

Policy statement:	Chalazion (cyst on or in eye lid)
Status:	Threshold Approval

MECCG commissions 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 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.

Patients meeting the above criteria may be treated in community (Tier2) services.

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.

Applications for funding in such circumstances should be made to the Exceptional Case Team but should only be made where the patient demonstrates true clinical exceptionality.

Further information on applying for funding in exceptional clinical circumstances can be found by clicking the link below and opening the relevant document on the page.

[Service Restriction Policies](#)

ICD10 codes	H00.1
OPCS codes	C12* C19 Incision of eyelid C191 Drainage of lesion of eyelid C198 Other specified incision of eyelid C199 Unspecified incision of eyelid C22 Other operations on eyelid C224 Injection into eyelid C225 Exploration of eyelid C228 Other specified other operations on eyelid C229 Unspecified other operations on eyelid