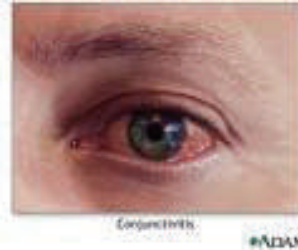


CONJUNCTIVITIS

Conjunctivitis is one of the most common and treatable eye infections in children and adults. Often called "pink eye," it is an inflammation of the conjunctiva, the tissue that lines the inside of the eyelid. This tissue helps keep the eyelid and eyeball moist.

While pinkeye can sometimes be alarming because it may make the eyes extremely red and can spread rapidly, it's a fairly common condition and usually causes no long-term eye or vision damage. Some kinds of pinkeye go away on their own, but others require treatment.

Allergic conjunctivitis affects both eyes and is a response to an allergy-causing substance such as pollen. In response to allergens, your body produces an antibody called immunoglobulin E (IgE). This antibody triggers special cells called mast cells in the mucous lining of your eyes and airways to release inflammatory substances, including histamines. Your body's release of histamine can produce a number of allergy symptoms, including red or pink eyes.



SIGNS AND SYMPTOMS:

- Redness of the eye and eyelids.
- Swelling and itching of the eye.
- A yellow or green colored discharge of the eye(s) which is worst in the morning.
- Crusting of the eyelids in the mornings.
- Greater amount of tears.
- Light sensitivity.

If you have allergic conjunctivitis, you may experience intense itching, tearing and inflammation of the eyes — as well as itching, sneezing and watery nasal discharge. You may also experience swelling of the membrane (conjunctiva) that lines your eyelids and part of your eyeballs, resulting in what may look like clear blisters on the whites of your eyes.

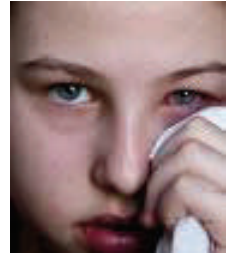
CAUSES:

Conjunctivitis can be caused by a:

- Virus
- Bacteria
- Irritating substances (shampoos, dirt, smoke, and especially pool chlorine)
- Allergens (substances that cause allergies)
- Sexually transmitted diseases (STDs).
- Pink eye caused by bacteria, viruses, and STDs can spread easily from person to person, but is not a serious health risk if diagnosed promptly.
- **Infections** - This may be due to a virus or bacteria.
- **May be triggered by *Improper care and cleaning of contact lenses.***

TREATMENT

- Apply warm moist compresses for 5 minutes, 3 - 4 times a day.
- Cleanse the lid margins and lashes of discharge.
- **If antibiotic drops or ointment have been prescribed, use them until 24 hours after the symptoms subside.**
- *Do not wear contacts for 48 hours after the symptoms subside.*
- Cool compresses applied to the eyes often helps relieve the itching and discomfort.



HOW TO PREVENT THE SPREAD OF CONJUNCTIVITIS :

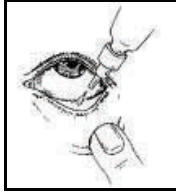
- If you have disposable contact lens, discard lens you have been wearing.
- Do not wear contact lens until symptoms are gone for 48 hours.
- Wash your hands well after applying medication or touching the eyes.
- Do not share wash cloths or towels.
- Discard eye make-up used prior to treatment.
- Do not use eye make-up during treatment.
- Change your pillowcase after starting medication.

RETURN TO SEE THE DOCTOR IF:

- * ***Increased redness, pain, or swelling of the eye(s) develops.***
- * ***Fever rises to 101°F. (38.3 C.) or higher.***
- * ***Your vision becomes worse.***
- * ***Symptoms not improved after 48 hours.***

HOW TO USE EYEDROPS

- Wash your hands with soap and warm water and dry them.
- Shake the eye drops container.
- Remove the cap. Do not touch the dropper tip. Eye drops must be kept clean.
- Tilt the head back slightly.
- Pull the lower eyelid down and away from the eyeball to form a pocket, as shown in the picture.
- Hold the dropper tip directly over the eye, but do not allow it to touch the eye or eyelid. If self-administering the drops, you may want to brace your hand against your face to keep it steady.
- Look up, or tell the patient to look up. Place one drop in the pocket and continue to hold the eyelid for a moment while the medication runs in. If you are self-administering the drops, look directly at the dropper tip when positioning it in front of your eye. To keep from blinking, look away from the dropper tip just before you release a drop.
- Release the eyelid, close the eye for one or two minutes, and unless you or the patient recently had eye surgery, press a finger against the inner corner of the eye. This helps reduce the amount of the drug that gets absorbed into the body. This is important because some eye drops are potent enough to have effects throughout the body. Do not squeeze eye shut or rub it.
- Wait 5—10 minutes before applying any different type of eye medication.
- Replace the cap on the container.
- Wash your hands.



From *Pharmacist's Letter*

DO'S and DON'TS For CONTACT-LENS WEARERS

- Wash your hands every time you handle your contact lenses.
- Remove gas permeable and daily-wear soft lenses every night, and extended-wear lenses at regular intervals.
- Quit smoking, as smoking has been shown to increase the risk of contact lens infection.
- Clean and disinfect lenses after removal, using an FDA approved lens care system, following the manufacturer's directions.
- Use a preservative containing solution. **Do Not Use** distilled water and salt tablets, to make a saline solution. Non-preserved solutions will not protect you against infection. Solutions should not be reused.
- Do use clean lens cases and sterile solutions. Clean your lenses and lens case with a cleaning solution. Periodically, discard and replace cases.
- **Do Not** use saliva or tap water to moisten contact lenses prior to insertion.
- Remove your contact lenses before swimming, bathing, or entering hot tubs.
- Keep your use of topical solutions during contact lens wear to a minimum. Avoid contamination of eye-drop bottles
- Tears have been shown to harbor Hepatitis B and C, and the AIDS virus-HIV. Therefore, never swap or trade contact lenses with others.

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UNIVERSITY HEALTH SERVICES
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574-631-7497



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CONJUNCTIVITIS

“PINK EYE”



Allergy or infection?

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