Dry Eye Syndrome has many factors that lead to its development. Dry Eye syndrome is a chronic condition that is managed with continuous treatment determined by the cause and severity in each patient.

Our tears are made up of secretions from 3 different types of glands which must all be in balance for the tears to effectively work. There is a watery or aqueous component made by the Lacrimal (tear) gland which provides the moisture to the surface of the eye, an oily secretion of the Meibomian gland located at the edge of the eye lids which prevents evaporation, and a mucus secretion from the surface of the eyes that “sticks” the tears to the eye. These secretions can be reduced due to injury/inflammation of the glands, with age and certain medications, or through dysfunction/infection of these glands. Any imbalance of these components can lead to dry eye symptoms.

**Symptoms:** Patients can experience anything from a mild “gritty” feeling in the eyes in certain situations to severe redness, irritation, light sensitivity and profuse watering of the eyes. This may be aggravated by prolonged computer work, air blowing at the eyes, dusty or smoky environments, and certain medications. In some cases patients may feel as if something is in the eye. The symptoms experienced depend on the portion of the tears and eye affected.

**Treatment:**

**Dry Eye Syndrome:**

*Mild* - symptoms are often treated with supplemental drops that replace the tears with balanced tears. *Moderate* - symptoms usually require the addition of a thicker tear or a gel ointment for use at bedtime. *Severe* - cases may require surgical intervention to reduce tear drainage from the eyes. In cases where inflammation of the lacrimal gland is suspected prescriptions for anti inflammatory medications may be used to restore function to the gland.

**Meibomian Gland Dysfunction:**

Warm compresses and gentle lid massage to stimulate dysfunctional glands may be advised. In addition, nutritional supplements and/or prescription medications that support gland function may be prescribed.

**Blepharitis:**

In cases where lid margin infection or chronic dandruff-like flaking is observed, warm compressed and lid scrubs may be recommended. In more severe cases, topical or oral antibiotics may be prescribed.

**Complications:** Corneal scaring and serious infection can result in cases of severe dry eye. This is very rare outcome with current prescribed treatment options and monitoring by your doctor.

The UHC Vision Clinic is available to students, student's spouses/partners, faculty/staff, and dependents. It offers the full range of optometric care as well as a large retail inventory of frames and lenses.

**Appointments are necessary and can be made online (students) or by phone.**

Call 706-542-5617 or visit [http://www.uhs.uga.edu/services/vision_clinic.html](http://www.uhs.uga.edu/services/vision_clinic.html)