

Severe Dry Eye Clinic

Department of Ophthalmology

Information for Patients

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Introduction

Dry eye can be painful and affect your day to day activities. We understand the impact this can have on your life. The aim of this clinic is to give you:

- support and advice in managing the condition.
- more time to discuss any issues you are having.

The clinic is run by the corneal specialist nurses who will carry out a full eye examination and can start you on a suitable treatment. They will do some tests at your appointments to see how well your treatment for dry eye is working.

The nurses work with the corneal consultants who take care of dry eye conditions. The nurse will examine you in clinic if needed they will book an appointment to see the doctor.

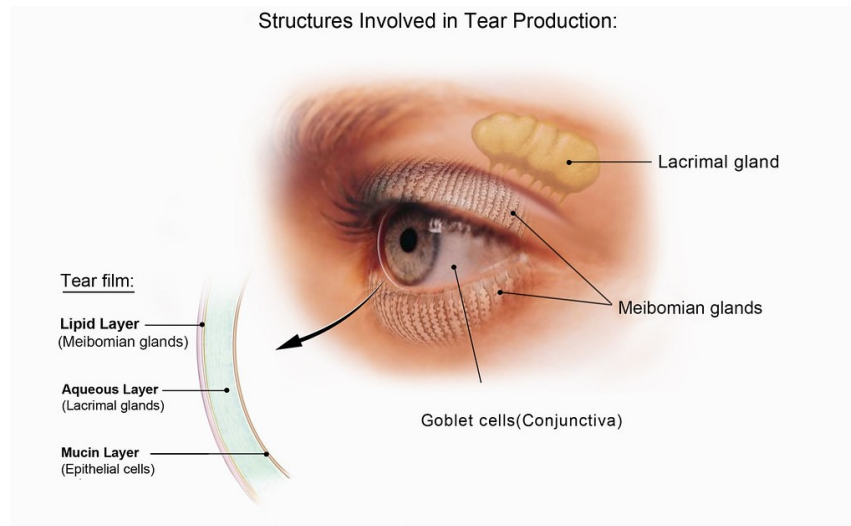
Your GP should supply the medicines you need. If treatment changes, we will give you a prescription and tell your GP. You will be sent a copy of the letter we send to your GP.

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

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What is dry eye?

Dry eye can be caused by poor quality tears, eye surface problems, nerve endings working differently, and conditions that cause redness and swelling (inflammation).



Reasons for having poor tears are as follows:

- The eyelid has glands that produce oil which covers the tear film. When the oil is not released the tear film evaporates. The oily layer is the top layer which is released from the eyelids.
- The aqueous layer is produced from the tear ducts. This layer is the middle, thickest layer.
- The mucous layer comes from goblet cells on the surface of the eye. This is the thinnest layer. Glands on the surface of the eye can stop producing mucous.
- The tear film covering the eye is made up of a balance of ingredients. If this normal balance is upset, this will affect the eye surface.
- People over 60 years old are more likely to have dry eye.
- Inflammatory conditions can affect how the eye makes tears, and also effect the eye surface.

Inflammatory conditions can contribute to dry eyes. These include conditions such as rheumatoid arthritis, lupus and Sjögren's syndrome. You may need to have these conditions managed along with your dry eyes. You may already have been diagnosed with these conditions and have medication from another clinic to deal with symptoms. The condition will need constant treatment to control symptoms.

What is the treatment for dry eyes?

The main treatment for dry eye is replacement tears, which need to be used at regular intervals. This replaces the tear film. There are many different dry eye drops available.

Medication

There are different types of tear supplements to replace the tear film. The aim is to manage the condition:

- Drops
- Gel
- Ointments

They range from watery and so easily tolerated but short-lasting, to thick and oily, which last a long time but may make the eyes feel 'sticky' and blur your vision. There are many types. You may need to try a few in different ways to see which suits you. We will advise you depending on the cause of your dry eye.

Punctal plugs

Punctal plugs can be used to stop the tears draining out of your eye. These can be replaced at intervals, as they can fall out and need replacing.

Tears normally drain out of the eye via tiny tubes (punctum). The punctum are on the lid margin, which is the flat area of the lid behind the lashes.

Punctal plugs sit in the tear ducts and help stop the tears from draining away. This can help by keeping tears on the surface of the eye for longer. The procedure is quick and painless.

If this is successful we may look at a more permanent procedure.

Managing eyelid conditions

Treating eyelid conditions which cause dry eye can help with symptoms.

Treatment involves using heat, massage and cleaning of the eyelid (we have a separate leaflet which explains how to do this).

Contact lenses

Some people can benefit from wearing contact lenses. They can help with the discomfort from dry eyes. They are used for a very small group of patients with underlying eye conditions. They need to be changed every month.

What tests do you do in the clinic?

- **Osmolarity test:** a probe is used to touch the white part of your eye to measure how concentrated the tears are.
- **Schirmers test:** we numb your eye for this test by putting a local anaesthetic eye drop in your eye. We then place some paper between the lower eyelid and the eye. This paper measures how many tears are produced. It takes 5 minutes and you need to keep your eyes closed.
- **Ocular Surface Disease Index (OSDI) questionnaire:** your answers to 12 questions help give us an idea of how dry eye is affecting you.
- **Tear meniscus test:** measures the depth of tears in your eye.
- **Tear break up time (TBUT) test:** measures how quickly tears break up.
- **Oxford score test:** looks at how dry the surface of the eye is.

Together these tests can help diagnose and manage your dry eye condition. They can also help us to decide if certain treatment is improving your symptoms.

Your follow-up appointments

If you are a new referral, the corneal specialist nurse will carry out the examination and can start you on a suitable treatment. You may need to see a doctor, depending on your eyes.

Dry eye is a long-term (chronic) condition where you will have good and bad days. There is no cure for this condition. It is important to follow the plan agreed with the nurse so we can check if the treatment is working. This helps us know if we need to try different treatments with you.

On your first visit to the nurse led dry eye clinic, we will make your pupil bigger (dilated) to look at the back of your eye (retina). You cannot drive on this day. At future appointments we will only dilate pupils if you have problems with your vision. You can drive for future appointments.

Any treatment will take time to work. We may see you every 3 months until we have the right treatment, then we could see you every 6 months.

We also do telephone follow-ups, where we will call you to discuss how things are.

If we feel your dry eye symptoms are well managed we can then discharge you back to your GP. If you have any future issues your GP can refer you back to this service.



Do I need to go to the Emergency Department (Eye Casualty)?

In most cases no, we can speak to you over the phone to help you

Points to think about before you contact Eye Casualty

Has the white part of the eye (conjunctiva) been red for more than 2 days?

Have you been taking your eye drops as advised?

If you are not following the advice given, you need to restart and continue for 3 months. If you need any advice please ring the nurse on the following number.

A flare up of dry eye is not an emergency.

If the eye is red, vision has dropped, and eyes are very sensitive to light (photophobic) you should go to Eye Casualty.

Contact details

If you have any questions, or you need treatment advise please contact us:

Corneal Specialist Nurse: 07970 940 125

Monday to Friday, 9am to 5pm

Corneal Team Secretary: 0116 258 5913

Eye Casualty Department: 0116 258 6273

Monday to Friday- 8.30am to 4.30pm

Saturday, Sunday and Bank Holidays - 8.30am to 12.30pm

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