

Epilation Counseling and Training Guidance

The following guidelines are for counseling for epilation for trichomatous trichiasis (TT) when a patient has refused TT surgery. For any TT patient who refuses TT surgery, epilation should be offered, but the counseling **must clearly discuss the risk to patients who have lashes touching the center of the eye if they do not choose TT surgery** (suggested language below).

Ideally, counseling for epilation should be provided at the same time to both the TT patient and a caregiver, relative, or friend, who will act as an epilator for the person with TT. If the TT patient did not arrive with a person who can be trained as epilator, then the patient can be counseled and trained in epilation and can transfer the knowledge to an appropriate person at a later time.

Introduction:

- Explain to the patient that TT surgery is recommended, but that epilation can be used as a TT management strategy for people who refuse surgery.
- Explain to the patient that eyelashes touching the center of the eye will damage the eye and may lead to blindness.
- Instruct the patient that if they have lashes touching the center of the eye, or their trichiasis becomes worse, they should go to a health center to request TT surgery.

Demonstration and training of proper epilation technique:

If the trichiasis patient has more than 1 lash to epilate, the surgeon can epilate the first lash, talking through the steps below, demonstrating the proper technique. If the patient has only 1 lash, the surgeon should closely observe the trainee epilator while outlining the points below, step-by-step. It is important that the person epilating have an opportunity to practice while the trainer is observing.

1. Before you begin, ask the patient if they have any questions.
2. Reinforce the need for good lighting and ensure there is sufficient light in the training space.
3. Show the forceps to the patient and the epilator and instruct that:
 - Forceps should be washed before and after each use.
 - Forceps must **NOT** be used or shared with others.
4. Clean the forceps with water and a clean towel or cotton.
5. Show the epilator which lashes are in-turned and require epilation.
6. Show the epilator to identify and then grip the base of the in-turned eyelash using the tip of the forceps (*Please see photo on the second page of the guide*).
7. Instruct the epilator to **NOT** grip the tip of the lash, as it will break the lash rather than remove it.
8. Reinforce that one lash should be epilated at a time to avoid breaking the lash.
9. Inform the epilator that **if a lash is accidentally broken above the root, they should carefully try to remove it from the root.**
10. Ask the epilator to clean the forceps using water and a clean towel or cotton.
11. Explain that steps 2-10 should be repeated whenever the lash(es) grow back.
12. Ask if the epilator and/or the patient have any questions.

Conclusion:

- Explain that if the trained epilator is unable to continue epilating, the patient should train another person to conduct proper epilation.
- Remind patients that if epilation is not addressing their trichiasis adequately, they should return to the health center to request TT surgery.
- Provide the epilation forceps used for the training to the patient.

DO: epilate
from the base
of the lash



Photo: MMDP Project

Do **NOT**:
epilate from
the tip of the
lash

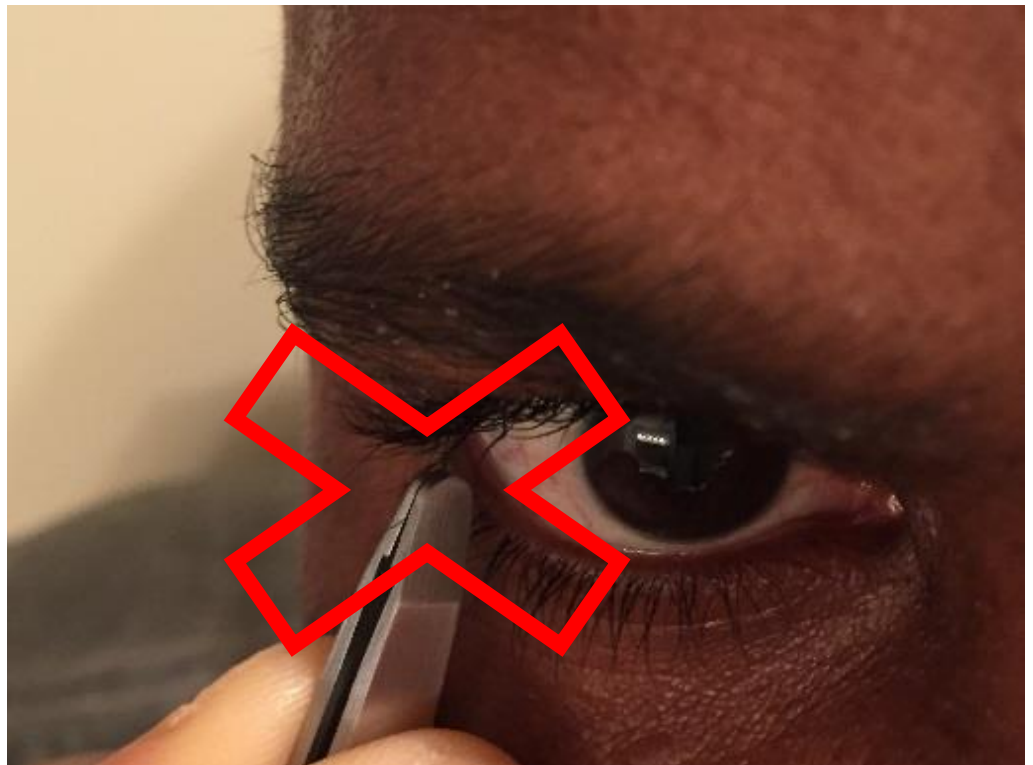


Photo: MMDP Project