Derby and Derbyshire
Clinical Commissioning Group

CLINICAL POLICY ADVISORY GROUP (CPAG)

Meibomian Cyst (Chalazion) Policy

This procedure requires prior approval. Prior approval must be sought through Blueteq.

Criteria

Black – criteria required to be met prior to referral

Blue – criteria to be met prior to procedure

Statement

Derby and Derbyshire CCG, in line with its principles for procedures of limited clinical value has deemed the incision and curettage of chalazia should routinely be commissioned only if the patient meets **two or more** of the following criteria:

- Has been present for more than six months
- Has been managed conservatively with warm compresses, lid cleaning and massage for at least **FOUR** weeks
- Vision is significantly impaired
- Lid closure is affected, thereby compromising eye protection
- Where it is a source of infection, creating an abscess
- It has been a source of infection, requiring medical attention on two or more episodes in the last six months.

These commissioning intentions will be reviewed periodically. This is to ensure affordability against other services commissioned by the CCG.

1. Background

A meibomian cyst (chalazion) is a sterile, inflammatory granuloma caused by the obstruction of the meibomian gland. The gland normally produces lipid secretions which provide the lipid layer of the tear film. However, the obstruction of the gland duct causes the gland to enlarge and rupture, releasing the accumulated lipid contents into the surrounding eyelid soft tissue. This triggers an inflammatory reaction against the lipid content, which subsides with time. Eventually, the meibomian cyst often becomes painless and non-tender.

A meibomian cyst may develop acutely with an oedematous, erythematous eyelid or arise insidiously as a firm, painless nodule. Most meibomian cysts resolve spontaneously or with conservative management, although this may take weeks or months.

2. Recommendation

Incision and curettage OR intra-lesion steroid injection of a meibomian cyst should only be undertaken if TWO or more of the following criteria have been met:

- Has been present for more than six months
- Has been managed conservatively with warm compresses, lid cleaning and massage for at least **FOUR** weeks
- Vision is significantly impaired
- Lid closure is affected, thereby compromising eye protection
- Where it is a source of infection, creating an abscess
- It has been a source of infection, requiring medical attention on two or more episodes in the last six months.

Exclusion Criteria

- Where malignancy is suspected
    - Referral for specialist opinion may be sought (under 2WW as deemed appropriate)
- Presence of a red eye may indicate blepharokeratoconjunctivitis (BKC)
    - Referral to ophthalmology is advised

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3. Rationale for Recommendation

Incision and curettage is not recommended as first line treatment unless the criteria listed above is met as:

- Warm compresses followed by gentle massage of the meibomian cyst is first line treatment
    - Many chalazia will spontaneously resolve within a few weeks, and within a six month period in the majority of cases without the need of surgery.
- After incision and drainage, the cyst may take some weeks to completely disappear, and may also return in some cases.
- Surgery carries a small risk of infection, bleeding and scarring, and there is a remote but serious risk to the eye and vision from any procedures performed on the eyelids.

4. Useful Resources

NICE Clinical Knowledge Summaries. Meibomian cyst (chalazion) (last reviewed March 2019) - https://cks.nice.org.uk/meibomian-cyst-chalazion.

5. References

- NICE Clinical Knowledge Summaries. Meibomian cyst (chalazion) (last reviewed March 2019). Accessed online at https://cks.nice.org.uk/meibomian-cyst-chalazion
- Wu AY, Gervasio KA, Gergoudis KN, Wei C, Oestreicher JH, Harvey JT. Conservative therapy for chalazia – is it really effective? Acta Ophthalmol 2018. doi: 10.1111/aos.13675
- Goawalla A, Lee V. A prospective randomised treatment study comparing three treatment options for chalazia: triamcinolone acetonide injections, incision and curettage, and treatment with hot compresses. Clin Exp Ophthalmol 2007;35 (8): 706- 12
- NHS Evidence-Based Interventions: Consultation Document, July 2018, https://www.england.nhs.uk/wp-content/uploads/2018/06/04-b-pb-04-07-2018-ebi-consultation-document.pdf

6. Appendices

Appendix 1- Consultation

Consultee	Date
Consultant Dermatologist, CRHFT	August 2019
Consultant Ophthalmologist, UHDB	July 2019
Clinical Policy Advisory Group	August 2019
Clinical and Lay Commissioning Committee	September 2019

Appendix 2- Document Update

Document Update	Date Updated
Policy updated – version 3.4	September 2018
Policy updated – version 4	August 2019
Policy updated (addition of 'This policy is subject to a prior approval' as requested by contracting) – version 4.1	September 2019
Policy updated (Removal of 'This policy is subject to a prior approval' and addition of 'This procedure requires prior approval. Prior approval must be sought through Blueteq. ' as requested by contracting) – version 4.2	November 2019