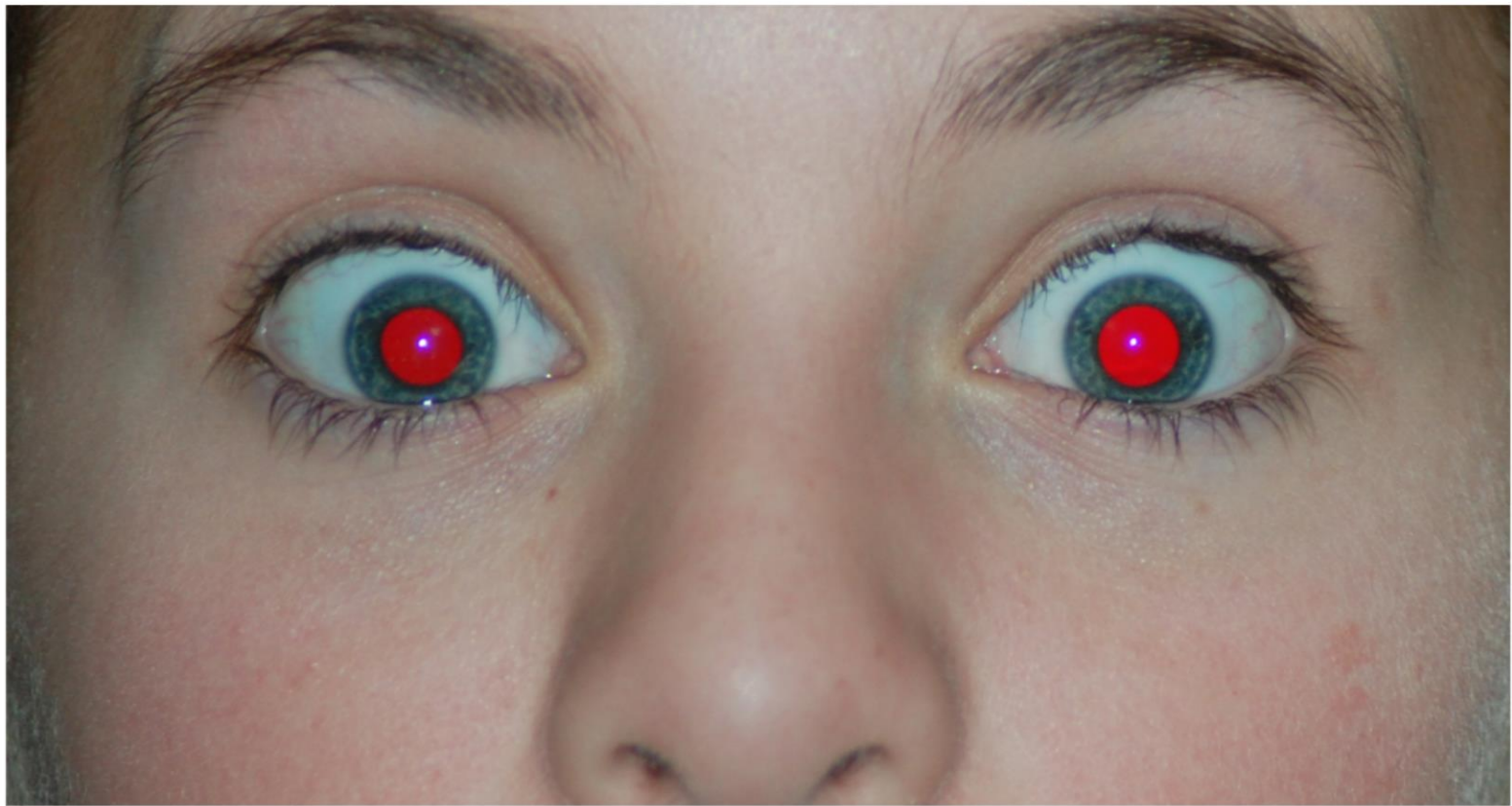


Red Eye

Rebecca Stack



Southern Eye Specialists
Expert care for all eye conditions



Road Map



- Measuring a VA
- Common causes of red eye
- Management tips
- Warning signs
- No red eye and looking for reflexes

Visual Acuity



- Correct distance from chart
 - Usually 4m or 6m
- Monocular test
- Wear distance glasses
- Pinhole helps eliminate refractive error

6/60

A

6/36

R E

Y O U

P A Y I

6/12

N G A T T

E N T I O N

T O T H I S ?

