SYMPTOM

Eye redness

Eye redness is a bloodshot or red appearance of the white of the eye

WHAT IT FEELS LIKE
A bloodshot, irritated, itchy, gritty, or painful eye

WHERE IT IS FELT
The white of one or both eyes

MOST COMMON CAUSES
Dryness, conjunctivitis, minor irritation

WHEN IT IS URGENT
Eye pain, light sensitivity, or any change in vision

USUALLY LASTS
Hours to weeks, based on the underlying cause

SEE A DOCTOR IF
Persistent redness, discharge, or symptoms that keep returning

Overview

Eye redness happens when small blood vessels on or near the eye become wider or break. The redness may cover most of the white of the eye, appear around the coloured part, or form a single bright-red patch.

Many cases come from dryness, allergies, infection, or minor irritation. However, redness can sometimes be linked to inflammation or injury inside the eye. Pain, sensitivity to light, or a change in vision are more concerning than redness alone.

Eye redness is a symptom, not a diagnosis. The likely cause depends on what the eye feels like, whether one or both eyes are affected, and whether you have discharge, pain, or vision changes.

What it may feel or look like

The eye may look mildly bloodshot or intensely red. Symptoms can include:

A sharply outlined red patch on the white of the eye may be a subconjunctival haemorrhage. This is a small amount of bleeding under the clear surface covering the eye. It can look striking

but is usually painless and does not affect vision.

- Itching, burning, watering, or a gritty feeling
- Sticky, watery, or pus-like discharge
- Crusting around the eyelashes after sleep
- Swollen eyelids
- A feeling that something is in the eye
- Pain or discomfort when looking at bright light
- Blurred or reduced vision

Common causes

Dry eyes can cause burning, grittiness, watering, and redness. Screens, wind, air conditioning, smoke, some medicines, and reduced tear production can contribute.

Conjunctivitis is inflammation of the thin, clear tissue covering the white of the eye and inner eyelids. Viral conjunctivitis often causes watery discharge and may occur with a cold. Bacterial conjunctivitis can cause thicker discharge. Allergic conjunctivitis usually affects both eyes and causes prominent itching and watering.

Minor irritation may follow exposure to dust, smoke, chlorine, cosmetics, or prolonged contact lens use. A loose eyelash or small surface scratch can also make the eye red and watery.

Blepharitis is inflammation along the eyelid edges. It may cause redness, burning, flaky skin around the lashes, or eyelids that stick together.

A subconjunctival haemorrhage can happen after coughing, sneezing, straining, or rubbing the eye. It may also occur without an obvious trigger. Repeated episodes should be discussed with a clinician.

Less common causes include inflammation of the cornea, iris, or deeper white layer of the eye. These conditions are more likely to cause significant pain, light sensitivity, or reduced vision. Sudden pressure build-up inside the eye, called acute angle-closure glaucoma, is uncommon but needs emergency treatment.

When to seek medical care

Seek emergency care now for:

After chemical exposure, start rinsing the eye immediately with plenty of clean, lukewarm

water. Continue rinsing while arranging emergency help. Do not delay rinsing to search for a particular solution.

Arrange a same-day urgent assessment if the redness comes with pain, light sensitivity, blurred vision, a cloudy-looking eye, or a new difference in pupil size. You also need prompt assessment if you wear contact lenses and develop a red or painful eye. Contact lenses can increase the risk of a serious corneal infection.

Fever, marked eyelid swelling, difficulty moving the eye, or the eye appearing pushed forward also needs urgent assessment.

Book a routine appointment if redness does not begin improving within a few days, lasts longer than expected, keeps returning, or causes ongoing discharge or discomfort. A painless red patch can usually be monitored, but seek advice if it followed an injury, happens repeatedly, or you also have unusual bruising or bleeding.

- Sudden loss or major reduction of vision
- Chemical exposure to the eye
- A penetrating injury or object stuck in the eye
- Severe eye pain with headache, nausea, vomiting, or coloured halos
- Serious trauma, especially with bleeding or an irregular-looking pupil

How the cause is found

A clinician will ask when the redness started and whether it affects one or both eyes. They may ask about pain, itching, discharge, light sensitivity, contact lens use, injury, chemical exposure, allergies, recent illness, and medicines.

Your vision is usually checked in each eye. The clinician may examine the eyelids, pupils, eye movements, and surface of the eye. A special dye called fluorescein can show scratches, ulcers, or other damage to the cornea, which is the clear front layer of the eye.

An eye-pressure test or detailed examination with a microscope may be needed. Swabs and laboratory tests are not required for most straightforward cases but may be used for severe, unusual, or persistent infections.

Treatment and self-care

Treatment depends on the cause. Antibiotic drops do not help viral or allergic conjunctivitis

and are not needed for every bacterial infection. Steroid eye drops should only be used under appropriate medical supervision because they can worsen some infections and raise eye pressure.

For mild irritation or dryness, you can:

If there is discharge, wash your hands before and after touching the area. Use a clean cloth to wipe the eyelids and avoid sharing towels, pillows, eye drops, or cosmetics.

Do not rub the eye or try to remove an embedded object. Avoid using leftover prescription drops or someone else's eye medicine. Drops marketed mainly to "get the red out" can sometimes cause more redness when used repeatedly.

- Rest your eyes and take regular breaks from screens
- Use lubricating eye drops, sometimes called artificial tears
- Apply a clean, cool compress to closed eyelids
- Avoid smoke, dust, cosmetics, and other possible irritants
- Stop wearing contact lenses until the eye is comfortable and the cause is clear

What to expect

Redness from brief irritation or dryness may settle within hours or days once the trigger is removed. Viral conjunctivitis often improves gradually over one to three weeks. Allergic redness may continue while you are exposed to the trigger.

A simple subconjunctival haemorrhage usually changes colour and fades over one to three weeks, much like a bruise. It should not cause pain or reduced vision.

Symptoms caused by corneal injury, inflammation, glaucoma, or deeper infection need specific treatment. Recovery depends on how quickly the cause is recognised and treated. If symptoms worsen rather than improve, especially pain or vision, seek reassessment promptly.

Common questions

Is every red eye "pink eye"?

No. "Pink eye" usually means conjunctivitis, but dryness, allergies, eyelid inflammation, injury, bleeding, and several internal eye conditions can also cause redness.

Can screens make my eyes red?

Screens can reduce how often you blink, allowing the eye surface to dry out. This may lead to

redness, watering, burning, or grittiness. Regular breaks and lubricating drops may help.

Should I wear contact lenses with a red eye?

No. Remove the lenses and do not wear them again until the redness has resolved and it is safe to restart. Seek same-day care if you have pain, light sensitivity, discharge, or any change in vision.

Is a painless blood-red patch dangerous?

It is often a harmless subconjunctival haemorrhage, particularly when vision is normal. An examination may be needed if it followed trauma, keeps happening, or comes with other bleeding.

Sources

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