Foreign bodies

Surface foreign bodies (FB) are found on the cornea, conjunctiva, or under the lids. Slow velocity (grinding, welding, and wind borne) foreign bodies do not have the force to penetrate the eye and only embed themselves superficially in the epithelium. There is a FB sensation or grittiness in the eye, watering, and variable photophobia. A clear history of FB may not always be present or precede symptoms by hours. On examination the vision is normal, unless the FB is on the visual axis. The eye is injected and may be in spasm until anaesthetic drops are instilled. Everting the lids is essential. FBs can sometimes be seen more readily if fluorescein drops are instilled. Surface FBs should be directly visible and do not require radiological investigation. Instill local anaesthetic drops. A moistened cotton bud is effective for removing most conjunctival and subtarsal FBs. However, a green needle used with a slit-lamp is often needed for corneal FBs. Prescribe chloramphenical ointment four times a day for 5 days and padding for the first day. Referral is not required unless a rust ring remains on the cornea or an infected corneal ulcer has developed under the FB.

Intra-ocular FBs that have penetrated the eye as a result of high-velocity injuries, are discussed under penetrating injuries.