Sore red eyes



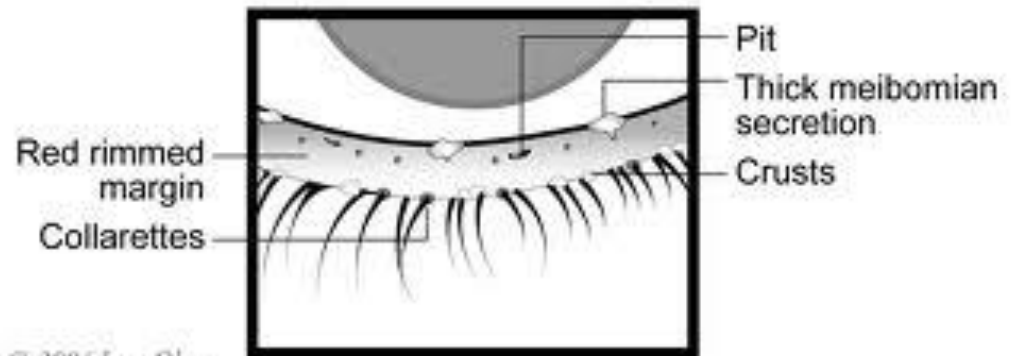
Blepharitis



- Red rims or conjunctiva
- Scratchy, watery
- Sensitive to light
- Min discharge, slight itch
- Chronic condition
- No cure
- Relapses common



Blepharitis and Meibomionitis



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Treatment



- Hot compresses, wet vrs dry
- Massage, manual expression
- Cleaning
 - baby shampoo, baking soda,
 - systane lid wipes, sterilid,
 - gentle daily -no more!
- Tears prn
 - Lipid layer in Systane Balance
- Omega 3



Lubricants



- **Subsidised tears**

- Vistil and forte
- Polytears
- Methopt
- Vita-pos ointment
 - ✦ 6 month shelf life



- **Preservative free lubricants subsidised**

- Secretory dry eye confirmed on slit lamp
- And proven allergy or >4 times/day
- Systane unit dose, polygel and hyalo-fresh



What now?



