SYMPTOM

Eye burning - itching and discharge

Eye burning, itching, and discharge can occur when the eye surface becomes irritated or inflamed.

WHAT IT FEELS LIKE
My eyes sting, itch, water, or feel sticky

WHERE IT IS FELT
One or both eyes and the eyelid edges

MOST COMMON CAUSES
Allergies, viral conjunctivitis, dry eye

WHEN IT IS URGENT
Pain, light sensitivity, vision change, or contact-lens redness

USUALLY LASTS
Days to weeks, depending on the cause

SEE A DOCTOR IF
Symptoms persist, recur, or produce thick discharge

Overview

Burning, itching, and discharge are symptoms of irritation or inflammation affecting the eye surface, the lining over the white of the eye, or the eyelid edges.

A common cause is conjunctivitis, or pink eye. This is inflammation of the conjunctiva, the clear tissue covering the white of the eye and inner eyelids. It may result from allergies, viruses, bacteria, or irritants.

Dry eye and inflamed eyelids can cause similar symptoms. Less often, redness and burning involve the cornea, the clear front surface of the eye. Symptoms and discharge colour alone cannot reliably identify the cause.

What it may feel or look like

The eye may feel itchy, gritty, hot, sore, or as though something is trapped under the eyelid. Burning may worsen with reading, screens, contact lenses, or dry or smoky air.

Other changes may include:

Intense itching often suggests allergies. Watery discharge is common with allergies and viral infections, while thick discharge may occur with bacterial conjunctivitis. However, appearance alone cannot confirm the cause.

Loss of vision, marked pain, or strong light sensitivity is not typical of simple conjunctivitis and needs prompt assessment.

- Red or bloodshot eyes
- Watery, stringy, or thick discharge
- Crusts along the eyelashes, especially after sleep
- Puffy or irritated eyelids
- Excess tears despite a dry feeling
- Mild blurred vision that clears after blinking or removing discharge

Common causes

Common causes include allergic or viral conjunctivitis, dry eye, and eyelid inflammation.

Allergic conjunctivitis usually affects both eyes and causes prominent itching, watering, and puffy eyelids. Triggers include pollen, dust mites, mould, and animals.

Viral conjunctivitis often begins in one eye before spreading to the other. Discharge is usually watery, and symptoms may occur with a cold or sore throat.

Dry eye can cause burning, grittiness, redness, watering, and blurred vision that improves with blinking. Screen use, wind, dry air, and some medicines may contribute.

Blepharitis affects the eyelid edges, causing burning, crusting, flaky skin around the lashes, and a foreign-body sensation.

Bacterial conjunctivitis may cause thicker discharge that repeatedly sticks the eyelids together. Some cases improve without antibiotics, while others need assessment.

Less common causes include smoke, chlorine, cosmetics, cleaning products, preserved eye drops, a loose eyelash, a small foreign object, a scratched cornea, or a contact-lens reaction.

More urgent causes include corneal infection, inflammation inside the eye, or chemical injury. These are more likely when redness occurs with significant pain, light sensitivity, reduced vision, injury, or contact-lens use.

When to seek medical care

Get emergency help after a chemical splash or serious eye injury. Immediately rinse the eye with plenty of clean, lukewarm water. Remove contact lenses if they come out easily, and do not delay rinsing while seeking advice.

Emergency assessment is also appropriate for sudden major vision loss or severe eye pain with headache, nausea, or coloured rings around lights.

Arrange same-day medical or eye-care assessment for:

Contact-lens wearers have a higher risk of corneal infection. Remove the lenses and do not reinsert them while the eye is red, painful, or producing discharge.

Book a routine appointment if symptoms do not improve, keep returning, produce ongoing thick discharge, or interfere with daily activities.

- New reduction or distortion of vision
- Moderate or severe eye pain
- Strong sensitivity to light
- A red, painful eye while wearing contact lenses
- A suspected object stuck in the eye
- Increasing swelling, fever, or pain when moving the eye
- Recent eye surgery or an eye injury
- A red or sticky eye in a newborn baby

How the cause is found

A healthcare professional will ask when symptoms started, whether one or both eyes are affected, and about allergies, illness, contact lenses, injuries, chemical exposure, and contact with others who have red eyes.

The examination may check vision, pupils, eye movements, eyelids, and the eye surface. A slit lamp provides a magnified view of the cornea and other structures.

Fluorescein dye may be placed in the eye to reveal scratches, ulcers, or damaged areas under blue light. Discharge samples are usually reserved for severe, unusual, recurring, or treatment-resistant infections.

Treatment and self-care

Treatment depends on the cause. Avoid smoke, fragranced products, and eye rubbing. Preservative-free artificial tears may soothe mild dryness or irritation.

A cool, clean compress may ease itching and puffiness. Warm compresses and gentle eyelid cleaning may help blepharitis-related crusting.

If infection is possible:

Antihistamine eye drops may help allergies. Antibiotics like amoxicillin or doxycycline treat certain bacterial infections but do not work against viruses or allergies. Do not use leftover antibiotics or another person's drops.

Use steroid eye drops only under professional supervision. They can worsen some infections and increase pressure inside the eye.

- Wash your hands before and after touching your face
- Use a separate clean cloth for each eye
- Do not share towels, pillows, cosmetics, or eye drops
- Stop using contact lenses and eye makeup
- Do not touch the bottle tip to your eye or lashes

What to expect

Allergy symptoms may continue while exposure to the trigger persists. Dry-eye and eyelid symptoms can recur and may need ongoing care.

Viral conjunctivitis often settles within one or two weeks but may last longer. Mild bacterial conjunctivitis may improve over several days. Symptoms that worsen rather than improve should be reassessed.

Do not restart contact lenses until the eye is comfortable, no longer red, and free of discharge. Ask an eye-care professional whether lenses, cases, or eye makeup used during the illness should be replaced.

Common questions

Does yellow or green discharge always mean a bacterial infection?

No. Thick discharge can suggest bacterial conjunctivitis, but colour cannot confirm the cause. An eye examination may be needed.

Is this contagious?

Viral and bacterial conjunctivitis can spread through contaminated hands and objects. Allergic conjunctivitis, dry eye, and blepharitis are not contagious.

Can screen use cause discharge?

Screens can reduce blinking and worsen burning or dry eye. They do not usually cause thick discharge, although dryness may produce watering or stringy mucus.

Should I keep using contact lenses?

No. Remove them if the eye is red, painful, unusually watery, or producing discharge. A painful red eye in a contact-lens wearer needs same-day assessment.

Sources

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