Having red eyes is always a little alarming—for you and for anyone looking at you. Often red eyes are not contagious but are simply caused by inflammation or irritation. Some red eyes are very painful and some are not. We often use pain to gauge how severe a problem is, but with eyes pain is not always a good indicator.

Many people think of “pink eye” as a common contagious infection requiring antibiotics. Actually bacterial infections are rare, especially in adults. Children get them more readily because of hand-to-eye transfer of germs. Bacterial infections often follow a cold or respiratory tract infection because of the drain connecting the eye to the nose. They also create copious amounts of pus; the eyes are often glued shut in the morning.

Viruses cause nasty looking red eyes which are highly contagious. There is no pus but there is usually a flood of tears and some pain. Often one eye is infected first for a few days then the other. The second eye is less red and painful due to the immunity the body develops to the virus. A viral eye infection lasts seven to ten days. Waiting it out and using artificial tears is often the only treatment for a viral eye infection. Viruses are not helped with antibiotics. Steroids can make the eye more comfortable but these often prolong the infection. Some doctors use betadine eye washes if the infection is caught early enough. If infected, do not share towels, pillows, or washcloths with anyone in the family. Get plenty of rest. Do not go to work or school until you are fully well.

Allergies are a primary cause of red eyes, particularly during the spring and summer months. Allergy eyes are typically glassy, swollen, and very itchy. Simply rinsing the eyes out helps a substantial number of people manage their symptoms; cold compresses can also be used to numb the eyes and reduce swelling. Over-the-counter eye drops are available which can be very helpful. Taking oral antihistamines dries the eyes out and so may actually be counterproductive.

A broken blood vessel can create an alarmingly red eye without pain or loss of vision. This is a bruise on the white of the eye. The eye is sealed around the colored iris so no blood will enter the eye. Often no cause is found but heavy lifting, sneezing, constipation, or taking blood thinners such as aspirin, Motrin, or flax seed oil can be the culprit. Stop all such activities, after 24 hours use warm compresses to carry the blood away, and stop all blood thinners your doctor has not prescribed. The bruise usually resolves after a week or so but a little stain may remain.

Another cause of red eyes is dryness, typical of extended computer use, menopause, over-wear of contact lenses, and dry air. Treatment is geared toward moistening the eye. Artificial tears, silicone plugs, and eye drops all work well but there is no cure. Contact lens wear may become challenging.

Lid hygiene—washing the eyelashes with special soap—can make a big difference. There are some bacteria which live around the eye that can cause an overall red, cranky, gravelly eye. Middle aged persons with ruddy skin, fair hair, and light eyes are especially vulnerable. These bacteria are reasonably
contained by lid washes and eating well, lubricating drops, and sometimes antibiotic ointments. Extreme cases may get significant relief with chronic low-dose oral antibiotics.

Eye injuries can cause a red eye without your knowledge. Sometimes the offending object is too embedded to be felt, or is tucked under the eyelid, or was transferred from the hand to the eye. Eyes that are injured can heal over but the internal parts of the eye become inflamed. This leads to vague nausea, light sensitivity, and a sense of fullness in the eye. Dilation and steroids are required to give the body a jumpstart toward healing.

In general with a red eye, using artificial tears is a good place to start. Any loss of vision must be explored immediately. If an eye is consistently red, painful, or light sensitive, see your eye doctor for a full checkup.

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