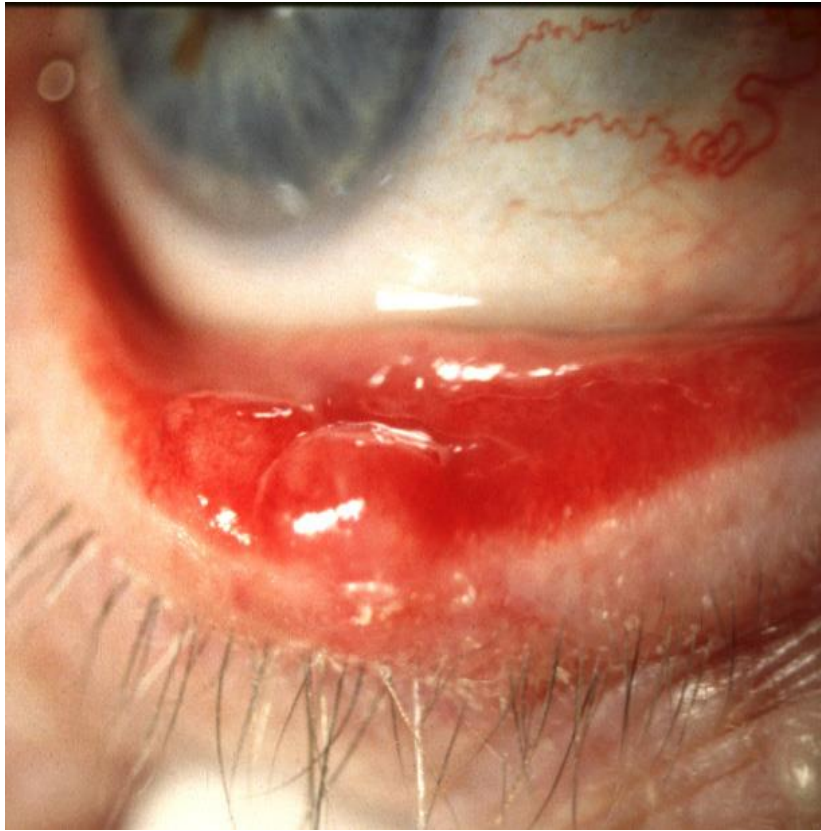
Treatment

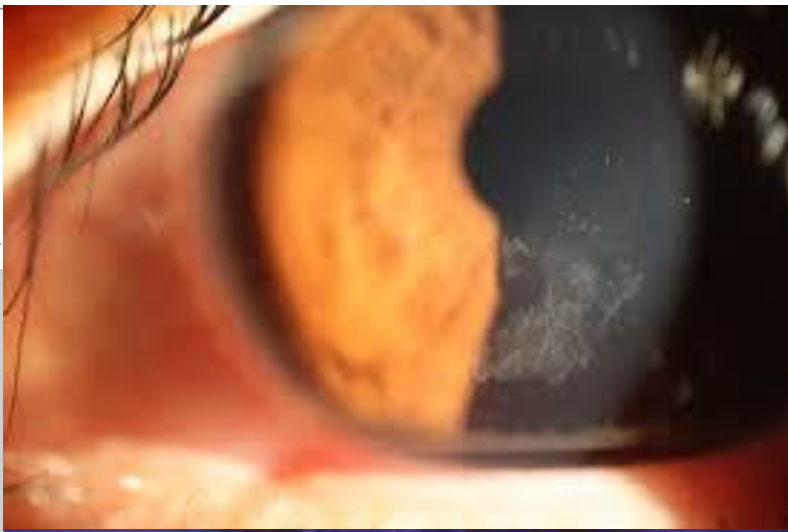


- **Eyelid hygiene**
 - Avoid make-up, meticulous cleaning
 - No contact lenses
- **Topical treatment**
 - Anti staph –Fucithalamic
 - To lid margin
 - Intermittent flare-ups Maxitrol
- **Antibiotics**
 - Doxycycline 50-100mg od 1/12
- **Novel treatments, IPL**
- **Incision and drainage**



Non-resolving blepharitis





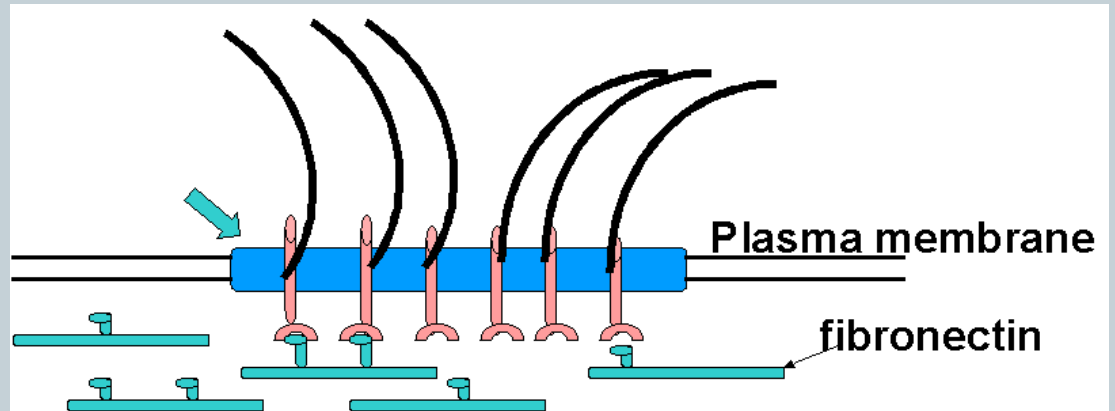
“ Still not right doc ”

- Painful, gritty when I wake up
- Hard to open eyes
- Sensitive to light
- Agony some mornings
- Better as day goes on
- Dry and watery

Recurrent Corneal Erosions



- Common with blepharitis
- Classic after minor trauma
 - Fingernail
 - Branch
 - Many months later
- Management
 - Lubrication ++
 - Ointment
 - Nightly 6/52



Conjunctivitis



- Viral
- Often worse for 4-10 days
- Takes up to 4 weeks to resolve fully
- May be unilateral
- Watery rather than purulent discharge
- Highly contagious
- Visual blurring common
 - ✦ Refer if VA with ph reduced
- Symptom relief
 - ✦ Cool compresses
 - ✦ Lubricant



