Eye Injuries Treatment

Self-Care at Home

- Chemical exposures: The single most important thing to do for chemical exposures is to immediately wash out the eye with great amounts of water. Although saline solution is best, regular tap water is a perfectly acceptable alternative. Particularly, for more serious burning materials, such as acid or alkali, time is of the essence. The affected eye should be washed for 20 minutes or more. It is important that you keep your eyelids open during the irrigation process.
  - How to wash out your eye: How it is done is less important than getting it done with great amounts of water.
    - A water fountain makes a great eye wash. Just lean over the fountain, turn on the water, and keep your eye open.
    - At a sink, stand over the sink, cup your hands, and put your face into the running water.
    - If you are near a shower, get in and put your eye under the running water. This is a good option if you have been sprayed with a chemical in the face and hair.
    - Hold a glass of water to your eye and tip your head back. Do this many times.
    - If you are working outside, a garden hose running at a very modest flow will work.
- Subconjunctival hemorrhage: Minimal treatment is needed. Avoid further trauma to the eye, such as rubbing. This injury will heal with time.
- Corneal abrasions: Little can be done at home for corneal abrasions. People who wear contact lenses should avoid using their lenses until evaluated by an ophthalmologist. You should seek medical care promptly.
- Traumatic iritis: Some people become very light sensitive, and sunglasses may help until treatment is begun.
- Hyphema: Keep your head elevated. Do not lie flat. Keep quiet with minimal activity until you are seen by an ophthalmologist. Do not take aspirin for any pain, because this will increase the risk of bleeding. You should seek medical care promptly.
• Orbital blowout fractures: Keep your head elevated, and apply ice to your face to reduce swelling. Do not take aspirin for any pain, because this will increase the risk of bleeding.
• Lid lacerations: You should seek immediate medical care. Do not attempt to put anything directly on the eyeball. Do not take aspirin for any pain, because this will increase the risk of bleeding.
• Lacerations to the eyeball: Protect your eye, and do not put any pressure on your eye. You should seek immediate medical attention.
• Foreign bodies: Gentle flushing with water will often dislodge foreign bodies that have not embedded themselves in the cornea. Do not try to rub or wipe off foreign bodies with a tissue, a Q-Tip, or anything else. Doing so will usually not remove an embedded foreign object and will result in a corneal abrasion that may be more painful than the foreign body itself. Intraocular and intraorbital foreign bodies cannot be treated at home.

**Medical Treatment**

• Chemical exposure: Even if your eye was irrigated at home, the ophthalmologist will probably have your eye irrigated again. The chemical involved and severity of the injury will dictate the treatment. For severe exposures, such as acid or alkali, your pupil may be dilated with special eyedrops, and pain medicine may be prescribed.
• Subconjunctival hemorrhage: Treatment consists of reassurance, avoidance of rubbing the eye, and time.
• Corneal abrasions
  o Numbing eyedrops are often used to examine the eye. Although this removes the pain, they cannot be used at home to control pain. The anesthetic drops actually delay healing. Repeated use will damage the cornea. Dilating the pupil with drops and antibiotic ointments or drops is commonly done.
  o Depending on your ophthalmologist, an eyepatch may be used. Some ophthalmologists believe that the patch provides symptomatic relief and speeds healing. Others believe that the increased risk of infection with a patch, particularly in people who wear contact lenses, outweighs the potential benefits.
• Traumatic iritis: Eyedrops are used to dilate the pupil. Steroid eyedrops may be helpful to decrease inflammation.
• Hyphema: People with significant hyphemas may be hospitalized and placed on bedrest with their head elevated. A protective metal shield may be placed over the eye, and the pupil is dilated with drops. People who will follow the ophthalmologist's instructions with small hyphemas may be managed at home.
• Orbital blowout fractures: Ice and elevation of the head for 48 hours are recommended to reduce swelling. You are advised not to blow your nose. Some ophthalmologists use nasal decongestants and oral antibiotics for 1-
2 weeks. If any surgical repair is needed, it is usually done 1-2 weeks later when the swelling has gone down.

- Lacerations: Depending on the size and location of the laceration, suturing (stitches) may be necessary. If the cut is in a noncritical location, the laceration may be left to heal on its own. Lacerations to the eyeball often require sutures and more extensive surgery.

For more information, read the complete article, Eye Injuries on http://www.emedicinehealth.com.

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