

Ophthalmology department

Scleritis

Information for patients, relatives and carers

Introduction

This leaflet has been designed to give you information about **scleritis**. We hope it will answer some of the questions that you or those who care for you may have at this time. It is not meant to replace the discussion between you and your medical team but aims to help you understand more about what is discussed. If you have any questions about the information below contact us.

What is scleritis?

Scleritis is an inflammatory disease that affects the white part of the eye (sclera). This is a rare but potentially serious condition. It can be recurrent, affecting one or both eyes. It can cause complications if not treated. quickly and effectively.

It is important to differentiate this from episcleritis. Episcleritis can be similar, but causes minimal eye pain, less redness and usually has no serious long-term eye complications.

What causes scleritis?

Scleritis can be associated with other systemic autoimmune disorders such as rheumatoid arthritis. In approximately half of cases, no underlying cause is found

What are the signs and symptoms?

- severe eye pain, which may radiate to forehead and jaw.
- pain may be worse with eye movement, or at night, awakening the patient from sleep.
- eye redness, occasionally changing to a purple hue. Redness may not always be present.
- watering eyes
- sensitivity to light
- affected eye is painful to touch

Treatment

The initial treatment is usually with non-steroidal anti-inflammatory drugs, such as flurbiprofen. Most patients respond well to this treatment.

Some patients require stronger immunosuppression treatment, such as steroids tablets, or alternative immunosuppressive medications. Eye injections are sometimes used for treatment of scleritis. Eye drops alone, however, have not been found to be effective in treating this condition.

Follow-up

Patients require specialist follow-up and management. Scleritis may be severe or recurrent, resulting in loss of sight.

Investigations are usually needed to look for autoimmune conditions affecting the rest of the body. Patients are often managed jointly by an ophthalmologist and a rheumatologist.

It is important to adhere to treatment plans and follow-up appointments, and to attend the emergency department if scleritis is suspected or symptoms worsen.

Who can I contact for more information?

- Emergency Department at Western Eye Hospital – 020 3312 3245
- Outpatients at Western Eye Hospital – 020 3312 3236
- Outpatients at Charing Cross Hospital – 020 3311 1109/ 1233/ 0137

How do I make a comment about my visit?

We aim to provide the best possible service and staff will be happy to answer any of the questions you may have. If you have any **suggestions** or **comments** about your visit, please either speak to a member of staff or contact the patient advice and liaison service (**PALS**) on **020 3313 0088** (Charing Cross, Hammersmith and Queen Charlotte's & Chelsea hospitals), or **020 3312 7777** (St Mary's and Western Eye hospitals). You can also email PALS at imperial.pals@nhs.net The PALS team will listen to your concerns, suggestions or queries and is often able to help solve problems on your behalf.

Alternatively, you may wish to complain by contacting our complaints department:

Complaints department, fourth floor, Salton House, St Mary's Hospital, Praed Street
London W2 1NY

Email: ICHC-tr.Complaints@nhs.net

Telephone: **020 3312 1337 / 1349**

Alternative formats

This leaflet can be provided on request in large print or easy read, as a sound recording, in Braille or in alternative languages. Please email the communications team:
imperial.communications@nhs.net

Wi-fi

Wi-fi is available at our Trust. For more information visit our website: www.imperial.nhs.uk

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