


Chalazion Commissioning Statement

Commissioning Statement: 48

<p>Treatment</p>	<p>Removal of chalazion</p>
<p>For the treatment of</p>	<p>Chalazion/Meibomian cyst</p>
<p>Background</p>	<p>A chalazion is a slowly developing lump that forms due to blockage and swelling of an oil gland in the eyelid.</p>  <p>Initial Treatment Initial treatment should include:</p> <ul style="list-style-type: none"> • 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 • Given patients information such as that at http://patient.info/health/chalazion-leaflet <p>There is no place for the use of topical antibiotics to treat chalazia per se though topical Chloramphenicol ointment may treat minor infections.</p>
<p>Commissioning position</p>	<p>Removal of chalazion is not routinely commissioned. Cases may be referred for excision if:</p> <ul style="list-style-type: none"> • 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 – <ul style="list-style-type: none"> ○ 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).

	<p>Excision should only be undertaken if one of the criteria above apply.</p> <p>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.</p>
<p>Summary of evidence / rationale</p>	<ol style="list-style-type: none"> 1. Three studies quoted on BMJ Best practice detail that most chalazion (46%, 58% and 80%) resolve spontaneously over a four week period. 2. NICE Clinical Knowledge Summary states <i>'if the meibomian cyst does not improve or resolve after 4 weeks with conservative treatment offer the following options (depending on clinical judgment and the person's preference):</i> <ol style="list-style-type: none"> a. <i>No treatment — for example, if the meibomian cyst is small and asymptomatic.</i> b. <i>Referral to an ophthalmologist'.</i> 3. Moorfields Eye Hospital information for health professionals says: <i>'Unless acutely infected, it is harmless and nearly all resolve if given enough time'</i> <p><i>Chalazia will often disappear without further treatment within a few months and virtually all will re-absorb within two years.</i></p> <p><i>If conservative therapy fails, chalazia can be treated by surgical incision into the tarsal gland followed by curettage of the retained secretions and inflammatory material under local anesthetic.</i></p>
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