Chalazion (Cyst on or in eye lid)

BEFORE providing patient identifiable data on this form, please confirm that the patient (or in the case of a minor or vulnerable adult with the parent/legal guardian/carer) has given appropriate **EXPLICIT CONSENT** for sensitive and personal information on this form to be passed to the Funding Team/CCG/CSU for processing.

Consent given: Yes ☐

Please ensure a secure NHSmail email account (nhs.net) is used to submit this form.

Patient First name		**Patient Surname**		**Hospital**	
NHS No.		**Date of Birth**		**Consultant**	
GP F-code		**CCG**		**UBRN**	
Hospital No.		**Referrer**			

Additional information

Please submit completed form to the following email address:

bbccg.mseccg-funding@nhs.net

A decision will be made and the form returned within 3 working days where all relevant information is provided.

N.B: Please ensure forms are clear and legible. Illegible forms will be returned to sender.

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%).

Please refer to page 49 of the Mid & South Essex STP Service Restriction Policy for further details.

Please tick which eye requires procedure

(Please complete separate forms for bilateral requests)

Left ☐ **Right** ☐

Excision of chalazion will be funded for those patients with TWO or more of the following criteria		Please tick ✓
	• Present for more than six months	
AND	• Present on the upper eyelid	
AND	• Source of regular infection (at least twice within the last six month) requiring medical treatment	
AND	• Interferes significantly with vision	
AND	• Conservative management with heat and compression has been tried for at least six months & failed and there is no appropriate alternative to surgical intervention.	
OR	• 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	
	• 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.

Please supply information clearly evidencing the selected criteria above:

CCG USE:	Invoice ref:	Prior Authorisation requested by:

Is the procedure approved or declined? **Please indicate:**		**Name of Clinician**	
Name		**Contact number**	
Signature		**Date**	
Date			