Conjunctivitis

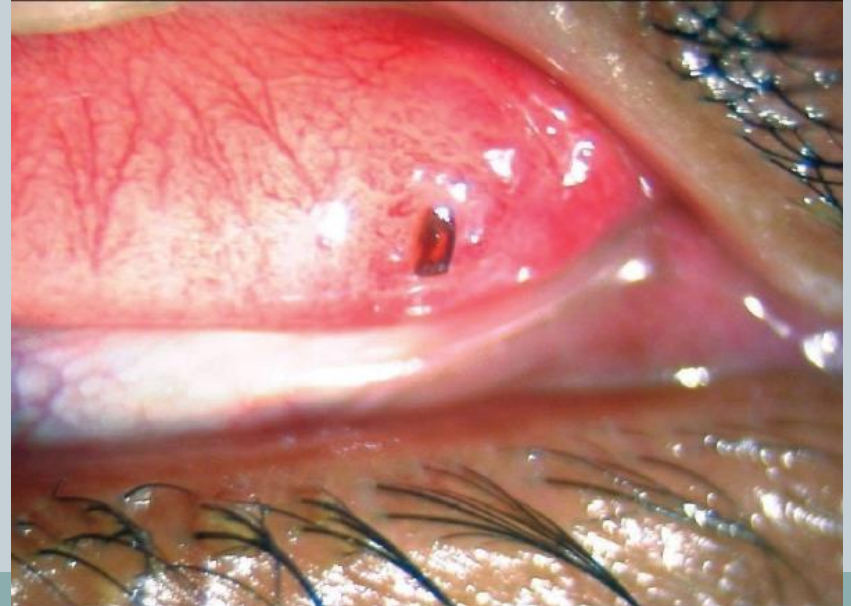
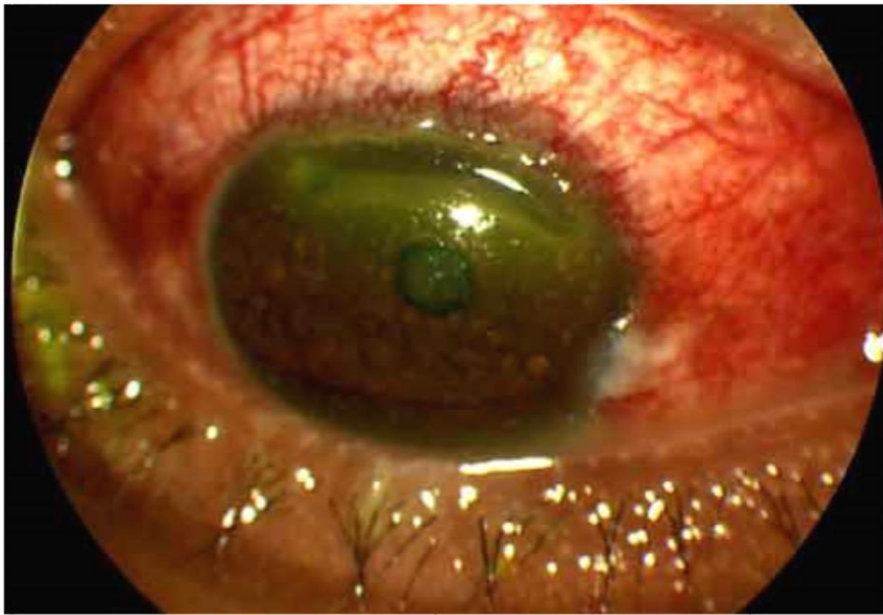


- Chlamydia
- Often unilateral
- Copious watery, mucousy discharge
- Swab with care
- Azithromycin 1g PO
- Treat sexual partners also

