

# Herpes Zoster

Information for patients, relatives and carers

## **Department of Ophthalmology**

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## **What is herpes zoster?**

This condition is otherwise known as 'Shingles'. It is caused by the same virus that causes chicken pox. It lies dormant in the nerves after an attack of chicken pox and years later is reactivated. It commonly affects the elderly and those with a reduced ability to fight infection. It can affect all ages, but it is most common in those over the age of 50.

## **What are the symptoms?**

The first symptoms are usually pain or sensitivity lasting one to three days. This is then followed by a redness of the skin and the appearance of blisters and swelling. The blisters affect the skin supplied by one nerve so that the rash affects a very distinctive area. When the upper part of the face is affected, there is a very clear line where it stops half way vertically across the face.

The pain can be severe and is accompanied by burning, itching and skin sensitivity. The blisters can turn into scabs, which, can last from three to six weeks.

In some cases the pain can be longer lasting, this is known as post-herpetic neuralgia.

## **What is likely to happen?**

In just over half of cases the infection only includes the skin around the eye and clears completely.

In less than half of cases the eye itself is affected that will cause pain and or blurring of vision.

For this reason, we normally see you two weeks after the rash to find out if your eye has been affected.

## **What is the treatment for shingles?**

Usually antiviral tablets are prescribed. (You may already have been started on these by your GP prior to being seen in the eye department).

These are most effective if given within 72 hours of developing the rash. There is evidence that even after this they can help prevent later eye complications.

## **Is shingles contagious?**

The virus that causes shingles can only be passed on to others who have not had chicken pox and then they will develop chicken pox and not shingles.

The virus can only be transmitted when the blistering rash is present.

Newborns and those with low immunity are highest at risk.

## **Eye problems with shingles**

When shingles affects the top part of the face it is known as ophthalmic shingles or herpes zoster ophthalmicus (HZO).

The most common problem with the eye itself is conjunctivitis (red sticky eye) which clears without treatment.

Some patients develop small ulcers on the eye which clear without treatment. You may be given drops to speed this up.

Some patients go on to develop inflammation in the eye (uveitis) which can be quite prolonged and requires treatment with steroid eye drops. Without treatment the eye is sore and vision is blurred. Treatment significantly reduces the chance of this being long term.

The pressure in the eye can go up and may require treatment.

The touch sensation of your eye may go down which can lead to a dry eye or ulcers which do not heal easily.

Post herpetic neuralgia can cause pain in the affected area after the rash has cleared. The pain is usually treated with either an antidepressant drug e.g. Amitriptyline or an antiepileptic drug e.g. Gabapentin. These are given in a low dose and prevent the nerves sending false pain messages to the brain. These can be prescribed by your GP if you have been discharged from the eye clinic.

Rarely patients may develop double vision or nerve damage.

Most patients go on to make a full recovery in time whether or not their eye is affected.

## **Tell us what you think of this leaflet**

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:  
Mary Fordham, Nurse Practitioner, Eye Clinic,  
The York Hospital, Wigginton Road, York, YO31 8HE or  
telephone 01904 726758.

## **Teaching, training and research**

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

## **Patient Advice and Liaison Service (PALS)**

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email [pals@york.nhs.uk](mailto:pals@york.nhs.uk).

An answer phone is available out of hours.

# Leaflets in alternative languages or formats

Please telephone or email if you require this information in a different language or format, for example Braille, large print or audio.

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