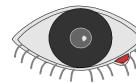
Styes



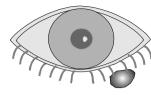
A stye is an infection in the edge of your eyelid. The infection is in a gland at the base of an eyelash, and is usually caused by staphylococcal bacteria. The treatment you need depends on how severe the infection

• very mild infections (a little redness and swelling) can be treated with hot bathing and cleaning of the eyelid. To carry out 'hot bathing', bathe the stye with a compress, such as a flannel or tissue, soaked in hot water. The water should not be hot enough to burn, and the bathing is usually need 4 times a day for about 10 minutes, until the stye starts to go, usually 2 days. (Alternatively use hot spoon bathing: hold a spoon with a flannel wrapped round soaked in hot water beneath your eye so the steam rises.)

is.

- Styes that are more painful with more swelling also need antibiotics, such as chloramphenicol cream x4 a day, or fucithalmic x2 from your general practitioner. Take care not to spread the infection to the other eye.
- Severe styes cause swelling of the entire eyelid may need antibiotic tablets: your general practitioner will need to advise.

Meibomian Cysts (chalazions)



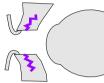


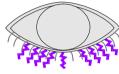
Meibomian cysts (or 'chalazions') have different stages. If your eyelid has a small lump in, and is red, painful, and swollen, treat like a stye as opposite. Meibomian cyst is the name given to a lump in the

eyelid; this lump may consist of debris remaining after an infection blocking the gland. Once the main infection has subsided, they do not grow bigger, and are then not very red or painful. Often, the lump disappears naturally in about 8-16 weeks. If the lump does not disappear naturally, it can be removed by a small operation in the eye clinic. The doctor injects a little local anaesthetic into the eyelid to make it feel numb. The cyst is then scrapped out. Sometimes the shell of the cyst is very thick, and the doctor may be able to scrape out the contents, but the shell cannot be removed. If this happens, a small lump may remain in the eyelid. Very occasionally a second operation may help. The operation may cause bruising of the eyelid. If it does, the bruising may take about a week to go. Usually a tiny cut is made on the inside of the eyelid, so there is no scar. If the lump is just under the skin, the doctor may make a

Recurrent Chalazions: prevention

If you develop chalazions quite frequently, preventative treatment may be helpful. Chalazions may be caused by blockage and infection of the glands in the eyelids. Some





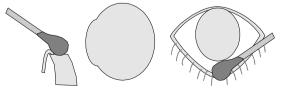
Side view of the eye and eyelids

front view

Glands in the eyelids

people who develop frequent chalazions have dry skin, with secretions blocking the glands. Treatment that unblocks the glands in the eyelid may help stop more chalazions developing.

To prevent the glands blocking, clean the eyelids each day. Soak some cotton wool in warm water. Rub the cotton wool over the closed eyelids for 2-3 minutes, and repeat. Then clean the edge of the *lower* eyelid with a cotton bud to remove scales and debris on



download an upto date version from www.diabeticretinopathy.org.uk/leaflets/cysts.htm (bottom of page): D.Kinshuck, Good Hope Hospital, Birmingham B75 7RR

tiny cut in the skin.

cont.....

.....cont **Recurrent Chalazions:** prevention

edge of the eyelid.

Move the cotton bud along the eyelid, using a mirror, and pulling the lid away from the eyeball with the fingers of the other hand. Rub the edge of the lid gently.

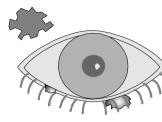
It is preferable to boil the water first to sterilise it, and allow it to cool. It is safe to stop cleaning, but you may need to start again if chalazions start to develop again.

Adding bicarbonate to the water can help. Use a teaspoon of baking soda (sodium bicarbonate) in a pint of boiled water: this solution can be used over a week if refrigerated.

If the cleaning is not helpful preventing the chalazions, antibiotic ointment may help. Your GP will need to prescribe it; try it for 3 months (chloromycetin or fucithalmic).

Sometimes chalazions return once the ointment is stopped, and you may need a repeat prescription from your GP. Some people benefit using the cream intermittently. Finally, if all else fails and you still develop more chalazions, a course of antibiotic tablets may help, such as oxytetracycline 250mg twice daily for three months (from your GP).

Papillomas



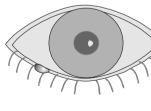


Papillomas can grow to different sizes. They are probably caused by a virus, and are essentially warts on the skin.

They are removed in a 'minor operations' clinic in the eye department. Your skin is anaesthetised with a small injection. The

papilloma is then cauterised. Usually a little scab forms, and heals in a week, leaving a nearly invisible scar. If the papilloma is near the edge of the eyelid, the scar may make the edge a little crooked. They may recur after the operation, which may need to be repeated

Cysts of moll

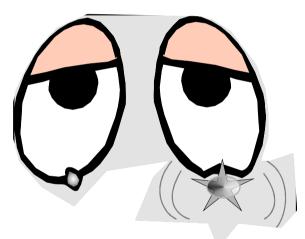




These are tiny cysts with fluid inside. They do not grow. After a local anaesthetic injection, a small nick is made in the cyst. The skin of the cyst is also removed. Usually they do not recur.

Eyelid lumps

- . Styes
- Meibomian Cysts (chalazions)
 Papillomas
- . Cysts of moll



This leaflet explains the

- treatment in early stages
- minor surgery available
- prevention & what to do if