# 46. CHALAZION / MEIBOMIAN CYSTS REFERRAL FORM

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| --- | --- | --- | --- |
| Date of Referral | Referral date | Referring GP | Sender title and full name |
| Patient Name | Forename Surname | Address | Sender address buildingSender address roadSender address post town |
| Address | Patient address housePatient address roadPatient address post town |
| Postcode | Patient post code | Postcode | Sender post code |
| Age/DOB | Patient AgeDate of birth | Fax No | Registered GP fax number |
| Tel No | Patient preferred telephone | Tel No | Registered GP phone number |
| NHS No | NHS number | Hospital No |       |

|  |
| --- |
| Diagnosis and relevant history:      |
| Current (incl repeats) and past relevant medication & reason for stopping:      |
| Allergies:Allergies |

### Referral Criteria (tick those that apply):

*Funding will be considered the where patient meets criteria (see below). The clinician needs to ensure that the patient fulfils all the criteria before they are referred to secondary care. Where the patient does not fulfil the criteria the Exceptions Form will need to be completed. This can be found on the CCG’s website In order to do this the Exceptional Circumstances Submission form will need to be completed and can be found on the CCG’s website* [*http://www.valeofyorkccg.nhs.uk/rss/data/uploads/polvs/june-2015/voy-exceptions-submission-form.doc*](http://www.valeofyorkccg.nhs.uk/rss/data/uploads/polvs/june-2015/voy-exceptions-submission-form.doc)

NHS Vale of York CCG does not routinely commission the removal of Chalazion / Meibomian cysts.

Initial treatment should include

* Massage through a hot flannel for 30 seconds first thing (at least twice a day) in the morning and last thing at night and any other times that are possible.
* Treatment of any blepharitis present with [lid hygiene advice](http://patient.info/health/blepharitis-leaflet)
* Given patients information such as that at <http://patient.info/health/chalazion-leaflet>

**Cases may be referred for excision if**

* The chalazion has been present for 3 months without spontaneous resolution [ ]

**AND**

* the chalazion is distressing the patient [ ]

**AND**

* the patient is willing to undergo excision under local anaesthetic [ ]

**OR**

* the chalazion is symptomatic –
	+ has recurrent infection treated with antibiotics or
	+ a single episode of pre-septal cellulitis or
	+ impact on vision affecting functionality due to, for example astigmatism or enlargement of the lid causing obstruction to the visual axis [ ]

**AND**

* the chalazion is distressing the patient [ ]

**AND**

* the patient is willing to undergo excision under local anaesthetic [ ]

**OR**

* There is for diagnostic uncertainty [ ]

**OR**

* Primary care clinicians are suspicious of malignancy in which case a specialist opinion can be sought (under the 2WW rule as appropriate). Excision should only be undertaken if one of the criteria above applies.

[ ]

**If the above criteria are not met clinicians can make an application to the independent funding review panel with details on why the patient may fulfil exceptional grounds for funding to be approved.**

Has funding been approved by the Individual Funding Request Panel

(Please tick) [ ]

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### For Trust usage

Patient listed for surgery: Yes [ ]  No [ ]

Comments: