

# My Notes & Procedures

By

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## Ophthalmic Nursing Series (VI)

### Diseases of the Conjunctiva (Contd.)

#### Acute Conjunctivitis.

There are two very serious forms of acute conjunctivitis in which the discharge is purulent rather than mucopurulent.

These are : 1. *Ophthalmia Neonatorum*, which occurs in new-born babies and may, or may not, be due to gonococcal infection.

2. *Gonococcal Conjunctivitis*, which occurs in adults. Both forms are usually caused by infection with gonococcal bacteria though it is important to remember that the infection is not necessarily gonococcal and that the same appearance may be produced by other bacteria.

Whatever the source, the treatment is usually the same and the important thing is that treatment should be started immediately and bacteriological investigation not waited for.

These cases are highly contagious and all precautions must be taken by those treating them to avoid infecting their own eyes, or spreading the infection to others.

The patient should be isolated and the rules pertaining to barrier nursing observed i.e., wearing of gown, thorough washing of hands etc.

The prognosis is today more favourable as a result of the introduction of the sulpha drugs and penicillin.

#### *Ophthalmia Neonatorum.*

In countries like England and New Zealand this disease is notifiable to the Department of Health.

The infection of the baby's eyes usually occur during birth and manifests itself on the second or third day by redness and oedema of the lid and watery discharge which soon gives way to a profuse yellow discharge from both eyes and the conjunctiva is observed to be very red. If this acute conjunctivitis is not cured quickly, the cornea may be attacked by the bacteria with disastrous results. It used to be the main cause of blindness in children but today with the aid of science and the appreciation of prophylactic measures adopted in caring for the eyes of all new-born babies, the position is vastly improved and many baby's eyes saved.

#### Prophylaxis.

(a) *The Mother.* All maternal discharges are investigated during the ante-natal period and cured if possible before confinement.

(b) *The Baby.* Immediately the head is born, the eyelids are carefully wiped with a moist swab. After birth the eyes bathed with normal saline and one drop pencillin, (2,500 units to c.c.) is instilled in both eyes. If silver nitrate is still being used, the strength is 1% and the preparation should be fresh.

#### Treatment of *Ophthalmia Neonatorum.*

(i) The discharge is removed by bathing with warm normal saline. (ii) Atropine 1% one drop is usually ordered to be instilled. (iii) Pencillin drops (5000 units to c.c.) are instilled every ten minutes until there is no discharge; the discharge usually ceases

in about three hours when treatment is reduced to two hourly care for the following two days. Pencillin treatment is often supported by chemotherapy with good results; sulphadiazine being most commonly employed.

Treatment must be concentrated to be effective and it must not be forgotten that the baby's sight is at stake.

#### **Gonococcal Conjunctivitis.**

This condition is treated similarly to that of Ophthalmia Neonatorum. In the case of the adult, one eye only may be affected and the sound eye must be protected by the use of a Buller's shield; the greatly improved treatment available today makes the employment of this shield less necessary than formerly.

#### **Sub-acute or chronic form of Conjunctivitis.**

Different types are met depending on the causative effect involved. A typical case of mild chronic conjunctivitis may have practically no discharge and only complain of grittiness and watering of the eye. Sometimes unsuitable glasses are the cause.

*Treatment.* Irrigations of boracic lotion 2% or normal saline, with disinfectant drops such as argyrol 10% sulphacetimide 10% or penicillin (1000 units in c.c.) is the usual and most effective treatment. Three types of chronic conjunctivitis deserve special mention. These are:

##### **1. Angular Conjunctivitis.**

The lids are found stuck together in the morning and a little discharge collects at the inner corner of the eye. The inner and outer angle of the conjunctiva is affected. It is often epidemic and may run through a school.

*Treatment.* Zinc sulphate  $\frac{1}{4}$ % drops three times a day will usually clear up the condition quickly.

##### **2. Phlyctenular Conjunctivitis.**

A small yellow pimple appears on

the conjunctiva which is very irritable and causes considerable watering of the eye. *Treatment:* is usually that of normal saline irrigations and the night application of yellow oxide of mercury ointment 1% together with atropine ointment 1% under the lids. This is best applied with a glass rod.

##### **3. Trachoma Conjunctivitis.**

This is a chronic and very intractable type of conjunctivitis. It is very prevalent in India.

It starts as a mild acute conjunctivitis and settles down to a chronic stage with granulations and scars on the under surfaces of the eye lids, especially on the upper lid. This rough surface excoriates the cornea which in time becomes lazy and opaque.

*Treatment:* The old treatment was copper sulphate applications. Today better results have been obtained by using applications of terramycin Ophthalmic Ointment.

Sulphacetimide 10% drops with sulpha drugs by mouth is ordered by some specialists, as also are penicillin drops. The condition may be arrested but tends to relapse and it is doubtful if trachoma is ever completely cured. It is infectious and care should be taken to avoid carrying infection to another person's eyes.

##### **Pterygium.**

Pterygium is a small fold of conjunctiva which may encroach on the cornea and extend to the pupil. It should be treated before it reaches the pupil otherwise it will interfere with sight.

*Treatment* consists of dissecting the pterygium off the cornea and anchoring it with a suture under healthy conjunctiva. The suture is left *in situ* for seven days to ensure that the pterygium is firmly fixed and not likely to slip back.