



HOW TO...

Ophthalmic practice



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Eye health workers carry out many basic routine procedures. Sometimes bad practice develops and this, in turn, may lead to new members of staff learning unsafe methods. *Community Eye Health Journal* plans to run a series on practical procedures, when applicable, relating to the theme.



How to instil eye drops

Indications

- To aid examination – e.g., dilating the pupil
- To aid diagnosis – e.g., staining the cornea
- To treat eye conditions – e.g., antibiotic drops.

You will need

- Clean swab or paper tissue
- Prescribed eye drops – these are available in several types of container.

Preparation

- Check that the drops are not date-expired
- Check the patient's name and eye drops label against the prescription.

Method

- Remove the cap from the bottle (or the pipette from the bottle)
If the fluid is discoloured, do not use!
- Ask the patient to look up
- With the index finger of one hand take a folded swab or paper tissue to **gently** hold down the lower eyelid
Do not make the eyelid turn out too much as instilled drops may fall out on to the cheek.
- With the bottle or pipette held in the other hand, between thumb and index finger, rest the side of the hand against the patient's forehead above the affected eye
- With the dropper about five centimetres above the eye, squeeze the bottle or pipette rubber and allow one or two drops to fall inside the central part of the lower eyelid
Do not allow the drop to fall on to the cornea as this can be painful and may alarm the patient and cause loss of confidence.

Do not allow the bottle or pipette to touch the eyelid skin or eye lashes as it will cease to be sterile and need to be discarded.

- Ask the patient to close the eye and wipe away any surplus fluid.

Finally

- Secure the bottle top.

Pak Sang Lee



How to apply eye ointment

Indications

- To treat a superficial corneal injury with antibiotic
- To deliver longer acting topical medication e.g.
 - in the case of a child
 - overnight, following medication by drop instillation during daytime
 - when an eye needs to be padded for long periods.

You will need

- Clean swab or paper tissue
- Prescribed eye ointment – produced in varying sizes and colours of tube.

Preparation

- Check that the ointment is not date-expired
This is not always easy to read on the actual tube so be careful to take time to do this. Some tubes also come in a box where the expiry date is easier to read.

- Check the patient's name and eye ointment against the prescription
- Remove cap from nozzle
- Ask the patient to look up.

Method

- With the index finger of one hand take a folded swab or tissue to gently hold down the lower eyelid
- With the other hand take the tube of ointment and direct the nozzle towards the inner canthus
- Squeeze tube slowly to allow about one centimetre to emerge in a thin line along the inside of the lower eyelid. (Rather like putting toothpaste on a toothbrush!)
- Do not touch the eye with the tube nozzle!*
- Do not touch the eyelid skin or eyelashes with the tube nozzle – it will cease to be sterile and need to be discarded.*

- Wipe away any surplus ointment which may emerge when the patient closes the eye.

Finally

- Secure the nozzle cap.

Pak Sang Lee



How to stain the cornea

Indications

- To assess corneal epithelial damage, following trauma or in patients with 'dry eye' problems, using diagnostic drops, e.g., Fluorescein 2% or Rose Bengal 1%.

You will need

- Fluorescein 2% or Rose Bengal 1% – diagnostic drops or impregnated paper strips
- Normal saline drops
- Local anaesthetic drops
- Clean cotton wool or gauze swabs
- Torch or slit lamp (depending on availability/skill level) for illumination.

Preparation

- Explain to the patient that he/she will experience a cold stinging sensation when the drops are instilled.

Method

- Ask the patient to look up
- Instil the diagnostic Fluorescein or Rose Bengal drops or use the paper strips.
When using the strips, moisten with a small amount of normal saline or anaesthetic drop, taking care not to touch the end of the strip (impregnated with the dye) with the dropper.
- Ask the patient to look up and gently touch the inside of the lower eyelid with the moistened strip, taking care not to touch the cornea
- Ask the patient to close the eye, gently wipe away any surplus fluid and wait about 30 seconds
- Using a torch or slit lamp with the appropriate colour light (blue light, if using Fluorescein, and white light, if using Rose Bengal), examine the corneal surface, note any staining and record in patient's documentation.

Fluorescein stains **green** indicating corneal epithelial loss.

Rose Bengal stains **red** indicating dead tissue and mucus filaments.

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