

Eye Problems

Most people take their eyes and eyesight for granted—that is, until they encounter eye problems. Whether it is an eye infection, accidental injury, allergic reaction, or a small blood vessel breaking, it is important for all of us understand what is happening to our eyes, and if necessary, get prompt and proper treatment.

Anatomy of the Eye

Conjunctiva: the membrane that covers the white part of the eyeball and the inner part of the eyelid.

Cornea: the clear membrane covering the front part of the eye over the pupil.

Iris: the colored part of the eye which controls the size of the pupil in response to light

Common Eye Problems

Infectious Conjunctivitis (also known as pinkeye) occurs when the conjunctiva becomes infected by a bacteria or virus. Redness and a discharge are usually present. The discharge may be watery or thick with lashes sticking together in the morning. There should be no significant change in vision or severe discomfort.

Viruses cause most cases of conjunctivitis. It can be difficult to distinguish viral from bacterial infections. Conjunctivitis, whether viral or bacterial, almost always clears up within seven to ten days without eyedrops. **Viral conjunctivitis is highly contagious.** It may spread easily from one eye to the other and throughout a family or classroom within a few days. Antibacterial eyedrops will not decrease the spread of a viral infection.

Allergic Conjunctivitis produces itchy, watery, red eyes associated with other allergy symptoms. It is usually in both eyes. Cool compresses are used to decrease itching and antihistamine eye drops may be prescribed.

Iritis usually involves pain like a deep ache, redness, and sensitivity to light in one eye. There is no discharge and the pupil is often smaller in the affected eye. Iritis may occur as a complication of infection, trauma, contact lens wear, or for unknown reasons. Patients with iritis are often instructed to wear dark glasses, take oral pain medications, and use eye drops that relax the eye muscles. You may need to see an ophthalmologist to follow this condition until it resolves.

Corneal injury (also known as keratitis) may occur with trauma, contact lens wear, infection, or excessive exposure to ultraviolet light (sunlight, tanning bed, or welding arc). The corneal nerve endings are quite sensitive; therefore, injury will present with moderate to severe pain. Vision may be affected and the eye is usually very sensitive to light. Increased tearing is often present. An orange stain (fluorescein) is often used to visualize the extent of the injury. Eye drops that numb the surface of the eye may be needed to thoroughly examine the eye; however, repeated use of these drops slows healing and may allow further corneal injury. Muscle spasm of the iris is thought to play a role in the pain associated with corneal injury. If the pain is severe, drops may be prescribed by an ophthalmologist that relax the muscles of the iris (make the pupil larger).

How to Keep Pinkeye (Infectious Conjunctivitis) from Spreading

-  Avoid touching or rubbing the infected eye.
-  Wash your hands frequently.
-  Wash any discharge from your eye using a disposable, dampened towel or tissue.
-  Use your own towel; don't use someone else's towel.
-  Don't use contact lenses until your eye is totally healed.
-  Don't use eye makeup until your eye is totally healed, since the makeup may spread the infection to the other eye.

General Recommendations from Your Clinician

-  Rest your eyes as much as possible.
-  Wear sunglasses if sensitivity to light.
-  Use artificial tears or moisturizing drops.
-  Avoid use of contact lenses.
-  To use eyedrops: gently pinch your lower eyelid to form a small pocket. Try not to touch your eye with the dropper tip or your finger.
-  For itching and/or swelling, apply cool compresses.
-  If infectious pinkeye, consider waiting for 3-5 days before use of antibacterial eyedrops.
-  If allergic, consider over the counter Ketotifen 0.025% (brand names: Alaway/Zaditor) following the directions on the package.

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Hordeolum (also known as a sty) is an infection of the eyelid localized to one of the glands that lubricate the eye. It is usually caused by the bacteria called staphylococcus. It usually will resolve on its own with warm compressions, other times antibiotics are required. Occasionally the hordeolum must be opened and pus drained out.

Chalazion is a firm, non-tender bump on the eyelid that represents a chronic, sterile inflammation of an oil gland of the eyelid. Treatment includes applying warm, moist compresses 4 times a day. If there is no response after several weeks, an ophthalmologist may incise the lesion or inject it with steroids.

Subconjunctival Hemorrhage is a sudden, painless, bright red staining of the white of the eye when a small blood vessel breaks. It may follow coughing, straining, vomiting or trauma, but is often spontaneous. Vision is not disturbed unless another injury is also present. The eye will clear in several weeks without any specific treatment.

Call the UHS nurse at 863-4463 if any of the following happens:

-  The redness in your eye gets noticeably worse.
-  Your eye becomes more painful.
-  Your vision becomes blurred and isn't helped by glasses or repeated blinking.
-  You become especially sensitive to light.
-  Your eye problem doesn't improve in a few days.

In an emergency go to Mount Nittany Medical Center or call 911 for an ambulance.

Test Results and Advice Nurse

Send secure message to advice nurse via the UHS website or call 814- 863-4463.

Appointments

Appointments can be made online via the UHS website, by phone 814-863-0774, or in person. If you are unable to keep your appointment, please call or go online to cancel. Otherwise you will be charged for the visit.

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