

Foreign Body in the Eye

A plain-English guide for you and your family

WHAT IS HAPPENING

A foreign body in the eye means a tiny piece of something — dirt, dust, metal, wood, or even an eyelash — has landed on or stuck into your eye. Your eye is like a smooth, clear window at the front, and even the smallest speck feels like a big scratch because the surface is packed with nerve endings that tell you something is wrong. You will feel pain, your eye will water a lot, and it will feel gritty or like sand is trapped under your eyelid every time you blink. Bright light may hurt, and your eye might turn red. Your tears are trying to wash the speck away, but if it is stuck or sharp, tears alone will not fix it. If the speck is still there after a gentle rinse, or if your vision is blurry, or if the pain is bad, see a doctor right away. Never rub your eye — rubbing can push the speck deeper or scratch the surface even more. Most foreign bodies sit on the surface and can be removed safely in a clinic, but a few pierce the eye wall, and those need emergency care to prevent infection or permanent harm to your sight.

What you might feel

- Sharp pain or a scratchy feeling in the eye
- Feeling like something is stuck in the eye even after blinking
- Watery eye or lots of tearing
- Redness of the eye or eyelid
- Sensitivity to light (photophobia)
- Blurry vision
- Eyelid twitching or spasm
- Sudden severe pain and vision loss
- Pus or thick yellow-green discharge

Call the doctor right away if...

- Severe pain that does not improve after rinsing or removing a surface object
- Sudden vision loss or large dark spots in vision

- Blood visible inside the colored part of the eye (hyphema) or behind the cornea
- Irregular or teardrop-shaped pupil (suggests rupture of the eyeball)
- History of high-speed impact (grinding metal, hammering, explosion) that could drive a particle deep into the eye
- Pus or thick discharge with fever or worsening redness spreading around the eye

What the care team will do

- Do not let the patient rub the eye; cover it loosely with a rigid shield (like a paper cup taped over the eye) if a puncture is suspected
- Check and record vision in each eye separately using a vision chart (or count fingers if no chart available)
- Irrigate the eye with sterile saline if a chemical exposure occurred, or if a loose surface foreign body is visible
- Prepare for fluorescein staining and slit-lamp or Wood's lamp examination by the provider
- Keep the patient calm and still, positioned sitting upright or semi-upright with head steady
- Have equipment ready: topical anesthetic drops, sterile cotton swab or eye spud, irrigation supplies, antibiotic ointment, and eye patch or shield

Medicines you may be given — and why

Tetracaine 0.5% ophthalmic drops

Blocks the pain nerves on the surface of the eye so the doctor can examine and remove the object without causing you discomfort.

Erythromycin 0.5% ophthalmic ointment

Kills or stops bacteria from growing on the surface of the eye to prevent infection after a foreign body has scratched or been removed from the cornea.

Polymyxin B / Trimethoprim ophthalmic drops (Polytrim)

Uses two different antibiotics that work together to kill a wide range of bacteria on the eye surface, preventing infection after a foreign body scratch or removal.

Cyclopentolate 1% ophthalmic drops

Temporarily paralyzes the muscle inside the eye that controls focusing, which reduces pain caused by muscle spasms after a corneal scratch or foreign body injury.

Artificial tears (preservative-free)

Adds moisture and creates a smooth, protective coating over the scratched surface of the eye to reduce pain, wash away debris, and help the cornea heal.

Oral NSAIDs (e.g. ibuprofen 400-600 mg)

Blocks chemicals in your body called prostaglandins that cause pain, swelling, and inflammation, helping reduce the discomfort from the eye injury.

Where this information comes from

- American Academy of Ophthalmology (AAO) Preferred Practice Pattern
- American College of Emergency Physicians (ACEP) Clinical Policy
- UpToDate Clinical Decision Support
- BMJ Best Practice

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