

Eyelid control during an eye examination



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Before performing any eye procedure

- **Wash your hands** (and afterwards too)
- **Position the patient comfortably** with head supported
- **Avoid distraction** for yourself and the patient
- Ensure **good lighting**
- Always **explain to the patient** (and any companion, if appropriate) what you are going to do.

Reasons for eyelid control during eye examination

- to provide a good view of the eyeball for the examiner
- to avoid unnecessary discomfort for the patient

Remember!

It is important to be very gentle at all times, in particular when an injured, painful, or postoperative eye is being examined. To do otherwise may cause further problems. Eyelid control is very important!

Preparation

Position the patient comfortably. Depending on the circumstances, this may be:

- lying down with his or her head on a pillow
- sitting down with his or her head resting against a wall or headrest, or with the head supported by the hands of an assistant (Figure 1)
- sitting down at a slit lamp with head supported on the chin rest.

Method

- Ask the patient to **look up** and hold this gaze
- With the index finger, **gently and slowly** pull down the lower eyelid

This position will enable a good view of the lower eyelid margin and lower eyeball (Figure 2).

- When examination of this area is complete, **gently and slowly** remove the index

finger and allow the patient to close the eyes for a few seconds

- Ask the patient to **look down** and to hold this gaze
- With the tip of the thumb, **gently and slowly** touch the top eyelid midway between the eyelid margin and the eyebrow (Figure 3) – **do not exert any pressure!**
- Ease the eyelid up, **gently and slowly**, against the bony orbital rim

This position will enable a good view of the upper eyelid margin and the upper eyeball (Figure 4).

- When examination of this area is complete, **gently and slowly** remove the thumb and allow the patient to close the eyes
- Tell the patient when the examination has ended.

IMPORTANT! These principles should be followed **every time** and by **every examiner**.



Figure 1

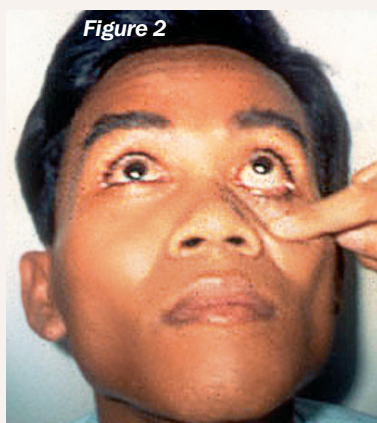


Figure 2



Figure 3



Figure 4

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USEFUL RESOURCES

Useful resources: corneal blindness

Community Eye Health Journal

Kanyi S. Evaluation of the impact of Nyateros (friends of the eye) in the delivery of eye care services after one year of its implementation in Lower River division, The Gambia. *Community Eye Health J* 2005;18(56): 130–134.

Lecuona K. Assessing and managing eye injuries. *Community Eye Health J* 2005;18(55): 101–104.

Garg P, Rao GN. Corneal ulcer: diagnosis and management. *Comm Eye Health J* 1999;12(30): 21–23.

Baba I. The red eye: first aid at the primary level. *Community Eye Health J* 2005;18(53): 70–72.

Books

Eye diseases in hot climates. By John Sandford-Smith. £12 from TALC.

Hanyane: a village struggles for eye health. By Erica Sutter, Victoria Francis, and Allen Foster. Free to download from www.cehjournal.org/icehpubs.asp or £5 from TALC.

Other resources

A laboratory manual and guide to management of microbial keratitis. By Astrid K Leck, Melville M Matheson, and J Heritage. Free to download from www.cehjournal.org/icehpubs.asp

The red eye (poster). Free to download from www.cehjournal.org/icehpubs.asp or order from TALC.

Guidelines for the management of corneal ulcer at primary, secondary, and tertiary care in the Southeast Asia Region. Go to

www.searo.who.int/LinkFiles/Publications_Final_Guidelines.pdf

European Eye Banking Association. Visit

www.europeaneyebanks.org or write to: European Eye Bank Association, Via Paccagnella n. 11, Padiglione Rama, 30174 Zelarino, Venice, Italy.

Email: admin@europeaneyebanks.org

Supplier: TALC

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