

## Eyelid Hygiene and Thermotherapy: A Practical Routine for Chronic Ocular Surface Discomfort

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### ABSTRACT

*Dry eye disease and eyelid margin inflammation remain among the most common reasons for ophthalmic consultation, yet outcomes often depend less on adding novel therapies and more on sustaining basic, low-friction routines [1,2]. In particular, eyelid hygiene and heat-based therapy are frequently recommended, but patient adherence is limited by variability in temperature delivery, inconvenience, and concerns about hygiene [3-5]. This perspective paper reviews why the eyelid margin is a central therapeutic target, highlights practical barriers to adherence with traditional warm compresses, and proposes a simple, patient-centered routine that combines eyelid hygiene with controlled thermotherapy. We also discuss how formulation choices and clean-label preferences influence patient acceptance, especially in retail channels [6].*

### Keywords

Dry eye disease (DED), Meibomian gland dysfunction (MGD), Blepharitis, Eyelid margin inflammation, Ocular surface disease.

### The Eyelid Margin: The Under-addressed Interface

Across dry eye phenotypes, the eyelid margin sits at the intersection of tear film stability, meibomian gland function, ocular surface inflammation, and patient symptoms [1,7,8]. Evaporative dry eye, commonly associated with meibomian gland dysfunction (MGD), is particularly prevalent and is frequently accompanied by lid margin inflammation and debris [2,7,9,10]. When the lid margin is not addressed, even well-selected lubricants and anti-inflammatory treatments may deliver suboptimal patient-perceived benefit [3,8].

Eyelid hygiene is therefore not a cosmetic add-on. It is a practical intervention that targets biofilm, debris, and inflammatory triggers at the lid margin, supporting both comfort and the effectiveness of other therapies [3,5].

### Eyelid Hygiene: Simple, Daily, and Often Neglected

Most eyelid hygiene recommendations share a core goal: reduce debris, residue, and inflammatory load at the eyelid margin using products that patients can tolerate long-term [3,5]. In real-world settings, the deciding factors are not only theoretical efficacy, but

also sensory tolerability, perceived “cleanliness,” ease of use, and the ability to integrate into daily life.

### Practical requirements for a successful cleanser

A cleanser intended for eyelid use should generally be:

- Mild enough for frequent use without stinging or drying
- Effective at removing daily residue and debris
- Compatible with sensitive periocular skin
- Microbiologically stable through shelf life [6]
- Acceptable to clean-label consumers who prefer minimal additives

A common question from both clinicians and consumers is whether an eyelid cleanser can remove waterproof makeup. The practical answer is that gentle eyelid cleansers can support daily removal of light-to-moderate residue, but heavy waterproof formulations often require a dedicated remover as a first step, with an eyelid cleanser used afterwards for hygiene and comfort. This sequence preserves ocular tolerance while improving real-world usability.

### Heat Therapy: Why “Warm Compress” Is Not a Single Intervention

Heat therapy is a standard recommendation for MGD and evaporative dry eye [3,4,7,9]. The problem is that “warm

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compress” is treated as a single intervention, while in practice it varies widely in temperature profile, contact time, and hygiene.

### **The adherence problem**

Traditional microwave-heated compresses often fail in three ways:

1. Temperature variability: overheating and rapid cooling are common.
2. Friction and inconvenience: repeated reheating is required, and the routine feels burdensome.
3. Hygiene concerns: reusable compresses, if not cleaned properly, can become a perceived or real hygiene risk.

These issues reduce adherence. In chronic conditions, adherence is the intervention [3,4].

### **Why controlled thermotherapy matters**

Devices or masks that deliver controlled heat aim to standardize the treatment experience. The clinical logic is straightforward: if temperature delivery is stable and comfortable, patients are more likely to perform the routine consistently, which is when improvements are most likely to be perceived [3,4,9].

A practical approach is not to promote higher temperatures, but more consistent and safer temperature delivery, with clear guidance on duration and frequency.

### **A Patient-Centered Routine: Minimal Steps, Maximum Consistency**

A workable routine should reduce friction and decision fatigue. A simple structure used by many clinicians is [3-5]:

1. Eyelid hygiene (daily)
2. Heat therapy (several times per week, or daily in symptomatic periods)
3. Optional adjuncts depending on phenotype and severity (lubricants, anti-inflammatory therapy, nutraceuticals)

### **A pragmatic example routine**

- Eyelid cleansing (foam or gel cleanser): 20–30 seconds per session
- Controlled heat mask: 10–15 minutes per session
- Frequency: daily for hygiene; heat as advised based on symptoms and phenotype

This is not meant to replace clinical evaluation or prescription therapy. It is meant to improve the baseline routine so that additional therapies have a better chance of delivering meaningful symptom relief [3-5].

### **Clean-Label Expectations: A Real Barrier in Retail Channels**

In some markets, particularly those with strong consumer preference for “minimal additives,” the formulation profile influences acceptance as much as price. Consumers often ask for:

- No added fragrance
- Minimal and well-explained preservation systems
- Clear, transparent INCI labeling

- Clinically oriented positioning rather than generic cosmetic claims

From a product strategy standpoint, this means that providing clear explanations of preservation systems and microbiological validation is not merely regulatory housekeeping. It is a commercial and trust-building requirement, especially when positioning an eyelid cleanser as a premium, ophthalmology-adjacent product [6].

### **Commercial Positioning Without Over-Claiming**

For brands operating in the ophthalmic wellness space, the goal is to support evidence-aligned routines without making exaggerated claims. For products that sit at the boundary between dermocosmetics and eye care, a sustainable approach is:

- Focus on routine adherence and comfort
- Provide clear use instructions
- Avoid “diagnosis” or “treatment” language unless properly supported and compliant [3-5]
- Emphasize tolerability and validated quality processes

### **Conclusion**

Eyelid hygiene and heat therapy remain foundational interventions for many patients with ocular surface discomfort, yet their real-world impact depends on adherence and routine design [3-5]. The eyelid margin is a central therapeutic target, particularly in MGD-related dry eye [7-9]. A minimal, patient-centered routine that combines gentle eyelid hygiene with controlled thermotherapy can reduce friction, improve consistency, and support better symptom management over time. For retail-focused growth, clean-label preferences and transparent explanations of formulation and stability are increasingly important and can become differentiators when combined with clinically aligned messaging [6].

### **Conflict of Interest Statement**

The author is a founder of Weye Eyecare Wellness, a company developing and commercializing eye-care wellness products. This article is intended as a perspective on routine design and patient adherence. It does not provide medical advice and should not replace clinical evaluation or guideline-based care.

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