

Managing your dry eye after discharge from Eye Casualty (advice for patients and GPs)

Department of Ophthalmology

Information for Patients

Last reviewed: January 2024

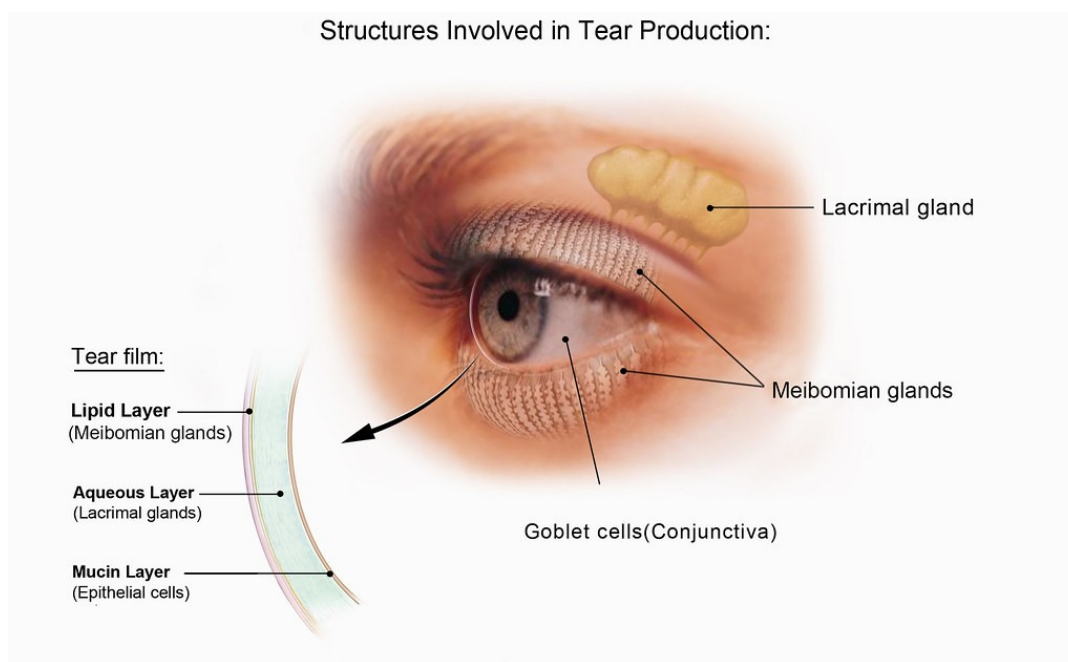
Updated: May 2024

Next review: January 2027

Leaflet number: 1096 Version: 1.1

What is dry eye?

Dry eye causes stinging, burning and light sensitivity. It can affect anyone. It can be mild, moderate, or severe.



This leaflet tells you how to manage dry eye and when you should go to eye casualty.

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

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

Manging dry eye symptoms

The treatment for dry eye is to apply lubricants at least 4 times a day and ointment at night. For most people with dry eye this will be enough to manage their symptoms.

Please see the table on p3, which shows how you should manage your dry eye.

If you have been doing the above for 3 months and symptoms have not improved you need to speak to your GP or optician. They will look at your eyes and decide if you need to come into hospital. Unless you have continuous red eye, drop in vision or light sensitivity you do not need an emergency appointment.

Things you can do to treat and prevent a flare up of dry eye

Do not:

- Stop treatment
- Reduce the above regime for your dry eye disease

Do:

- If symptoms worsen, increase treatment as advised
- Continue the regime that works, it is normal to have occasional flare ups with dry eye
- Weather, environment and underlying health will affect it
- Prevent issues by increasing treatment early

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 is the middle layer and is the thickest.

- 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 affect the eye surface.

Eye condition	Type of lubricant	Frequency
Mild dry eye, with no underlying health conditions	Lubricants bought over the counter	Up to 4 times a day
Moderate dry eye	Lubricants bought over the counter You may be prescribed lubricants depending on frequency or oil replacement drops	4 times a day but can be used up to 8 times a day Ointment placed in eye before sleeping
Severe dry eye with or without underlying condition	Prescribed lubricants, and can include oil replacements and gel	Can be needed every hour. Multiple type of treatments Ointment placed in eye before sleeping

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 are the signs and symptoms of dry eye?

- Burning and stinging
- Blurring vision
- Gritty feeling in the eye

You may not have all of these symptoms at the same time and how bad the symptoms are can change constantly.

What is the treatment for dry eye?

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 which are 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 and it may be a case of trying a few in different combinations, to see which suits you. You will be advised according to 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.

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 feel a benefit from wearing contact lenses, as it can help with the discomfort from dry eyes. They are used for a very small group of patients with underlying eye conditions. There is an increased risk of infection by using contact lenses. They need to be changed every month.



Dry eye is a long-term (chronic) condition where you will have good and bad days. There is no cure for this condition. Dry eye can normally be managed by your optician, only severe cases will be managed in the hospital.

It is normal to have red eyes for 2 to 3 days when your dry eye flares up. By increasing the tear drops (sometimes up to 1 hourly) for a few days, this will stop the dryness and you can return to your normal drop routine once the eyes have settled

Contact details

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

Eye Casualty Department: 0116 258 6273

Monday to Friday - 8.30am to 4.30pm

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

Unless you have a drop in vision, sensitivity to light, or red eyes for longer than 3 days this is not an emergency. You need to speak to your optician, or GP. They can refer you to the team who manages this condition.

Most symptoms are managed following the advice in this leaflet, if this treatment does not work, then we need to see you in hospital.

Or your optician can advise you about dry eye conditions.

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل
જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।
Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email equality@uhl-tr.nhs.uk