Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Evidence Based Intervention

Chalazia (meibomian cysts) removal

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Policy:

This is a national Evidence Based Intervention policy formally adopted by Hertfordshire and West Essex Integrated Care Board. Please see https://ebi.aomrc.org.uk/

This procedure involves incision and curettage (scraping away) of the contents of the chalazion. Chalazia (meibomian cysts) are benign lesions on the eyelids due to blockage and swelling of an oil gland that normally change size over a few weeks. Many but not all resolve within six months with regular application of warm compresses and massage.

Criteria

Incision and curettage (or triamcinolone injection for suitable candidates) of chalazia should only be undertaken if at least one of the following criteria have been met:

- Has been present for more than 6 months and has been managed conservatively with warm compresses, lid cleaning and massage for 4 weeks
- Interferes significantly with vision
- Interferes with the protection of the eye by the eyelid due to altered lid closure or lid anatomy
- Is a source of infection that has required medical attention twice or more within a six-month time frame
- Is a source of infection causing an abscess which requires drainage
- If malignancy (cancer) is suspected e.g. Madarosis/recurrence/other suspicious features in which case the lesion should be removed and sent for histology as for all suspicious lesions

Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy. Individual cases will be reviewed as per the ICB policy.

Rationale for Recommendation

NICE recommend that warm compresses and lid massage alone are sufficient first line treatment for chalazia. If infection is suspected a drop or ointment containing an antibiotic (e.g. Chloramphenicol) should be added in addition to warm compresses. Only if there is spreading lid and facial cellulitis should a short course of oral antibiotics (e.g. co-amoxiclav) be used.

Where there is significant inflammation of the chalazion a drop or ointment containing an antibiotic and steroid can be used along with other measures such as warm compresses. However, all use of topical steroids around the eye does carry the risk of raised intraocular pressure or cataract although this is very low with courses of less than 2 weeks.

Many chalazia, especially those that present acutely, resolve within six months and will not cause any harm however there are a small number which are persistent, very large, or can cause other problems such as distortion of vision.

In these cases, surgery can remove the contents from a chalazion. However, all surgery carries risks. Most people will experience some discomfort, swelling and often bruising of the eyelids and

the cyst can take a few weeks to disappear even after successful surgery. Surgery also carries a small risk of infection, bleeding and scarring, and there is a remote but serious risk to the eye and vision from any procedure on the eyelids. Lastly in a proportion of successful procedures the chalazion can come back. The alternative option of an injection of a steroid (triamcinolone) also carries a small risk of serious complications such as raised eye pressure, eye perforation or bleeding.

Some trials comparing the two treatments suggest that using a single triamcinolone acetonide injection followed by lid massage is almost as effective as incision and curettage in the treatment of chalazia and with similar patient satisfaction but less pain and patient inconvenience. However, this is controversial and other studies show that steroid injection is less effective than surgery. Therefore, both options can be considered for suitable patients.

Patient Information

Information for Patients

Surgery to remove chalazia or meibomian cysts should only be carried out when specific criteria are met. This is because the medical evidence tells us that the intervention can sometimes do more harm than good, most get better by themselves and there are alternative treatments which can be just as effective.

About the condition

A chalazion is a harmless bump or nodule inside the upper or lower eyelid which is caused by a blocked or swollen oil gland. They normally disappear after a few weeks or months, so surgical removal should only be considered if the condition has persisted for six months, if your vision is impaired or if your doctor has concerns about infection or malignancy.

It's important you and your doctor make a shared decision about what's best for you if you have a chalazion. When making that decision you should both consider the benefits, the risks, the alternatives and what will happen if you do nothing.

What are the BENEFITS of the intervention?

Surgery to drain the cyst may help, but it will only be considered if you have had the chalazion for at least six months or it is having a serious impact on your vision and after less invasive measures have been tried first.

What are the RISKS?

Incision of chalazia can be uncomfortable. The procedure itself is likely to cause swelling and sometimes bruising of your eyelids and the cyst itself could still take some weeks to disappear. Other risks include infection, bleeding, scarring and in rare cases, loss of vision. Chalazia can also return after they have been removed.

What are the ALTERNATIVES?

Most chalazia will disappear without the need for medical intervention. Applying a warm compress for a few minutes a few times a day can help, as can gentle massage. If you do this a few times a day, the gland will often become unblocked and further treatment won't be necessary.

What if you do NOTHING?

Doing nothing is not likely to be harmful. Chalazia can vary in size over a few weeks or months but usually discharge spontaneously without any medical intervention.

Further information can be found at https://ebi.aomrc.org.uk/interventions/chalazia-removal/ . This weblink was correct as of 06/01/2025.

Coding

```
WHEN Primary_Spell_Procedure IN
('C121','C122','C123','C124','C125','C126','C128','C129','C191','C198','C199')
AND Primary_Spell_Diagnosis IN ('H000','H001')
-- Only Elective Activity
AND APCS.Admission_Method not like ('2%')
THEN 'K_chalazia'
```

Exclusions

```
 WHERE 1=1
-- Cancer Diagnosis Exclusion
AND (Any_Spell_Diagnosis not like '%C[0-9][0-9]%'
AND Any_Spell_Diagnosis not like '%D0%'
AND Any_Spell_Diagnosis not like '%D3[789]%'
AND Any_Spell_Diagnosis not like '%D4[012345678]%'
OR Any_Spell_Diagnosis IS NULL)

-- Private Appointment Exclusion
AND apcs.Administrative_Category<>'02'
```

References:

1. Clinical Knowledge Summaries Meibomian Cyst (chalazion)
2. Moorfield's Eye Hospital Patient Information, Chalazion. https://www.moorfields.nhs.uk/sites/default/files/Chalazion.pdf
3. Wu AY, Gervasio KA, Gergoudis KN, Wei C, Oestreicher JH, Harvey JT. Conservative therapy for chalazia: is it really effective? Acta Ophthalmol. 2018 Jan 16. doi: 10.1111/aos.13675. [Epub ahead of print] PubMed PMID:
4. Goawalla A, Lee V. A prospective randomized treatment study comparing three treatment options for chalazia: triamcinolone acetonide injections, incision and curettage and treatment with hot compresses. Clin Exp 2007 Nov;35(8):706-12. PubMed PMID: 17997772.
5. Watson P, Austin DJ. Treatment of chalazions with injection of a steroid British Journal of Ophthalmology, 1984, 68, 833-835.
6. Ben Simon, G.J., Huang, L., Nakra, T. et al. Intralesional triamcinolone acetonide injection for primary and recurrent chalazia (is it really effective?) . 2005; 112: 913–917.
7. Papalkar D, Francis IC. Injections for Chalazia? Ophthalmology 2006; 113:355–356. Incision and curettage vs steroid injection for the treatment of chalazia: a metaanalysis. Aycinena A, Achrion A et al. Ophthalmic Plastic and reconstructive 2016;32:220-224.
8. Stye and Chalazion. BMJ Best Practice.

Change History:

Version	Date	Reviewer(s)	Revision Description

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