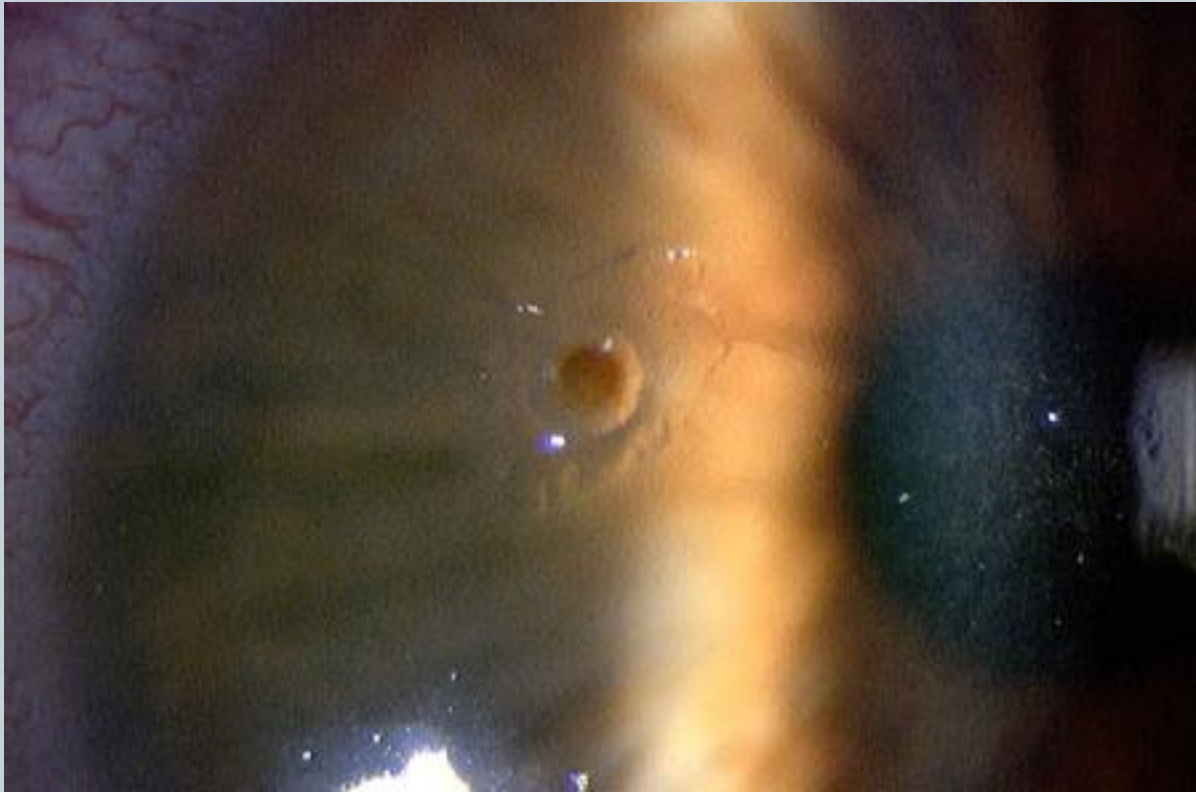


Superior epithelial defect

- 5 days antibiotics
- Swabs negative



Rust rings



Managing abrasions



- Numb the eye to examine
 - Benoxinate, amethocaine, tetracaine
- Use fluroscein
- No need to patch
 - May help pain
- Dilating drops can help iris spasm and pain
 - Cyclopentolate 1% in office
- PO analgesia necessary
- Chlorsig ointment to prevent infection and ease discomfort tds for 3-7 days

Allergy



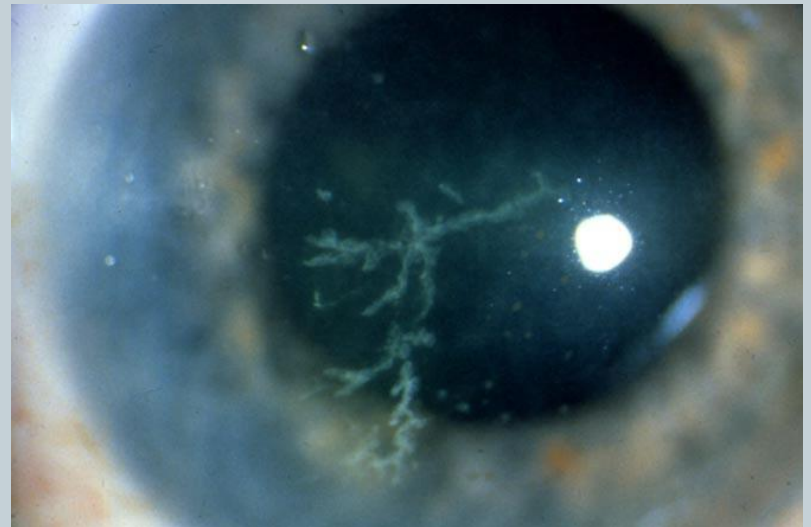
- “Hayfever” conjunctivitis
 - Seasonal grass
 - Perennial dust mites
- Atopic disease
 - May be seasonal
 - Often children
 - Increased rates Asian, PI
- Contact allergy
 - Drops, make-up
- Oral antihistamines minimally effective
- Olapatadine (Patanol)
 - Especially seasonal allergic



