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“Sty”

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A sty is an acute infection or inflammation of the secretory glands of the eyelids. This common infection or inflammation results from blocked glands within the eyelid. When the gland is blocked, the oil produced by the gland occasionally backs up and extrudes through the wall of the gland, forming a lump, which can be red, painful, and nodular. Frequently, bacteria can infect the blocked gland, causing increased inflammation, pain, and redness of the eye and even redness of the surrounding eyelid and cheek tissue.

The lump can point externally (outward) or internally (inward). Frequently, the lump appears with a visible whitish or yellowish spot that looks much like a large pimple. Usually, one obvious area of swelling is apparent on one lid, but many styes can appear on one or both eyelids simultaneously. The lump frequently goes away when the blockage of the gland opening is relieved. Furthermore, the infection goes away when the pus is drained from the sty.

Sty Causes

Styes are usually caused by obstructed orifices (or openings) of the oil glands in the eyelid. Very frequently, they are infected by bacteria, most commonly staphylococcal bacteria. Seborrhea (excessive oily discharge from the glands) may increase the likelihood of developing one of these infections. Certain factors can contribute to the blockage of the glands:

- Improper or incomplete removal of eye makeup
- Use of outdated or infected cosmetics
- Poor eyelid hygiene
- Inflammatory diseases of the eyelid, such as blepharitis, meibomitis, and rosacea
- Stress
- Hormonal changes

Sty Symptoms

- A lump on the top or bottom eyelid
- Localized swelling of the eyelid
- Pain
- Redness
- Tenderness to touch
- Crusting of the eyelid margins
- Burning in the eye
- Droopiness of the eyelid
- Scratchy sensation on the eyeball
- Blurred vision
- Mucous discharge in the eye

When to Seek Medical Care

Sometimes, complications may occur from a seemingly innocent problem. Immediately contact your ophthalmologist (a medical doctor who specializes in eye care and surgery) if any of the following problems occur:

- The eye is swollen shut
- Redness appears around the entire eye
- You have any change or disturbance in your vision
- Swelling lasts for more than 3 weeks
- The sty or styes come back or bleed
- Your eyelashes fall out
- The sty is on the bottom eyelid, near the nose
- The white part of the eye becomes red
- Pus or thick discharge continues to drain from the eye
- You have a fever higher than 100.5°F
- You have excessive persistent tearing
- You have persistent redness of the surface of the eye
- You have significant pain
- The sty recurs, especially if the sty does so in the same location as a previous sty
- You have swelling of the lymph nodes in your neck
- You experience double vision.

You should go to your ophthalmologist for any of the above symptoms. If you are unable to be evaluated by your ophthalmologist, you should go to the hospital's emergency department if you experience any of the above problems.

Questions to Ask the Doctor

- Is the eyelid infected?
- Is the cornea involved?
- Is surgery required?
- How can I prevent a recurrence?
- What is the chance that the sty may be a type of skin cancer?
- Is the tear drainage system involved?

Exams and Tests

Your ophthalmologist asks questions about whether you have had any injury or previous eye problems or surgeries. Frequently, a history of similar symptoms is useful, so be sure to tell your ophthalmologist if you have previously experienced them. Your eyelid and facial hygienic habits, along with any makeup usage, are also useful information for your ophthalmologist.

Your eyes and eyelids are examined, including the underside of the eyelid. Your ophthalmologist may use a slit lamp (a microscope-like device with a powerful light) to examine your eye.

X-rays and blood work are not usually useful, except if your ophthalmologist is concerned that an infection may have spread from your eyelid to your eye socket. In this case, a CT scan of the eye socket may be required.

STY TREATMENT

Self-Care at Home

- Most styes go away on their own in 5-7 days.
- Apply warm compresses 4-6 times a day for about 15 minutes at a time to help the drainage. Keep your eyes closed.
- Gently scrub the eyelid with tap water or with a mild, nonirritating soap or shampoo (such as baby shampoo). This may help with drainage. Close your eyes as you scrub so you do not injure your eyes.
- Do not squeeze or puncture the sty. A more serious infection may occur as a result.
- Discontinue the use of eye makeup as well as eye lotions and creams because they may be infected.
- Discontinue wearing your contact lenses because the sty may cause an infection to spread to your cornea with the continued use of your contact lenses.

Medical Treatment

Care is mainly provided to help relieve your symptoms and to hasten recovery.

- Warm compresses are usually recommended.
- Pain medicine, such as acetaminophen (Tylenol®), may be given or recommended.
- Antibiotics may be necessary.
 - Topical antibiotics may be given by your ophthalmologist.
 - Occasionally, oral antibiotics are given to people either with styes that do not go away or with multiple styes as well as to those who have styes in addition to other conditions, such as blepharitis or rosacea.
 - For people who have rosacea along with a sty, they may require treatment of their cheeks with an antibiotic cream, an oral antibiotic, or both.
 - Oral or IV antibiotics are usually given if the infection has spread.

Your ophthalmologist may remove the pus from a large or painful sty by making a small cut and then draining the pus.

Medications

For a sty that has not resolved in 3 weeks or for multiple styes, you may be prescribed oral antibiotics by your ophthalmologist. Doxycycline is an antibiotic that is commonly used to treat persistent or complex styes. Occasionally, a topical antibiotic ointment or an antibiotic/steroid ointment combination may be prescribed to treat styes.

Surgery

If you have a sty that has not responded to medical treatment or if you experience complications resulting from a sty, a surgical procedure may be required. During this surgical procedure, your ophthalmologist makes a small incision in the eyelid. The incision is made either on the inner surface of the eyelid or on the outer surface of the eyelid if the sty is pointing externally (outward). Once the incision is made, your ophthalmologist then drains the pus (or blocked oil) out of the gland. This procedure is commonly performed in the office. In children, general anesthesia may be required. A 1-week follow-up appointment is usually recommended after this surgical procedure.

Your ophthalmologist may need to perform a biopsy on the sty. During the biopsy, a small piece of tissue from the sty is removed and sent to a laboratory for microscopic examination to ensure that the sty is not a form of skin cancer.

Follow-up

The sty usually goes away within 1 week. Reevaluation is required if the sty lasts for more than 3 weeks.

Prevention

Good hand and facial washing may prevent styes from forming or coming back.

Upon awakening, application of a warm washcloth to the eyelids for 1-2 minutes may be beneficial in decreasing the occurrence of styes by liquefying the contents of the oil glands of the eyelid and thereby preventing blockage.

All cosmetics and cosmetic tools should be kept clean and protected from the environment. Do not share makeup or eye cosmetic tools, such as eyelash curlers. Makeup should be thrown away when it becomes old or contaminated.

Outlook

A sty may come back, even after appropriate medical or surgical care. These persistent styes need further evaluation and care because they may indicate other health concerns; rarely, they can be an indication of cancer.