

## Taking Good Care of Your Eyes

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### **Contact Lens Related Irritation**

Pain and impaired vision may be symptoms of bacterial infection or ulcer – true ocular emergencies. Never wear contact lenses when the eyes are irritated. See an eye-care specialist for blurred or reduced vision. Artificial tears are always a good a safe choice for comfort.

Many patients become intolerant of their soft contact lenses – particularly with contact lens over-wear and many years of wear. They develop *giant papillary conjunctivitis*, a chronic inflammatory swelling under the upper lids, that may gradually subside over several months.

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### **Dark Circles Under the Eyes**

Excerpted From <http://www.mayoclinic.com/health/dark-circles-under-eyes/MY00346>  
By Mayo Clinic staff

If you get plenty of sleep, haven't been to a party in years and still have dark circles under your eyes, that's not unusual. Fatigue and high living aren't the main reasons for under-eye circles. What appear to be under-eye circles are sometimes just shadows cast by puffy eyelids or hollows under your eyes that develop as a normal part of aging. Increased uniform pigmentation under the eyes may be seen in children as well as adults.

Common causes of true under-eye circles:

- Allergies
- Atopic dermatitis (eczema)
- Heredity — dark under-eye circles can run in families
- Lifestyle factors, such as smoking and drinking alcohol and caffeinated sodas
- Nasal congestion (which dilates and darkens the veins that drain from your eyes to your nose)
- Pigmentation irregularities — these are a particular concern for people of color, especially blacks and Asians
- Sun exposure, which prompts your body to produce more melanin, the pigment that gives skin its color
- Thinning skin and loss of fat and collagen — common as you age — which make the reddish-blue blood vessels under your eyes more obvious

Most often, dark under-eye circles aren't a medical problem, but if you want a more lasting solution than concealers and over-the-counter creams, see your dermatologist for advice. If discoloration and swelling appear under just one eye and seem to get worse over time, talk to your primary care doctor.

Depending on what's causing the circles under your eyes, your doctor may recommend prescription creams or a combination of treatments to erase or reduce discoloration. Laser therapy or chemical peels can be helpful in some cases. Hollows that cause shadows can be smoothed with injectable fillers, and surgery can eliminate puffy lids.

### **Self-care**

Mild to moderate dark circles often respond well to simple and inexpensive treatments, such as:

- **Cold.** Try a cold compress, two chilled teaspoons or a bag of frozen peas wrapped in a soft cloth to temporarily reduce dilated and discolored under-eye blood vessels. Or, try a cooled, used teabag.
- **Extra pillows.** Elevate your head with two or more pillows to prevent puffiness that develops when fluid pools in your lower eyelids.
- **Extra sleep.** Although short nights don't usually cause under-eye circles, a lack of sleep makes you paler and more hollow-eyed, so shadows and circles you already have are more obvious.
- **Dark glasses and sunscreen.** Although a tan might hide dark circles in the short term, in the long run, the extra pigment it produces can make circles worse.

- **Saline washes or sprays.** Rinsing your sinuses with a saltwater solution (mix 1/4 teaspoon sea salt with 2 cups warm water) or over-the-counter saline spray can help relieve nasal congestion.
- **Cosmetics.** Hundreds of skin creams that claim to reduce or prevent under-eye circles crowd department store and drugstore shelves. The results of one well-publicized study showed that a cream containing vitamin K, vitamin C, vitamin E and retinol was moderately effective in treating under-eye circles.
- **Camouflage.** The right concealer can do just that — hide dark circles. If the circles under your eyes are bluish, use a peach-colored concealer, not one that's white or gray. And avoid scented products and those containing salicylic or glycolic acid, which can irritate delicate eye tissue, making redness and swelling worse.
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## Dry Eyes

In colder climes, heating systems and dry winter air combine to promote a dry sensation. Artificial tears are the usual remedy – but they only provide relief for an hour. Most over-the-counter drops contain methylcellulose. Occasionally the widely used ocular preservative, benzylkonium chloride, adds to the surface irritation. Preservative free drops or Gen-Teal, may serve as alternatives.

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## Ocular Emergencies

Sudden loss of acuity demands an urgent visit to a specialist. See table:

Entity	Common Terminology	Symptoms
angle closure	glaucoma attack	halos around lights, pain, nausea, vomiting
corneal abrasion	scratched cornea	pain, foreign body sensation under the upper lid
retinal tear	tear	flashing lights, new floaters
retinal detachment	detachment	flashing lights, floaters and a dark curtain across the field of vision
vitreous hemorrhage	ocular bleeding	new floaters; hazy vision
macular degeneration	AMD	blurring with distortion
endophthalmitis	infection	pain, loss of vision after surgery or trauma

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## **Eye Protection**

Eye related emergencies account for one out of 10 emergency rooms visits. In the home and workplace, several activities demand eye protection: hammering a nail; working on a car engine; walking or being present in a machine shop.