HSV



- Dendrites take 10-14 days to heal
- Recurrences common
- Consider in slow healing abrasion
- **Always consider risk before starting topical steroid**
- Oc Acyclovir 5 times/day
- PO Acyclovir bd preventative



Episcleritis/Pingueculitis



- **Symptoms**

- Unilateral redness and pain
- Pain on eye movement

- **Signs**

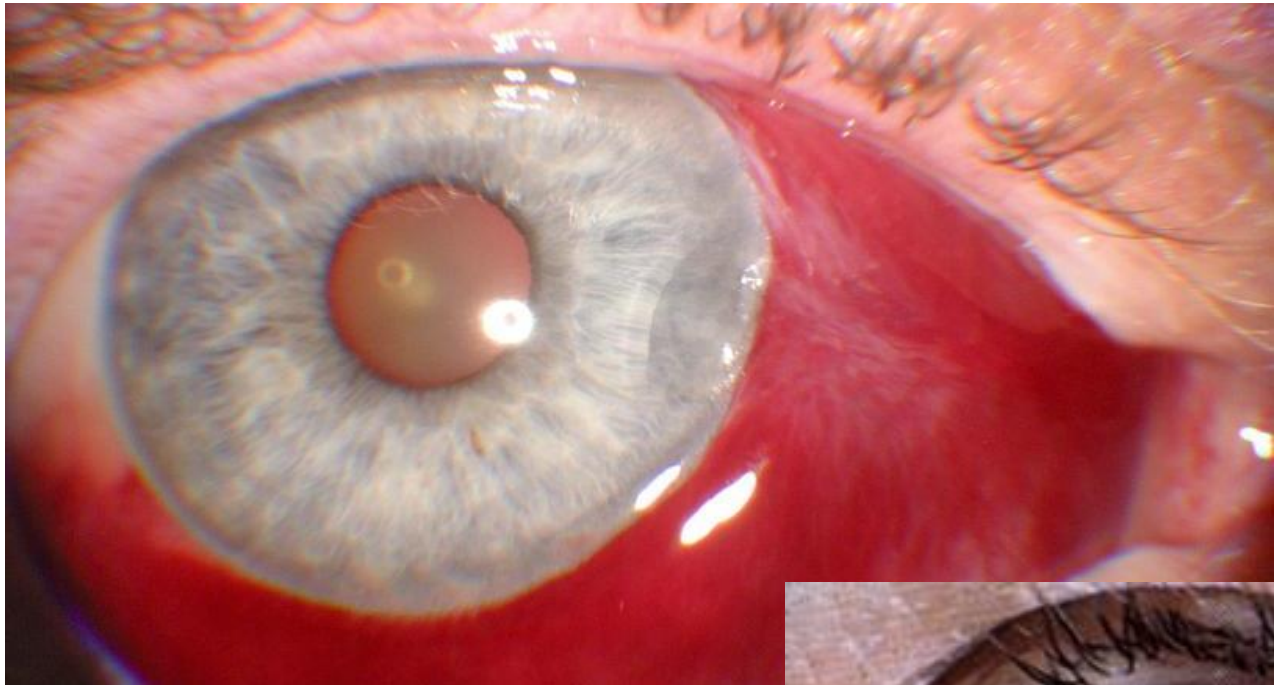
- Evidence of pingueculum
- Sectoral engorgement of vessels
- Tenderness over area of injection

