



MILLS

EYE +
FACIAL SURGERY

David M. Mills MD, FACS
Ophthalmologist +
Facial Plastic Surgeon

Wes Mayes OD
Optometrist

Ocular Surface Disease, Dry Eye, and Blepharitis

1. What is blepharitis?
 - a. Blepharitis is a chronic inflammation of the eyelids that may cause irritation, tearing, burning, itching, a foreign body sensation, and occasionally a red eye. The eyelids are composed of skin on the outside and a sooth mucous membrane on the inside. A cartilage-like plate (the tarsus), muscles, and oil- and water-producing glands are sandwiched in between. Blepharitis can affect patients of all ages. It can lead to eyelash loss (madarosis), eyelash misdirection (trichiasis), or eyelash depigmentation (poliosis) in addition to increasing the risk of chalazia (“styes”) and corneal problems (marginal infiltrates and phlyctenules).
2. What are Meibomian Glands?
 - a. The meibomian glands are specialized lipid-producing glands in the eyelids. The lipid (oil) that they secrete is an essential element of a healthy tear film and ocular surface. The effects of meibomian gland dysfunction and death if left untreated can be harmful over time and lead to chronic dry eyes, ocular surface irritation, blurred vision and even vision loss in extreme cases.
3. Blepharitis is commonly divided into:
 - a. Anterior Blepharitis (Staphylococcal or Ulcerative)
 - i. Caused by bacteria and their destructive enzymes, anterior Blepharitis is characterized by red, thickened or irregular eyelid margins, eyelash loss or misdirection, and collarettes (hard scaly crusts or debris encircling the eyelash base), which are the hallmark of this condition. In severe cases, the cornea (the clear front window of the eye) may become inflamed.
 - b. Posterior Blepharitis (Seborrheic – Lipid)
 - i. Thought to be a result of dysfunction of the eyelid’s oil glands (meibomian glands), posterior Blepharitis is characterized by redness of the eyelids and oily, yellow, crusty scales and flaking around the eyelashes. It is often associated with thickened gland secretions, loss of meibomian glands, and Seborrheic dermatitis including dandruff on the scalp, face, ears and chest.
 - ii. LipiView is the diagnostic arm of the new LipiFlow system that can diagnose blepharitis including analysis of meibomian gland loss. We are now offering this exciting new technology and recommend that you undergo the analysis to see for yourself the impact your condition may be having on your eyelids, tear film, ocular surface, and vision.

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4. How is Blepharitis treated?
 - a. Treatment depends on whether you have primarily anterior or posterior blepharitis
 - i. Anterior Treatment (A)
 1. Lid Cleansing:
 - a. Ocusoft Foam or Pads – Clean twice daily before warm compresses for 2 days, then each day for 28 days
 - b. If concern for MRSA exists, add Sterilid foaming cleanser
 - ii. Posterior Treatment (P)
 1. LipiFlow:
 - a. This new treatment has taken over as the primary treatment for dry eyes and blepharitis. It is now the first line treatment for this condition.
 2. Oasis Tears Plus
 3. Heat / Warm compresses:
 - a. Heated Eye Pad
 - b. Bruder Mask
 - c. Dry uncooked rice in a sock, microwave for 20 seconds or so... do NOT burn yourself!
 - d. Apply twice daily 15 mins for 2 days, then each night for 28 days
 4. Avenova or Hypochlor Sprays and Gels
 5. Cliradex scrub pads (tea tree oil):
 - a. Rub lids daily along lash bases
 6. Omega Fatty Acid Supplements
 - a. Tears Again Hydrate (Omega-3, Omega-6 – Flax/Primrose) – Take 2 gels by Mouth twice daily
 - b. Omega-3x2 – Flax/Fish oils – Take according to package insert/directions by mouth
 7. Azasite:
 - a. 1 drop twice for 2 days, then once daily for 28 days, massage into lids after dropping into eye
 8. Antibiotic/Steroid ointment (maxitrol (tobradex if sulfa allergic)):
 - a. Apply twice daily as directed
 9. 100 mg Doxycycline:
 - a. Take 1 tablet by mouth once daily for 30 days
 5. Once the acute phase is controlled, the use of bland ointments may be sufficient to maintain control of blepharitis. While cortisone preparations hasten relief of symptoms, long-term use can cause side effects. Some susceptible individuals may develop glaucoma, cataracts, or viral infections from prolonged steroid use.
 6. *There is an exciting new technology available to diagnose and treat dry eyes, and specifically dry eyes related to blepharitis, especially posterior blepharitis. It is called lipiflow. It has quickly emerged as the mainstay of treatment for dry eyes and blepharitis (especially the more common posterior variant). We recommend you consider having this analysis and treatment if indicated. We are now offering this exciting new

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9050 University Pkwy
Pensacola, FL 32514

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technology. Please ask us today about this option. For further information, please visit:
<http://www.lipiflow.com>

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