HEALTH BASICS

Eye emergencies

Eye emergencies are injuries or sudden changes that need rapid assessment to protect sight.

WHAT IT IS
Eye problems needing immediate or same-day assessment

WHERE IT COMES UP
Sudden vision change, injury, chemical exposure, or severe pain

WHY IT MATTERS
Fast care can protect sight and treat serious causes

WHAT IT IS NOT
Not a disease or a diagnosis

WHO TO ASK
Emergency services, an emergency department, or urgent eye clinic

HOW IT IS CHECKED
Vision testing and a focused eye examination

Overview

"Eye emergency" is not a disease or diagnosis. It describes an injury, vision change, or other eye problem that may need immediate or same-day medical care.

Some eye problems are time-sensitive because the retina, optic nerve, cornea, or other delicate structures may be at risk. The retina is the light-sensitive tissue at the back of the eye. The cornea is the clear front surface. The optic nerve carries visual information to the brain.

A problem does not have to look dramatic to be urgent. Sudden loss of vision can be serious even when the eye is not red or painful. A small high-speed object may penetrate the eye without leaving a large wound.

Other problems, such as a stable glasses prescription or mild irritation that is improving, can usually wait for routine care. If you are unsure which service to use, an urgent eye clinic, emergency department, or local medical advice service can guide you.

How it works

Emergency eye care begins with triage. This means deciding how quickly you need to be examined and which service has the right equipment.

You may be asked when the problem began, whether one or both eyes are affected, and whether there was an injury or chemical exposure. Mention contact lens use, recent eye surgery or injections, previous eye conditions, and any medicines you take.

The examination often includes reading an eye chart with each eye separately. A clinician may check your pupils, eye movements, side vision, and the structures around the eye.

A slit lamp is a microscope with a bright light that gives a magnified view of the front of the eye. Fluorescein, a temporary dye, can reveal scratches or damage to the cornea. Eye pressure may be measured when it is safe to do so. Pressure testing is generally avoided when an open or ruptured eyeball is suspected.

Dilating drops may be used to examine the retina. Depending on the suspected cause, you may also need ultrasound, a scan, blood tests, or assessment for stroke.

Treatment is based on the cause. It may include removing a loose surface object, washing out a chemical, medicine, laser treatment, or surgery. Assessment comes first unless immediate first aid, such as rinsing out a chemical, is needed.

Why it matters for your health

Vision can change quickly when blood flow is blocked, the retina separates from the back of the eye, pressure rises sharply, or infection enters the cornea or inside of the eye.

Sudden vision loss can also be related to a blood-vessel problem. Central retinal artery occlusion is a blockage in the main artery supplying the retina. It is treated as a form of acute ischemic stroke and requires immediate emergency assessment.

Eye injuries may involve more than the visible surface. Blunt force can cause bleeding, retinal damage, or fractures around the eye. Sharp or high-speed objects can enter the eyeball.

Chemical injuries continue damaging tissue while the chemical remains present. Immediate, prolonged rinsing is more important than identifying the exact product before starting first aid.

Rapid assessment does not mean that permanent damage is certain. It means the possible causes are important enough that waiting for a routine appointment may not be safe.

What can go wrong

Several named conditions and situations can lead to an eye emergency:

Stroke can also affect vision. Sudden visual loss with facial drooping, arm weakness, speech difficulty, severe imbalance, or confusion requires emergency services.

- Retinal detachment: The retina pulls away from its supporting tissue. Warning signs can include new flashes, a sudden increase in floaters, or a shadow or curtain across vision.
- Central retinal artery occlusion: Blood flow to the retina is blocked, usually causing sudden, painless loss of vision in one eye.
- Acute angle-closure glaucoma: Drainage inside the eye becomes blocked and pressure rises quickly. This may cause severe eye pain, redness, blurred vision, halos, headache, nausea, or vomiting.
- Microbial keratitis: Bacteria, fungi, or other organisms infect the cornea. A painful red eye, light sensitivity, discharge, or blurred vision is especially concerning in someone who wears contact lenses.
- Open-globe injury: A cut or rupture passes through the wall of the eye. It may follow a sharp injury, high-speed debris, or major blunt force.
- Chemical injury: Cleaning products, workplace chemicals, powders, or other substances damage the eye's surface.
- Orbital cellulitis: Infection develops in the tissues around and behind the eye. Fever, marked swelling, pain with eye movement, restricted movement, or double vision need emergency assessment.
- Endophthalmitis: A serious infection develops inside the eye, sometimes after surgery or an eye injection. Increasing pain, redness, or reduced vision requires immediate contact with the treating eye service.

What you can do

For a chemical splash, begin rinsing immediately with plenty of clean, lukewarm water. Continue for at least 20 minutes. Hold the eyelids open if possible, remove contact lenses if they come out easily, and do not delay rinsing while searching for the product label. Do not try to neutralize the chemical with another substance. Seek emergency advice after rinsing has begun.

Call emergency services or go to an emergency department immediately for sudden loss of vision, stroke signs, a penetrating injury, major eye trauma, or a chemical burn. Do not drive yourself if your vision is affected.

If an object is embedded in the eye, do not pull it out. Do not press, rub, or place pressure over the eye. Loosely protect the area from accidental contact while arranging emergency care.

Seek same-day eye assessment for:

Do not use leftover steroid drops or someone else's eye medicine. Steroid drops can worsen some infections and should be used only when prescribed for the current problem. Numbing drops used during examinations are also not intended for repeated home use.

For assessment, record when the problem started and whether the change was sudden or gradual. Bring your glasses, medicine list, and the chemical container or a photograph of its label if this can be done safely.

Routine follow-up is more appropriate for stable, gradual vision changes without pain, injury, marked redness, flashes, a visual curtain, or sudden loss. Arrange an optometry or eye-clinic appointment rather than waiting indefinitely for a persistent change.

- New flashes, many new floaters, or a curtain-like shadow
- A painful red eye with blurred vision or light sensitivity
- Eye pain or reduced vision while wearing contact lenses
- New double vision or difficulty moving an eye
- Worsening pain, redness, or vision after eye surgery or an injection
- A surface injury that leaves continuing pain or vision change

Common questions

Can an eye emergency be painless?

Yes. Retinal detachment and blocked retinal blood flow may cause sudden visual changes without pain. Pain is not a reliable measure of seriousness.

Are flashes and floaters always an emergency?

Long-standing, unchanged floaters are common. New flashes, a sudden shower of floaters, reduced side vision, or a curtain-like shadow need same-day assessment because they can occur with a retinal tear or detachment.

Is every red eye urgent?

No. Mild irritation has many possible causes. A red eye becomes more concerning when it is painful, affects vision, causes strong light sensitivity, follows an injury, or occurs with contact lens use or recent eye surgery.

Can I rinse a chemical-exposed eye with tap water?

Yes. Clean tap water is appropriate when it is immediately available. Starting promptly is more

important than waiting for sterile fluid.

Should I remove something from my eye?

A loose eyelash or speck may wash out with clean water. Do not remove anything embedded in the eye, and do not use tweezers or other tools near the eyeball.

Should I wait to see whether sudden vision loss improves?

No. Sudden loss or marked reduction of vision needs immediate assessment, even if it begins to improve.

Sources

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