- **Treatment**

- NSAIDS PO and topical
- Topical lubricants

- **Sun protection**

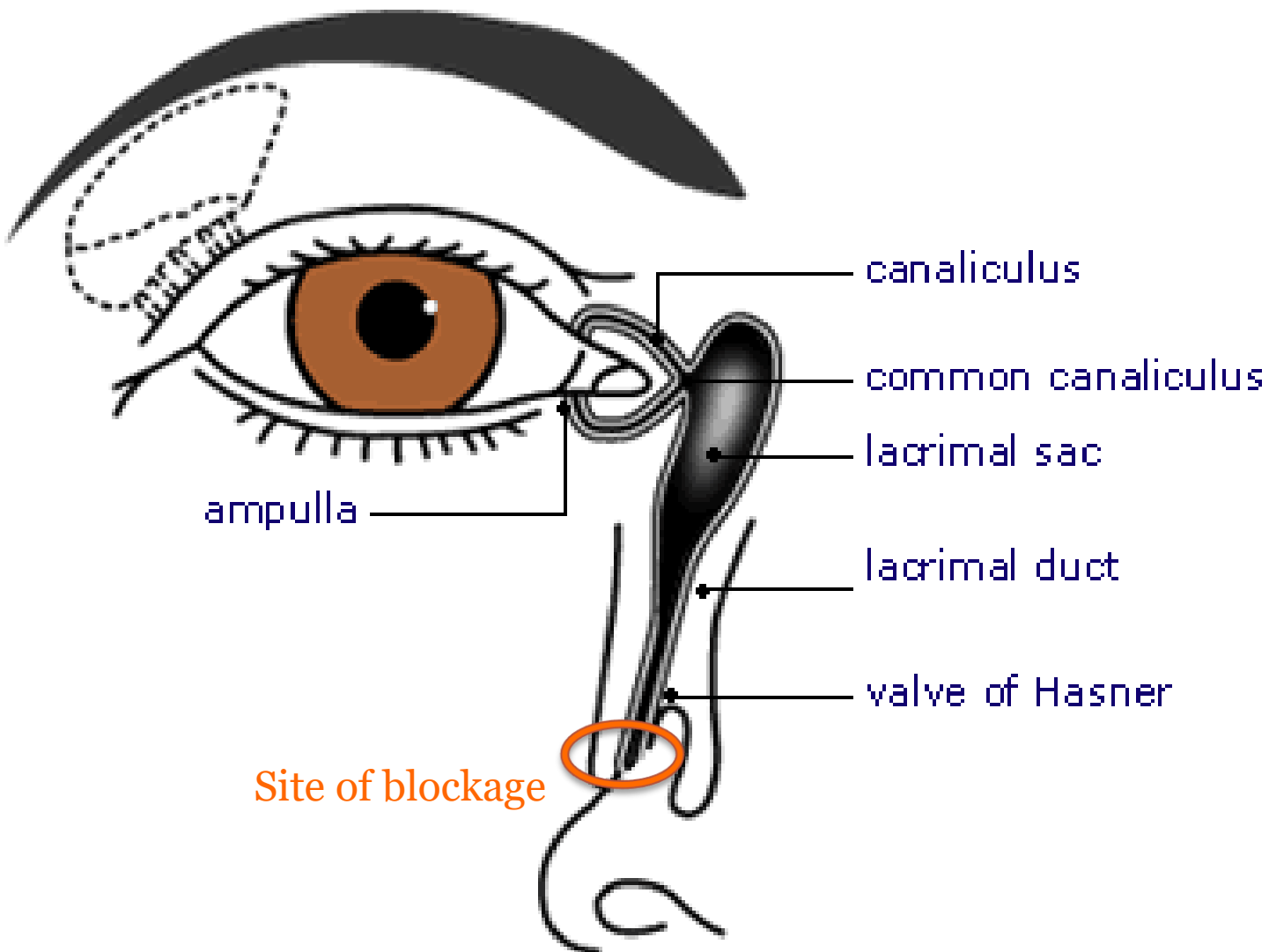






Red eyes in children





NLDO



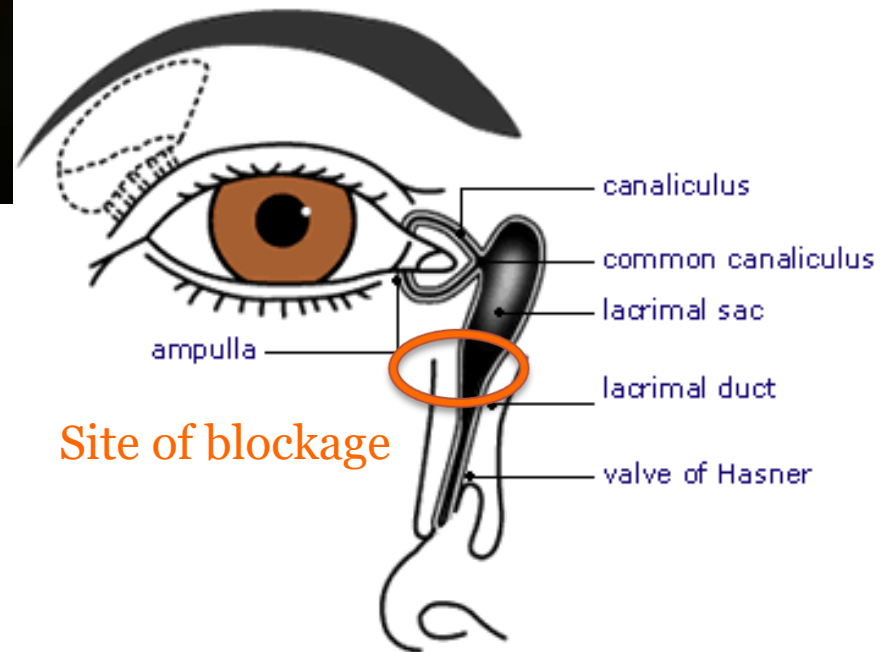
- Present 3-6% of newborns (oc bilateral)
- Membranous obstruction NLD
- 90% resolve spontaneously 1st year of life
- What to do
 - Cleaning with warm water
 - Massage over lacrimal sac
- Antibiotics intermittently for true infections
- Probing if symptoms persist after 12/12

