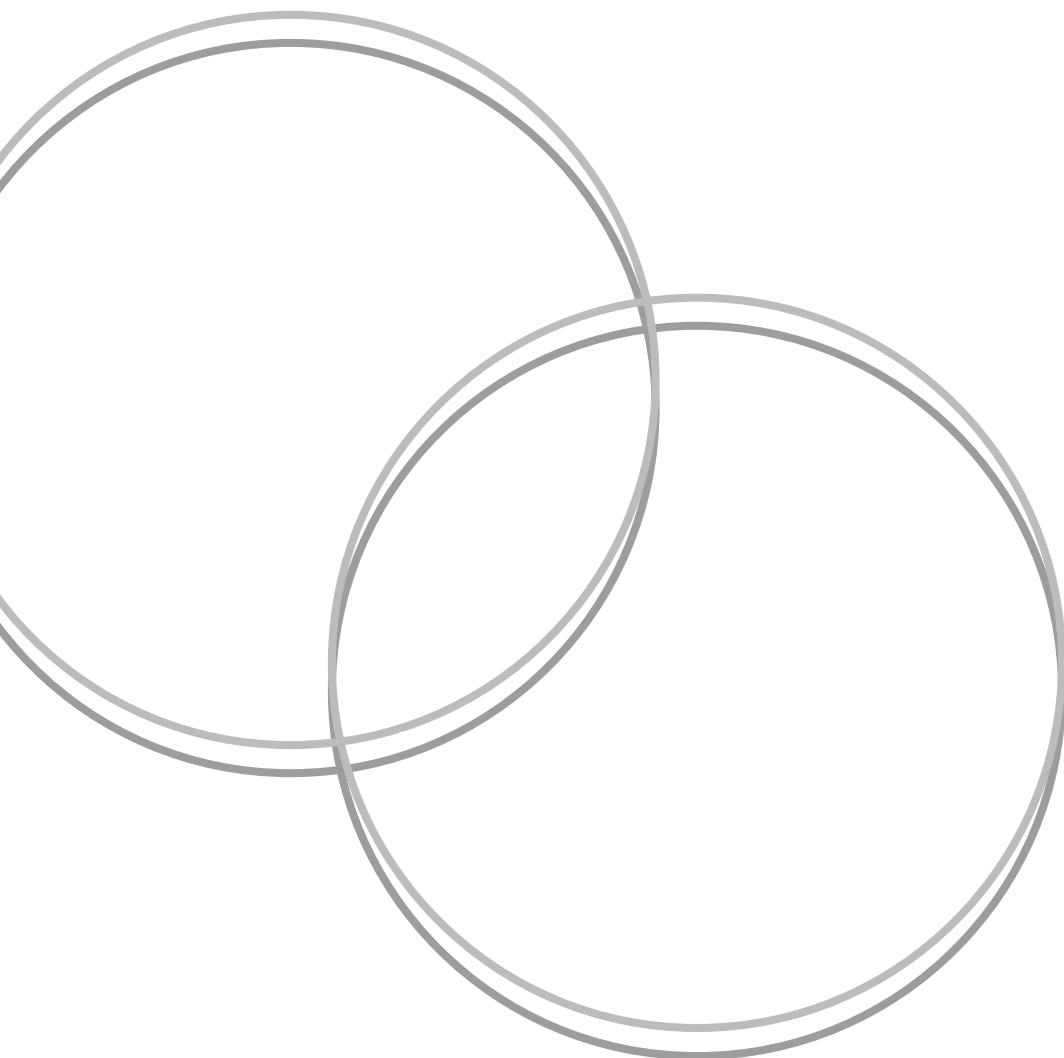




Oxford University Hospitals
NHS Foundation Trust

Episcleritis and Scleritis

Information for patients



Episcleritis

The front, white part of the eye (known as the sclera) is covered by transparent membrane called the conjunctiva. Between these tissues is another transparent layer called the **Episclera**. This layer contains blood vessels which can dilate or enlarge, resulting in redness of the eye called **Episcleritis**.

Scleritis is not as common as Episcleritis but is a more serious condition because the inflamed vessels are deeper in the eye. This can lead to a thinning of the sclera and the choroid (underlying layer) to become visible, resulting in a bluish appearance. Often Scleritis can affect the back portion of the eye which makes it difficult to detect.

What are the causes?

The cause is unknown in most cases, but could be associated with other conditions including inflammatory and autoimmune diseases (e.g. Rheumatoid Arthritis, Scleroderma, Systemic Lupus Erythematosus, Psoriasis, Spondyloarthropathies and many more), infections, cancers and some medications (e.g. Bisphosphonates, anti-epileptic, biologics and anti-cancer medications).

It normally affects one eye at a time and can vary from no symptoms or a mildly red eye and to the eye being irritable to causing severe pain.

What are the symptoms?

The symptoms include:

- Redness.
- Pain.
- Sensitivity to light.
- Tenderness in the eye.
- Watering of the eye.

How is it diagnosed?

This condition can only be confirmed following an assessment at the Eye Hospital using slit lamp examination.

Treatment

Episcleritis often requires no treatment but in some cases will require treatment with anti-inflammatory medications (eye drops or tablets). In severe cases a follow up appointment is arranged at the Eye Hospital to ensure the inflamed blood vessels are subsiding. Depending on the severity of the condition a course of eye drops will last from 2 weeks. Episcleritis can recur, but it is worth noting that this is not a sight threatening condition.

Scleritis will require longer term and more frequent management which can involve oral steroids and immunosuppressive drug therapy. Patients with scleritis are generally long terms patients at the Eye Hospital.

Questions or concerns

If after treatment you do not feel your eye has got any better or if it has got worse, please call our eye emergency telephone triage line for advice. **Do not** come to the hospital without calling first:

Telephone: **01865 234 567** option 1 followed by **option 1**

Monday to Friday 8.30am to 4.30pm

Saturday and Sunday 8.30am to 3.30pm (including Bank Holidays)

You will be able to speak to an ophthalmic health professional who will advise you.

If you need advice out of hours, please phone NHS 111 or your out of hours GP practice.

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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Oxford University Hospitals NHS Foundation Trust
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