IPL Therapy for Dry Eye

Key Facts | Meibomian Gland Dysfunction

A five-minute summary | Mr Mfazo Hove MBChB MD FRCOphth CertLRS | Version 1.0, August 2026

What IPL treats

IPL treats evaporative dry eye caused by meibomian gland dysfunction, where the eyelid oil glands become blocked and the tear film evaporates too quickly. It is applied to the skin of the cheeks, temples and below the lower lashes, never to the eye itself.

Which type of dry eye do you have?

Dry eye is not one condition. Evaporative dry eye is what IPL is for. Aqueous deficient dry eye, where too little of the watery component is produced, does not respond meaningfully and may point to an autoimmune condition. Many have both, and establishing which applies comes before any discussion of treatment.

Measurement decides

Symptoms and signs correlate poorly in dry eye, so assessment is measured: symptom score, tear break-up time, gland expression, surface staining, blink quality and meibography, which images the glands.

Why meibography matters

It shows how much gland structure remains and how advanced the disease appears. Extensive gland loss generally reduces the potential to restore normal function, although the appearance can itself change with treatment and should not be read in isolation. It is the main argument for treating sooner rather than later.

Who is suitable

Confirmed evaporative dry eye with glands still present on imaging, symptoms troublesome despite a proper trial of lid hygiene and warm compresses, and a skin type suitable for the system used. IPL may be particularly useful where lid margin telangiectasia or rosacea is present.

Skin type, and when treatment is deferred

Darker skin contains more melanin and may absorb more IPL energy, raising the risk of burns and pigmentary change. Suitability depends on your Fitzpatrick skin type, the system used and its settings: some devices suit a wider range than others. Your clinician assesses this and may perform a test patch.

Treatment is not offered, or is deferred, with recently tanned skin, photosensitising medication or recent isotretinoin, active skin infection or inflamed acne in the area, skin cancer or a suspicious pigmented lesion, tattoos or permanent eyeliner in the treatment zone, and in pregnancy. Tell us about every medication, supplement and any recent sun exposure.

What the evidence shows

A Cochrane review in 2020 found the randomised evidence then available limited and of low certainty. More trials have since been published, and a meta-analysis of thirteen randomised studies concluded IPL probably produces a clinically relevant reduction in symptoms compared with no treatment. Uncertainty remains about added benefit over good conventional treatment, durability, and the full adverse-effect profile. IPL is well tolerated with encouraging evidence, not a guaranteed cure.

Your alternatives

Lid hygiene, sustained warm compresses and massage remain the foundation and continue alongside IPL. Drops relieve symptoms without treating the cause. Topical anti-inflammatory treatment, oral tetracyclines, blink and screen-break routines, thermal pulsation and demodex treatment all have a place. Omega-3 is sometimes discussed, but trial results are mixed and it is not established. If symptoms are mild and glands healthy, monitoring is reasonable.

On the day

- Attend without makeup, moisturiser, sunscreen or fake tan.
- Eye shields are placed and cooling gel applied.
- You see a bright flash through the shields and feel a warm snap.
- The glands are then expressed, the least comfortable part for most.
- Treatment takes about 15 to 30 minutes. Most patients can drive afterwards.

It is a course, then maintenance

Usually three to four sessions two to four weeks apart, with measurements repeated four to six weeks after the last. Benefit accumulates, so judging after one session is like judging physiotherapy after one appointment. Where treatment has helped, maintenance is offered, commonly every six to twelve months, though the interval is individual. Ask the cost of a full course plus likely maintenance, not one session.

Management, not cure

Meibomian gland dysfunction is chronic. IPL can improve gland function but does not remove the underlying tendency to obstruction and inflammation. Benefit can diminish over time, which is why maintenance is offered to those who have demonstrably improved, and lid hygiene and blink awareness remain part of your routine indefinitely.

Main risks

Direct exposure of the eye to IPL can cause serious ocular injury, which is why protective eye shields are mandatory throughout treatment. Otherwise: redness, warmth and mild swelling of the skin for a few hours, and tender eyelids after expression. Blistering, crusting, burns and temporary or rarely permanent changes in skin colour, more likely in more pigmented or recently tanned skin. Loss of pigmented hair in the treated area. Temporary light sensitivity and a brief increase in dryness. Tattoo pigment absorbs light and can burn. Some gain no benefit.

Warning signs

Contact Blue Fin Vision® promptly for blistering, crusting or an open area on the skin, increasing rather than settling pain, worsening redness or discharge, a significant deterioration in vision or marked light sensitivity.

Costs

Consultation, dry eye assessment and imaging: £325. Session and course pricing is published in **our published price list**. IPL is not normally covered by insurance, and you need not complete a course.

This page is a summary, not a consent document

It does not replace the full IPL Therapy patient information booklet, which contains the complete information on dry eye assessment, suitability, the evidence, alternatives, risks and maintenance, and forms part of your informed consent alongside your discussion with your clinician and your consent form. In full: **The Blue Fin Vision® Advantage**