Nursing Notes & Procedures

By

Lakshmi Devi, N.Z.R.N.; R.M.

Ophthalmic Nursing Series (IV)

Blepharitis is inflammation of the edge of the eye lid. Usually it is of a chronic nature and is often associated with the formation of crusts and scales at the base of the lashes. Though the lashes often fall out, they grow again except in the more severe but comparatively rare ulcerative type when the hair follicles may be destroyed.

Cause is associated with chronic conjunctivitis especially of staphyloccal origin, debility and occasionally with uncorrected errors of refraction.

Treatment. 1. Remove crusts and exudate by gentle sponging with 2% sodii bi-carbonate solution.

2. One of the following may be ordered for application to lid:

Penicillin eye ointment (1,000 units), Sodium Sulphacetamide ointment 10%. Yellow Oxide of Mercury ointment 1%.

Tarsal Cyst. An inflammatory swelling of the Meibomiam glands which may form a cyst.

Treatment. Usually surgical treatment when the cyst is incised and the contents curretted.

Stye. A small abscess of the lid margin which forms in the vicinity of an eye lash.

Treatment. Hot bathing by "wooden spoon" method. Drainage may be aided by removing the eye lash.

Ptosis. Ptosis is drooping of the upper lid which may be due to congenital weakness of the muscle which raises the lid, or it may be due to injury or disease of the nerve activating this muscle. It is sometimes hysterical in origin.

Treatment. Various operations have been devised in which other muscles are used to raise the lid. After such operations the lid may be temporarily unable to close completely thus necessitating special precautions to protect the cornea.

Diseases of the Lachrymal Apparatus

Acute Dacrocystitis.

Acute Dacrocystitis is an abcess of the tear duct. It usually points through the skin and has to be incised. When the acute stage passes the infected sac may be excised (Dacrocystectomy).

Chronic Dacrocystitis.

This condition often causes stricture of the tear duct with consequent watering of the eye (epithora). If the infected sac is pressed the pus may regurgitate into the eye.

Treatment. Medical treatment may consist of dilating the lower puncta with a Nettleship dilator and irrigating it with some solution such as penicillin 1%. If this does not clear up the infection and restore patency of the duct, the doctor may decide to excise the tear sac.

Procedure. The eye is cocainised, local anaesthetic injected and a small incision made over the sac which is dissected out and the wound closed with fine silk. A small dressing may be applied but need not cover the eye.