

**Bedfordshire, Hertfordshire, West Essex and Milton Keynes Priorities Forum
statement**

Number: 91

Subject: Chalazia (cyst on or in eye lid) / Chalazion

Date of decision: May 2018

Date of review: May 2021

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

**OPCS codes: C121, C122, C124, C191, C222 when accompanied by the
ICD code H001 – Chalazion**

Guidance

Beds and Herts CCGs will fund community excision of Chalazia (in community or secondary care) for those patients with **two** or more of the following:

- Present for more than six months and conservative management (warm compress and massage) has been tried & failed and there is no appropriate alternative to surgical intervention. This must be evidenced.
- Causing mechanical changes such as secondary pull of the eyelid away from the eye or epiphora
- Source of regular infection (2 times within six month time frame) requiring medical treatment (prescribed antibiotics). This must be documented in the patient notes
- Interferes with visual fields

In addition patients meeting the following criteria should be referred to secondary care (if there is a community service):

- All children (no six month-wait required)
- Any recurrent chalazion
- 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 (2 week wait).

CCGs may require prior approval (NB not for suspected cancer pathways)

**Human Rights and Equalities Legislation has been considered in the development of
this guidance**