Children and red eyes



- Pre-septal cellulitis
- PO antibiotic
 - Flucloxacillin
 - Augmentin
 - Cefaclor
- Refer
 - Febrile
 - Reduced VA
 - Diplopia
 - Can't examine eye
- Be concerned if no focus





Dacryocystitis

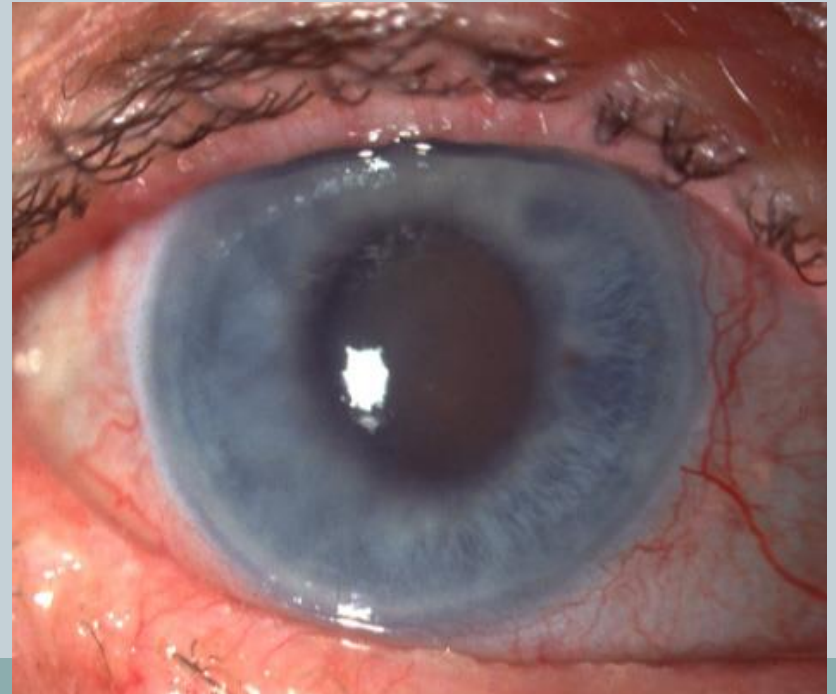


- Abscess of lacrimal sac
- Need to treat with PO antibiotics
 - Augmentin or Flucloxacillin
 - Cefaclor
 - Erythromycin
- Monitor for systemic deterioration
- Drainage or IV abs
- May need DCR if chronic epiphora or recurrent infections

When to worry



- Vision reduced and doesn't correct with pinhole
- Pupil not symmetrical and poorly reactive to light
- Severe pain that doesn't settle with topical anaesthetic
- Headache and eye pain
- History of trauma
 - Blunt, hyphaema



No red eye



Direct Ophthalmoscope



- **Corneal light reflex**
 - Provides fixation point
 - Best means of detecting strabismus up to 1 yr old
 - Accurate – especially in photos from patient
 - ‘Muscle light’ – use as you test motility
- **Red reflex**
 - Corneal edema, large refractive errors, any lens opacity, intra-ocular tumour
 - Check in all children and include in referral



Take home messages



- Test Pinhole vision
- Blepharitis
 - needs long term treatment
 - Treat the eyelid margin
- Subsidy for preservative free drops
- Swab conjunctivitis for chlamydia
- Pre-septal cellulitis and dacryocystitis need PO antibiotics
- ACC referrals
 - no part-charge private
 - acute appointments available
- Warning signs with red eye
 - Check pupils
 - Pain after LA
- Red reflexes
 - Test all children
 - Corneal reflexes good for squints



Christchurch
eye surgery

Your vision is our focus

