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| Policy statement: | Chalazion (cyst on or in eye lid) |
| Status: | Group Prior Approval |

M&SECCGs commission surgery for chalazia on a restrictive basis.

Chalazia are benign, granulomatous lesions caused by blockage of the Meibomian gland duct, which will normally resolve within 6 months with conservative management in primary care. They can be unsightly and, if large enough, obscure vision. In rare cases, they can lead to conjunctivitis or cellulitis. Conservative treatment is the regular i.e. three or four times a day application of hot compression to the cyst (e.g. hot wet flannel) to encourage it to spontaneously drain.

When chalazia are treated with conservative treatment for one month, rates of resolution are around 50%. Further conservative treatment may increase rates of resolution but, where conservative treatment fails, patients may be treated with surgery or steroid injections, which give high rates of resolution (80-90%).

Excision of chalazion will be funded for those patients with **TWO** or more of the following criteria:

- Present for more than **six months**
- Present on the **upper** eyelid
- Source of regular infection (at least twice within the last six month) requiring medical treatment.
- Interferes significantly with vision
- Conservative management with heat and compression has been tried for at least six months & failed and there is no appropriate alternative to surgical intervention.
- The site of the lesion or lashes renders the condition as requiring specialist intervention.

OR

- where the chalazion interferes with the protection of the eye by the eyelid due to altered lid closure or lid anatomy.

OR

- if malignancy is suspected e.g. Madarosis / recurrence / other suspicious features in which case the lesion should be removed and sent of histology- as for all suspicious lesions.

Patients meeting the above criteria may be treated in community (Tier 2) services where commissioned.

Patients meeting the following criteria should be referred to secondary care:

- All children should be referred.
- Any recurrent chalazion should be referred.

- Any atypical features i.e. lash loss, bleeding should be referred.
- Any patient with previous history of Basal cell carcinoma (BCC) or Squamous cell carcinoma (SCC) or where malignancy is suspected should be referred.

Funding for patients not meeting the above criteria will only be made available in clinically exceptional circumstances.

Further information on applying for funding in exceptional clinical circumstances can be found on the CCGs' website.