

This leaflet is intended to provide you with general information. It is not a substitute for advice from your ophthalmologist. You are encouraged to discuss the benefits and risks of treatment with your ophthalmologist. This is an abridged version of the RANZCO patient education pamphlet: Dry eye syndrome – a guide for patients. The complete pamphlet is available from your ophthalmologist.

A constant flow of tears is essential for eye health. Sometimes the eye may not produce enough tears, or the tear quality is poor, such as a problem with the mucus or oily layers of the tears. This results in dry eye syndrome. In Australia and New Zealand, about one adult in 10 is affected. Possible causes include:

- some medications such as antihistamines or antidepressants
- certain medical conditions such as Bell's Palsy
- autoimmune diseases such as lupus, Sjogren's syndrome or rheumatoid arthritis
- getting older
- smoking
- living in a dry or windy climate
- vision correction surgery
- long-term contact lens wear.

Diagnosis

- Your ophthalmologist will examine your eyes and ask about symptoms.
- A special microscope called a slit lamp helps to assess the extent of dryness, often with the help of a dye to stain (temporarily) the cornea.
- A Schirmer Test measures the production of tears using a special paper strip placed under the lower eyelid.
- If autoimmune disease is suspected as a cause, blood tests may be done.

Your medical history

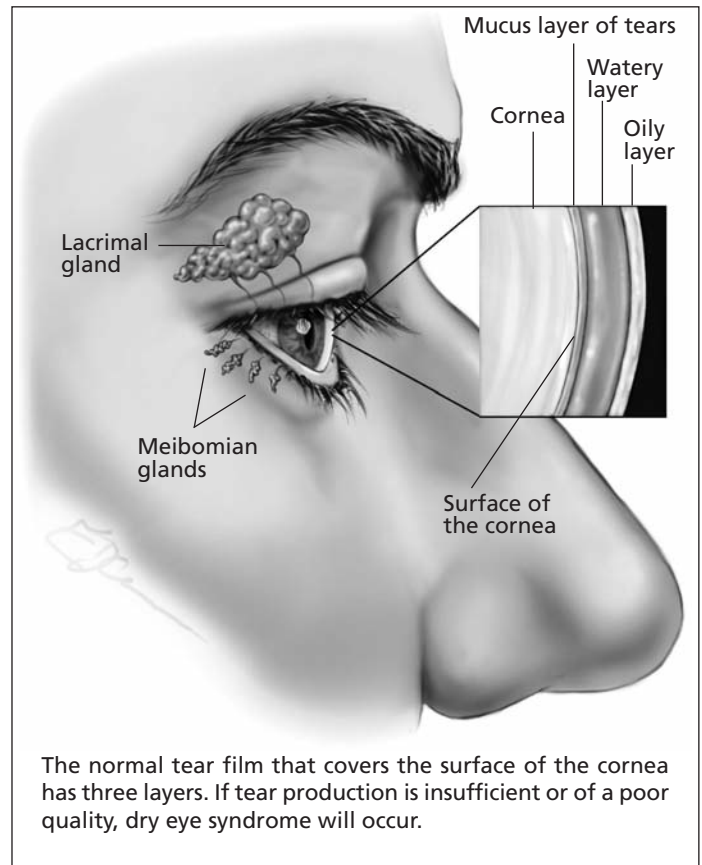
Your ophthalmologist needs to know your medical history to plan the best treatment. Tell your ophthalmologist about health problems you have. Some may interfere with treatment and recovery.

Treatment

Dry eye syndrome cannot be cured, but symptoms can usually be well managed.

The regular use of artificial tears may relieve mild symptoms. A lubricating eye ointment can be used at bedtime.

A procedure known as punctal occlusion may be used to treat moderate symptoms. A tiny plug is inserted into the puncta, a small drain in the inner corner of the upper and lower eyelids of both eyes. This prevents the tears from draining away too quickly. Sometimes, the openings to the lacrimal ducts are



closed permanently.

In severe cases where the eyelids won't close properly, a procedure called lateral tarsorrhaphy may be done. The outside one-third of the upper and lower eyelids are sewn together to make closing the eye easier.

A decision to have treatment

As you make the decision whether to have treatment, make sure that you understand any risks, benefits and limitations of treatment. If you do not have treatment, your symptoms and condition may continue to worsen.

Only you can decide if surgery is right for you. If you have any questions, ask your ophthalmologist.

Anaesthesia

Some surgical procedures to treat dry eye syndrome are performed under local anaesthetic. Eye drops are placed on the surface of the eye, and an injection may be given near the eye to numb the area.

Possible risks and complications

Surgery to treat moderate or severe cases of dry eye syndrome is safe and effective, but does have slight risks of complications. These are more fully outlined in the complete RANZCO patient education pamphlet and should be discussed with your ophthalmologist.