Eye Pain Treatment

Self-Care at Home

You should seek medical attention if you have eye pain.

- Most commonly, home care consists of flushing the eye with water. With exposure to a foreign body or chemical to the eye, it is important to flush the eye with lukewarm tap water or commercially prepared eyewash solution. See the home care section under eye injury for techniques on how to flush your eye with water.
- If you think a foreign body is in your eye, do not rub your eye. This can seriously damage the eye. Do not attempt to remove a foreign body from your eye or someone else's eye. Treatment other than gentle eye irrigation is generally not recommended and should be reserved for medical professionals and eye doctors.
- For mild cases of eye discomfort, rest your eyes, take over-the-counter pain relievers, and avoid bright light.

Medical Treatment

Treatment at your ophthalmologist's office or at an emergency department will vary widely, from giving you instructions to apply warm compresses on a sty or a chalazion to taking you into emergency surgery for acute glaucoma.

- Conjunctivitis: The bacterial form is treated with antibiotic eyedrops, eye ointment, and pain medication. Viral conjunctivitis (pinkeye) is typically treated the same as bacterial conjunctivitis, because it may be difficult to tell the difference between the 2 types. Allergic conjunctivitis is normally treated with antihistamines, such as Benadryl or Claritin.
- Corneal abrasions and ulcerations: These are treated with antibiotic eyedrops, eye ointment, and pain medication.
- Foreign body in the eye: There are different techniques to remove foreign bodies: irrigation with eye wash, removal with a cotton tip applicator, removal with a small needle, or removal with an ophthalmologic drill. After foreign body removal, there may be an abrasion, which would be treated separately.
• Chemical eye burns and corneal flash burns: Chemical eye burns are treated immediately with great amounts of water to wash out the eye and anesthetic eyedrops until normal levels of acid or alkali of the eye are reached. After thorough washing is complete, evaluation by an ophthalmologist is required for further treatment, depending on the extent of the chemical burn. Flash burns are treated as many small abrasions with antibiotic eyedrops, eye ointment, and pain medication.

• Blepharitis: You will be instructed to scrub the eyelid edges with mild shampoo on a soft washcloth twice a day to remove excess oil.

• Styes or chalazions: These can initially be treated conservatively by placing warm compresses, such as a washcloth, on the eye or eyes for 15-20 minutes, 4 times a day. An antibiotic ointment can be applied. If the chalazion does not go away in 3-4 weeks, your ophthalmologist may drain it.

• Glaucoma: Glaucoma has many treatment options depending on the type, severity, and duration of the attack. Severe glaucoma can be a true eye emergency with permanent eye damage occurring within several hours. Treatment begins with eyedrops, a topical beta-blocker (eg, timolol), a topical steroid drop, and a pupillary constricting eyedrop; other medicines may be given intravenously or in pill form. If these treatments fail to decrease intraocular eye pressure, surgery may be considered.

• Iritis: This condition may be treated with eyedrops that cause your pupils to dilate (get bigger) and with topical steroid eyedrops. In severe cases of iritis, oral steroids can be used.

• Optic neuritis: Gradual loss of vision and painful eye movement are normally signs of a disease throughout the body, which needs to be diagnosed. Most commonly, a thorough work-up needs to be performed with both ophthalmologists and neurologists to determine the cause of optic neuritis.

• Sinusitis: When sinusitis is determined to be a bacterial infection, it can be treated with antibiotics.

• Migraines: When migraines cause eye pain, both can be treated with routine over-the-counter medications, such as ibuprofen (Motrin) and acetaminophen (Tylenol), and also with prescription migraine medication.

• Traumatic events to the eye: Penetrating injuries to the globe of the eye are always best managed by ophthalmologists.
For more information, read the complete article, Eye Pain

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