Derby and Derbyshire
Integrated Care Board

CLINICAL POLICY ADVISORY GROUP (CPAG)

Meibomian Cyst (Chalazion) Policy

Criteria:
Black – criteria required to be met prior to referral
Blue – criteria to be met prior to procedure

Statement

Derby and Derbyshire ICB, in line with its principles for procedures of limited clinical value has deemed the Incision and Curettage OR Intra-Lesion Steroid Injection of a Meibomian Cyst should not be routinely commissioned unless **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.

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

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

Black – criteria required to be met prior to referral
Blue – criteria to be met prior to procedure

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

3. Rationale for Recommendation

Incision and curettage is not recommended as first line treatment unless the criteria listed above are 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). https://cks.nice.org.uk/topics/meibomian-cyst-chalazion/
- Moorfields Eye Hospital NHS Foundation Trust: Chalazion https://www.moorfields.nhs.uk/condition/chalazion-0

5. References

- NHS Evidence-Based Interventions: Academy of Medical Royal Colleges. https://www.aomrc.org.uk/ebi/wp-content/uploads/2021/05/ebi-statutory-guidance.pdf
- NICE Clinical Knowledge Summaries. Meibomian Cyst (Chalazion). https://cks.nice.org.uk/topics/meibomian-cyst-chalazion/

6. Appendices

Appendix 1 - Consultation

All relevant providers/stakeholders will be consulted via a named link consultant/specialist. Views expressed should be representative of the provider/stakeholder organisation. CPAG will consider all views to inform a consensus decision, noting that sometimes individual views and opinions will differ.

Consultee	**Date**
Consultant Ophthalmologist, UHDBFT	March 2022
Consultant Ophthalmologist, CRHFT	March 2022
Clinical Policy Advisory Group (CPAG)	April 2022
Clinical and Lay Commissioning Committee (CLCC)	May 2022

Appendix 2 - Document Update

Document Update	**Date Updated**
Version 5.0 • Policy has been re-worded and reformatted to reflect the DDCCG clinical policies format. This includes the addition of background information, useful resources, references and consultation.	April 2022
Version 5.1 • Reference to prior approval removed.	July 2024