

for IPAC approval -
draft reviewed policy

Chalazion

Definition

Chalazia / meibomian cysts are localised cysts of lipogranulomatous inflammation in the eyelid¹. They can be unsightly and, if large enough, obscure vision. In rare cases, they can lead to conjunctivitis or cellulitis.² ~~Conservative treatment is the application of hot compression to the cyst (eg hot, wet wash-cloth) to encourage it to spontaneously drain⁴.~~

Policy

It is the responsibility of referring and treating clinicians to ensure compliance with this policy. Referral proforma should be attached to the patient notes to aid the clinical audit process and provide evidence of compliance with the policy. For patients not meeting the policy criteria, clinicians can apply for funding to the Exceptional Cases Panel by completing the exceptional funding section of the [referral proforma](#):

- [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.](#)
 - [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 eg Madarosis/recurrence/other suspicious features this policy does not apply. Incision/excision of chalazia will be funded when all the following criteria are met:](#)~~

- ~~[Chalazia is causing significant irritation, pain or blurring of vision. AND](#)~~
- ~~[Conservative treatment with heat and compression have been tried for at least three months.](#)~~

Note:

Patients who smoke should be advised to attempt to stop smoking and referred to stop-smoking services – see stop smoking [policy](#).

Evidence and Rationale

[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 \(eg Chloramphenicol\) should be added in addition to warm compresses. Only if there is spreading lid and facial cellulitis should a short course of oral antibiotics \(eg co-amoxiclav\) 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 acetate 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.³ When chalazions are treated with conservative treatment for one month, rates of resolution are around 50%^{4,3}. 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%)^{1,3-7}.

References

1. Goawalla A and Lee V. A prospective randomized treatment study comparing three treatment options for chalazia: triamcinolone acetate injections, incision and curettage and treatment with hot compresses. *Clinical and Experimental Ophthalmology* 2007; 35: 706–712.
2. Rumelt S, Rubin P A. Potential sources for orbital cellulitis . *International Ophthalmology Clinics*, 1996 36(3):207-21.
3. NHS England. Evidence-based interventions: Guidance for CCGs. November 2018. Accessible at: <https://www.england.nhs.uk/wp-content/uploads/2018/11/ebi-statutory-guidance-v2.pdf> [accessed 19/10/20].
4. NICE clinical knowledge summaries, <https://cks.nice.org.uk/meibomian-cystchalazion>.
5. Moorfield’s Eye Hospital NHS Foundation Trust. Patient Information-adnexal. Chalazion. <https://www.moorfields.nhs.uk/sites/default/files/Chalazion.pdf> [accessed 19/10/20].
6. Wu AY, Gervasio K A, Gergoudis K N, Wei C, Oestreicher JH, Harvey JT. Conservative therapy for chalazia: is it really effective? *Acta Ophthalmol*. 2018 Jun;96(4):e503-e509. doi: 10.1111/aos.13675. Epub 2018 Jan 16. PMID: 29338124; PMCID: PMC6047938.
7. Watson P, Austin D J. Treatment of chalazions with injection of a steroid Suspension. *British Journal of Ophthalmology*, 1984, 68, 833-835.
8. 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 surgery*. 2016;32:220-224.
9. McStay. Stye and Chalazion. *BMJ Best Practice* <https://bestpractice.bmj.com/topics/en-gb/214> [accessed 19/10/20].
10. Ben Simon G J, Rosen N, Rosner M and Spierer A. Intralesional Triamcinolone Acetate Injection Versus Incision and Curettage for Primary Chalazia: A Prospective, Randomized Study. *American Journal of Ophthalmology* 2011; 151(4):714-718.e1 doi:10.1016/j.ajo.2010.10.026.

Glossary

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| Cellulitis: | Bacterial infection of the skin, often appearing as redness. |
| 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. |

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| Policy effective from: | |
| 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: | <i>onedrive\CPF Pols & Working Area\Surg Threshold Pols\CCG Policies\Chalazion Draft\for IPAC aprvl – DRAFT CHALAZION 27 APR 2021 V4</i> |