

Chalazion Surgical Threshold Policy

This policy covers

Referral for incision and curettage or triamcinolone injection for chalazia.

The Policy does not apply in the circumstances below:

- If malignancy (cancer) is suspected, eg Madarosis/recurrence/other suspicious features.

Referring and treating clinicians should ensure compliance with this policy.

Referral proforma **MUST** be attached to the patient notes as evidence of compliance.

If criteria not met, use the exceptional funding section of the [referral proforma](#) to apply for funding.

CCG funding criteria for referral for the management of Chalazia

Conservative treatment options (warm compresses, drops or ointment, see below) or a “watch and wait” approach will lead to resolution of many chalazia without the risks of surgery.

Management with incision and curettage or triamcinolone injection for 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. **OR**
- Interferes significantly with vision. **OR**
- Interferes with the protection of the eye by the eyelid due to altered lid closure or lid anatomy. **OR**
- Is a source of infection that has required medical attention twice or more within a six-month time frame. **OR**
- Is a source of infection causing an abscess which requires drainage.

Smoking

Advise people who smoke to attempt to stop smoking and refer to stop-smoking services – [see stop smoking policy](#).

Glossary

Cellulitis:	Bacterial infection of the skin, often appearing as redness.
Chalazia:	Also known as meibomian cysts are localised cysts of lipogranulomatous inflammation in the eyelid ¹ . They can be unsightly and, if large enough, obscure vision. In rare cases, they can lead to conjunctivitis or cellulitis ² .
Conjunctivitis:	Inflammation of the outermost layer of the eye and the inner surface of the eyelid, commonly due to an infection or allergic reaction.
Lipogranulomatous inflammation:	Nodule of fatty tissue associated with a collection of immune cells causing inflammation.

Evidence and references to support this policy are available in [Part 2](#) of this policy.

Policy effective from:	Reviewed policy ratified by CCG GG 11 May 2021 Reviewed policy approved by IPAC 27 April 2021 Reviewed policy approved by CPF 8 March 2021 May 2021
Policy to be reviewed:	Static Status (This policy applies indefinitely, unless or until new evidence likely to have a material effect on the policy becomes available.)
Reference:	onedrive\CPF Pols & Working Area\Surg Threshold Pols\CCG Policies\Chalazion\Agreed\ CHALAZION MAY 2021 V3 – CRITERIA PART 1