

Policy title	Chalazia (meibomian cyst) in adults and children v1.1
Policy position	Criteria Based Access
Date of CCG recommendation	December 2019

Chalazia (meibomian cysts) are benign lesions on the eyelids due to blockage and swelling of an oil gland. The evidence shows that alternative treatment options (warm compresses, drops or ointment, steroid injection) or a “watch and wait” approach will lead to resolution of many chalazia without the risks of surgery.

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 6 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

Reference:

NHS England (2018) Evidence-Based Interventions: Guidance for CCGs

NOTE:

- This policy will be reviewed in the light of new evidence or new national guidance e.g. from NICE
- Where a patient does not meet the policy criteria or the intervention is not normally funded by the NHS, an application for clinical exceptionality can be considered via the ICB’s Individual Funding Request (IFR) Policy and Process

Clinical coding:

OPCS codes: C121,C122, C124, C191,C198

ICD code H001 – Chalazion

Key words: Chalazia, chalazion, meibomian cyst, eye lid cyst