Children suffer eye accidents from projectiles. Baseball in younger boys and basketball in older children are highest on the list of sports associated with eye injuries. BB guns are notorious for catastrophic traumatic ruptures. Spectacles and goggles may help avoid serious injury.

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## **Eye Rinses**

Unless trying to rinse the eye of a chemical or foreign body, there is no justification to rinse with water, put cold water into the eyes or rinse with an eye-cup. A healthy eye needs no additional lubrication.

## **Eyestrain**

Your eyes may feel better when you are rested, but there is no medical need to rest the eyes. The eyes thrive on use – with or without the proper eyeglasses. You cannot wear them out or overuse them.

## **Itchy Eyes**

Itching is the hallmark symptom of a seasonal allergy. There's rarely any need to use expensive prescription drops. Zaditor, an OTC drop, may be used once or twice a day. It's always better to use allergy drops before going out of the house and getting re-exposed to the offending allergens.

In recent years, ophthalmologists recognized that a class of glaucoma drops (prostaglandin inhibitors) caused the eyelashes to grow longer and fuller. There is now an approved product, *Latisse*, applied to the upper eyelid margin with a cotton-tip applicator. Take care to avoid getting the medicine into the eye. It may cause irritation and even make the iris color grow darker.

## **Reading Glasses**

Unless you are nearsighted, most individuals need reading glasses for reading or the computer screen after age 45. The lens of the eye gradually loses its ability to adjust to near and distance focus.

Over the counter reading glasses provide the identical optical benefits as equivalent prescribed lenses (unless there's a component of astigmatism). They just cost less. Take some reading material to the store – and measure the distance your eyes are from the computer screen to meet your required focus.

## **Removing Make-up and Mascara**

Make-up and mascara may be gently removed with petroleum jelly. Diluted baby shampoo and a moistened cotton ball or soft washcloth work well to cleanse the lids and lashes. It's often easiest to wash in the shower – so that any soap that gets into the eye can be readily rinsed.

## **Routine Eye Examinations**

Individuals with no eye symptoms, good health and a family history free of eye disease require infrequent eye examinations. If a complete examination at age 40 is normal, visits spaced at 3-5 years apart are quite sufficient.

Diabetics should be seen yearly. Individuals with a family history of glaucoma should be seen regularly, at 1-3 year intervals based on findings and suspicion of involvement.

Blurred or impaired vision, especially if of sudden onset, demands a prompt evaluation by an eye-care specialist.

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## **Sunglasses**

### **Potential Effects of Ultraviolet (UV) Radiation on the Eyes**

UV radiation can damage the surface and internal structures of the eye. Individuals of all eye colors are at risk. Long-term exposure to UV radiation can lead to:

- Cataracts
- Snow Blindness (Photokeratitis): A temporary but painful burn to the cornea caused by a day at the beach without sunglasses; reflections off of snow, water, or concrete; or exposure to artificial light sources such as tanning beds.
  - Pterygium: A non-cancerous growth on the sclera that extends onto the cornea, with the potential to impair vision
  - Skin Cancer around the Eyelids: Basal cell carcinoma is the most common type of skin cancer to affect the eyelids.

### **Choosing the Right Sunglass**

Look for sunglasses that block 99-100 % of UV-A and UV-B radiation. Glasses with this level of protection are often labeled UV 400. Gray or gray-green lenses reduce the light damage and still preserve near normal color perception. The color of the sunglass lens and its cost has very little correlation to its effectiveness. Polarized lenses reduce glare from the water surfaces, so will be of benefit for fisherman – but do not add much value in general use. Wrap-around sunglasses and a wide-brimmed hat adds an extra layer of protection because they block UV rays from entering the eyes from the sides and above.

Polarized lenses

For further information:

The American Academy of Ophthalmology <http://www.aao.org>

The National Eye Institute <http://www.nei.nih.gov>

Environmental Protection Agency <http://www.epa.gov/sunwise>

US Government Publication #6025 (Office of Air & Radiation) EPA- 430-F-07-025

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## Vitamins for the Eye



Experts recommend a diet with a wide range of fruits and vegetables and adequate protein (10-20 mg /day) to supply all the necessary nutrients and vitamins for the eye. Liver and kidney disease may potentially interfere with the adequate transport of zinc and carotene to the retina – and may justify a daily supplement. Fortified anti-oxidants and zinc, and lutein are recommended for patients with moderate to advanced age-related macular degeneration. In the absence of macular degeneration, a daily multivitamin (e.g., supplement with minerals) supplies an entirely adequate level for ocular nutrition.

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