



Lid disease regimen

Milton Hom, Paul Karpecki, Jerry Paugh, Jack Schaeffer, Katherine Mastrota, Al Kabat, Kirk Smick, Shelley Cutler, Marc Bloomenstein, Kelly Nichols, Ernie Bowling, Louise Sclafani

Blepharitis

1. Lid massage 2x a day (see Lid hygiene and massage sheet) (minimum of 4 to 6 weeks).
 - a. Nutritional support: Omega 3 and 6 Fatty acids. Tears Again Hydrate 4 soft gels qd; TheraTears Nutrition 2 capsules bid.
 - b. Topical antibiotics:
 - i. AzaSite: loading dose bid 2 days, then qD; drop into eye then massage lids.
 - ii. Bacitracin or erythromycin Topical ung to base of lashes hs.:if lids do not show significant erythema or edema.
2. Antibiotic/steroid combinations:
 - a. Tobradex ung or Lotemax qid if redness and swelling are present. Continue until active phase resolves.
 - b. Zylet: Soak a cotton tip applicator and actually clean the lid margins with Zylet.
 - c. Tobradex qid no longer than 2-3 weeks.
3. Oral antibiotics
 - a. Alodox Kit (20 mg doxycycline; packaged with lid scrubs; Doxy claims to be a more potent collagenase inhibitor than mino and therefore less SE)
 - b. 50 mg Doxycycline
 - i. Doxycycline: 50 mg bid for 1-2 months. Once improvement is noted reduce to qd for 1 additional month. Avoid in women of child bearing age if potential for pregnancy, women who are nursing or children.
 - ii. Cautions: sun burn and dairy products/antacids. Always take second pill earlier in the evening not right before going to bed.
 - c. 50 mg Minocycline
 - i. Minocycline: 50 mg bid for 2 weeks; monthly 50 mg/day. Minocycline is recommended because it has the fewest side effects, and induces minimal photosensitization.
 - ii. Taper minocycline for long term management (Treatment may need to be continued for months depending on the response. Usually a positive effect will be seen within 8 weeks.)
 - iii. Cautions regarding minocycline: stained teeth, vaginitis in women, blue discoloration of sclera and photosensitivity (increased sun burn risk)
6. For very severe cases, add FML ung hs

Note: If blepharitis is still present rule out lid laxity, ectropion, entropion or more serious conditions like sebaceous cell/meibomian gland carcinoma, basal cell carcinoma or squamous cell carcinoma.

Meibomian gland dysfunction

1. Lid massage 2x a day (see Lid hygiene and massage sheet)
2. Lid expression office procedure (ex. Mastrota Meibomian Paddle;ocusoft.com)
3. Nutritional support as above.
4. Zylet qid for 2 weeks followed by an additional week of BID
5. Oral minocycline or doxycycline (Alodox Kit) as above.