

Blepharitis

Information and advice for patients

Orthoptics

What is the condition?

Blepharitis, pronounced ble-fer-eye-tis, is the chronic inflammation of the oil glands which are along the edge of the eyelids. This inflammation can lead to a build up of debris on the eyelids and in the eyelashes, and sometimes white flakes are visible along the eyelash line.

What causes it?

The exact cause of blepharitis is unknown.

What are the symptoms?

Patients usually present with intensely itchy or burning eyes. In children, parents may notice that the child is rubbing their eyes a lot or blinking excessively. Commonly patients complain of crusting of their eyelashes particularly noticeable on waking up in the mornings. Other symptoms may include sore eyes, watery eyes or excessive tears. In some cases you can see white 'flakes' trapped in the eyelashes.

Patients with blepharitis may also suffer from chalazions, or small lumps on their eyelids. Please see separate leaflets entitled 'Chalazion'.

In more severe cases patients can suffer from Blepharo Kerato Conjunctivitis (BKC) which is when the cornea (the window at the front of the eye) is involved.

How is it diagnosed?

Blepharitis is diagnosed based on the results of the clinical examination. This is painfree and involves the healthcare practitioner examining the patient with a light. Eyedrops may be used for part of the examination.

How is it treated?

Blepharitis is a chronic condition which means that once it develops it can cause repeated episodes. Therefore long term treatment may be required to control the symptoms. It is important that there is good compliance with treatment to try and prevent more serious corneal involvement developing. However children often 'outgrow' blepharitis by their teenage years. Mild blepharitis can be monitored at home or by your GP.

Macrolide antibiotics such as erythromycin and doxycycline are the mainstay of treatment in children particularly in more severe cases of blepharitis or where there are associated recurrent chalazions (eyelid lumps). A low dose of oral antibiotics (syrup or tablets) may be considered for a minimum of six weeks to try and address the underlying cause. If prescribed antibiotics it is important that the full course is completed even if the symptoms resolve partway through the treatment. This is to try and prevent future flare ups. Antibiotics are not required in all cases and therefore your doctor or healthcare professional will advise you on this.

Occasionally steroid eye drops are prescribed for short term use if there is an acute flare up or there is corneal involvement. Your doctor or healthcare professional will once again advise you if steroids are indicated.

Are there any alternatives to this treatment?

There's some evidence to suggest a diet high in omega-3 fats can help improve blepharitis. 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. You can also get omega-3s from various nuts and seeds, vegetable oils, soya and soya products, and green leafy vegetables. Omega 7 or sea buckthorn oil has also been found to be helpful.

Lid hygiene has been traditionally recommended but there is little evidence that lid hygiene in children treats the condition effectively.

Wash your hands thoroughly before and after cleaning your eyelids.

Close your eyes and place a warm flannel over your eyelids for three to five minutes to soften the eyelid crusts. Take care that the flannel is not too hot that it will burn or scald the skin.

Dip a cotton bud into some cooled boiled water and then use the tip to gently scrub along the eye lash line. Be careful not to touch the eye itself.

Repeat using a clean cotton bud for the second eye.

If left untreated corneal ulcers and scars may develop which can damage the child's eyesight.

Symptoms to report

If your child suffers a flare up of blepharitis, they may complain of itching or burning eyes or they may be seen to be rubbing their eyes or excessively blinking. Some children may also suffer from red eyes. If any of these are noticed or your child has discharge from the eyes, crusting of the eyelashes when they wake in the morning or painful eyes, you should contact us for a sooner appointment on 0121 507 6829.

Contact details

Opening Times:

Monday - Friday 8:30am - 4:30pm

Birmingham and Midland Eye Centre Orthoptic Department – for appointments 0121 507 6829

BMEC Eye Casualty – 0121 507 6780

City Health Campus – 0121 507 6856

Further information

Please see www.nhs.uk/conditions/blepharitis.

(Website accessed 25 April 2025)

For more information about our hospitals and services please see our website

www.swbh.nhs.uk, follow us on X @SWBHnhs and like us on Facebook

www.facebook.com/SWBHnhs.

Sources

NHS Website (2025). Blepharitis.[Online]. Available at:

<https://www.nhs.uk/conditions/blepharitis/> [Accessed 31 March 2025]

If you would like to suggest any amendments or improvements to this leaflet please contact SWB Library Services on ext 3587 or email swbh.library@nhs.net.



A Teaching Trust of The University of Birmingham

Incorporating the Midland Metropolitan University Hospital, City Health Campus, Sandwell Health Campus and Rowley Regis Hospital.

© Sandwell and West Birmingham NHS Trust

M5854

Issue Date: June 2025

Review Date: June 2028