Allergic Conjunctivitis

The *conjunctiva* is a thin membrane that covers the visible white part of the eyeball and the underside of the eyelids. This membrane protects and lubricates the eye. The membrane has small blood vessels running through it that can normally be seen. When the conjunctiva becomes inflamed, the condition is called conjunctivitis. In response to the inflammation, the conjunctival blood vessels become swollen. The swelling results in redness in the normally white part of the eye.

The blood vessels of this membrane also react when a person has allergies and is then called allergic conjunctivitis. This condition usually lasts for as long as the allergy persists. Allergic conjunctivitis cannot be passed to another person (*non-contagious*). The likelihood of bacterial infection is great and the cause is not likely due to allergies if the inflamed eye has:

- A sticky discharge.
- Discharge or sticking together of the lids in the morning.
- Scaling or flaking of the eyelids where the eyelashes come out.
- Red swollen eyelids.

CAUSES

- Germs (*bacteria*).
- Viruses.
- Irritants such as foreign bodies.
- Blunt injury.
- Chemicals.
- General allergic reactions.
- Inflammation or serious diseases in the inside or the outside of the eye or the orbit (the boney cavity in which the eye sits) can cause a “red eye.”

SYMPTOMS

- Eye redness.
- Tearing.
- Itchy eyes.
- Burning feeling in the eyes.
- Clear drainage from the eye.
- Allergic reaction due to pollens or ragweed sensitivity. Seasonal allergic conjunctivitis is frequent in the spring when pollens are in the air and in the fall.

DIAGNOSIS

This condition, in its many forms, is usually diagnosed based on the history and an ophthalmological exam. It usually involves both eyes. If your eyes react at the same time every year, allergies may be the cause. While most “red eyes” are due to allergy or an infection, the role of an eye (*ophthalmological*) exam is important. The exam can rule out serious diseases of the eye or orbit.

TREATMENT

- Non-antibiotic eye drops, ointments, or medications by mouth may be **prescribed if the ophthalmologist is sure the conjunctivitis is due to allergies alone.**
- **Over-the-counter** drops and ointments for allergic symptoms should be used only after other causes of conjunctivitis have been ruled out, or as your caregiver suggests.

Medications by mouth are often prescribed if other allergy-related symptoms are present. If the ophthalmologist is sure that the conjunctivitis is due to allergies alone, treatment is normally limited to drops or ointments to

reduce itching and burning.

HOME CARE INSTRUCTIONS

- Wash hands before and after applying drops or ointments, or touching the inflamed eye(s) or eyelids.
- Stop using your soft contact lenses and throw them away. Use a new pair of lenses when recovery is complete. You should run through sterilizing cycles at least three times before use after complete recovery if the old soft contact lenses are to be used. Hard contact lenses should be stopped. They need to be thoroughly sterilized before use after recovery.
- **Do not** let the eye dropper tip or ointment tube touch the eyelid when putting medicine in your eye.
- Itching and burning eyes due to allergies is often relieved by using a cool cloth applied to closed eye(s).

SEEK MEDICAL CARE IF:

- Your problems do not go away after two or three days of treatment.
- Discharge develops. Antibiotics may be needed either as drops, ointment, or by mouth.
- You have extreme light sensitivity.
- Bulging of the eye develops.
- You develop double vision (seeing two of everything when looking straight ahead or in any particular direction).
- An oral temperature above 102º F (38.9º C) develops.
- Pain in or around the eye or any other visual symptom develops.

MAKE SURE YOU:

- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

Document Released: 11/08/2005 Document Re-Released: 12/06/2010
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