artificial tears’ because they replace the missing water in the tear film.

Most lubricants are available without a prescription over the counter from a pharmacy and Mackereth supply commonly used lubricants such as Hypromellose Eye Drops and Viscotears Gel. There are many different types of eye drops and gels, and it is often worth trying a number of different ones to find one that suits you. Your optometrist/doctor/pharmacist can advise you on artificial tears.

Some eye drops contain preservatives to prevent harmful bacteria from growing inside the medicine bottle. If your symptoms mean you need to use these eye drops regularly more than six times a day, it may be better to use preservative-free eye drops. If you wear soft contact lenses, you may also need to use a lubricant that is preservative-free, as preservatives attach to the contact lens and damage the eye. These preservative-free types eye drops may be more expensive.

If you have any difficulty putting in your drops, please discuss this with your optometrist/doctor/pharmacist. Eye drops that replenish the oily part of the tear film and reduce evaporation from the surface of the eye are also increasingly used. These preparations include synthetic guar gums or liposomal sprays. Liposomal sprays are over-the-counter medications and do not require a prescription. They are sprayed onto the edges of your eyelids when your eyes are closed. When you open your eyes, the solution spreads across the surface of the eye, creating a new oily film.

Eye ointments such as Lacrilube can also be used to help lubricate your eyes and help keep them moist overnight, because your tears can evaporate while you sleep if your eyes are not fully closed. These ointments tend to be used overnight only, because they can cause blurred vision.

Surgery: If your dry eyes are severe and fail to respond to other forms of treatment, surgery may be an option. Two types of surgery are sometimes used to treat dry eye syndrome are described below.

Punctal occlusion involves using small plugs called punctal plugs to seal your tear ducts. This means your tears will not drain into the tear ducts and your eyes should remain moist. Temporary plugs made of silicone are normally used first to determine whether the operation has a positive effect. If it does, more permanent plugs can replace the silicone ones. In more severe cases, the tear ducts are cauterised (sealed using heat). This permanently seals the drainage hole to increase the amount of tears on the surface.

Salivary gland autotransplantation is an uncommon procedure that is usually only recommended after all other treatment options have been tried. This procedure involves removing some of the glands that produce saliva from your lower lip and placing them under the skin around your eyes. The saliva produced by the glands acts as a substitute for tears.

Diet: There is some evidence to suggest that a diet high in omega-3 fats can help improve dry eye syndrome. The best sources of omega-3s are oily fish, such as: mackerel ;salmon ;sardines ;herring ;fresh or frozen tuna (not canned, as the canning process sometimes removes the beneficial oils). Aim to eat at least two portions of fish a week, one of which should be oily fish. Food supplements are available for those who feel they cannot achieve a good intake of omega 3 in their natural diet. You can also get omega-3s from various nuts and seeds, vegetable oils, soya and soya products, and green leafy vegetables.

Mackereth
Opticians

Address: 6 Regent Street., Halifax, HX1 2SE

Telephone: 01422 352883

Website: www.mackerethopticians.co.uk