NHS
North Yorkshire
Clinical Commissioning Group

Commissioning Statement:

Condition or Treatment:	2019 NHSE Evidence Based Intervention: Chalazia Removal
Background:	This procedure involves incision and curettage (scraping away) of the contents of the chalazion. Chalazia (meibomian cysts) are benign lesions on the eyelids due to blockage and swelling of an oil gland that normally change size over a few weeks. Many but not all resolve within six months with regular application of warm compresses and massage.
Commissioning position:	Incision and curettage (or triamcinolone injection for suitable candidates) of chalazia should only be undertaken if at least one of the following criteria have been met: • Has been present for more than 6 months and has been managed conservatively with daily warm compresses, lid cleaning and massage for 4 weeks • Interferes significantly with vision • Interferes with the protection of the eye by the eyelid due to altered lid closure or lid anatomy • Is a source of infection that has required medical attention twice or more within a six month time frame • Is a source of infection causing an abscess which requires drainage • If malignancy (cancer) is suspected eg. Madarosis/recurrence/other suspicious features in which case the lesion should be removed and sent for histology as for all suspicious lesions
Effective From:	1 July 2021
Summary of evidence/ rationale:	NICE recommend that warm compresses and lid massage alone are sufficient first line treatment for chalazia. If infection is suspected a drop or ointment containing an antibiotic (e.g. Chloramphenicol) should be added in addition to warm compresses. Only if there is spreading lid and facial cellulitis should a short course of oral antibiotics, as per North Yorkshire CCG antibiotic prescribing guidelines for primary care, be used. Where there is significant inflammation of the chalazion a drop or ointment containing an antibiotic and steroid can be used along with other measures such as warm compresses. However, all use of topical

	steroids around the eye does carry the risk of raised intraocular pressure or cataract although this is very low with courses of less than 2 weeks. Many chalazia, especially those that present acutely, resolve within six months and will not cause any harm however there are a small number which are persistent, very large, or can cause other problems such as distortion of vision. In these cases surgery can remove the contents from a chalazion. However all surgery carries risks. Most people will experience some discomfort, swelling and often bruising of the eyelids and the cyst can take a few weeks to disappear even after successful surgery. Surgery also carries a small risk of infection, bleeding and scarring, and there is a remote but serious risk to the eye and vision from any procedure on the eyelids. Lastly in a proportion of successful procedures the chalazion can come back. The alternative option of an injection of a steroid (triamcinolone) also carries a small risk of serious complications such as raised eye pressure, eye perforation or bleeding. Some trials comparing the two treatments suggest that using a single triamcinolone acetonide injection followed by lid massage is almost as effective as incision and curettage in the treatment of chalazia and with similar patient satisfaction but less pain and patient inconvenience. However this is controversial and other studies show that steroid injection is less effective than surgery. Therefore both options can be considered for suitable patients.
Date:	October 2020
Review Date:	July 2023
Contact:	Dr C Ives, Governing Body GP North Yorkshire CCG

References:

1. NICE clinical knowledge summaries - https://cks.nice.org.uk/topics/meibomian-cyst-chalazion/
2. Moorfield's Eye Hospital Patient Information - https://www.moorfields.nhs.uk/sites/default/files/Chalazion.pdf
3. Wu AY, Gervasio KA, Gergoudis KN, Wei C, Oestreicher JH, Harvey JT. Conservative therapy for chalazia: is it really effective? Acta Ophthalmol. 2018 Jan 16. doi: 10.1111/aos.13675. [Epub ahead of print] PubMed PMID: 29338124.
4. Goawalla A, Lee V. A prospective randomized treatment study comparing three treatment options for chalazia: triamcinolone acetonide injections, incision and curettage and treatment with hot compresses. Clin Exp Ophthalmol. 2007 Nov;35(8):706-12. PubMed PMID: 17997772.

5. Watson P, Austin DJ. Treatment of chalazions with injection of a steroid Suspension. British Journal of Ophthalmology, 1984, 68, 833-835.

6. Ben Simon, G.J., Huang, L., Nakra, T. et al. Intralesional triamcinolone acetonide injection for primary and recurrent chalazia (is it really effective?) . Ophthalmology. 2005; 112: 913–917.

7. Papalkar D, Francis IC. Injections for Chalazia? Ophthalmology 2006; 113:355–356. Incision and curettage vs steroid injection for the treatment of chalazia: a metaanalysis. Aycinena A, Achrion A et al. Ophthalmic Plastic and reconstructive surgery. 2016;32:220-224.

8. McStay. Stye and Chalazion. BMJ Best Practice https://bestpractice.bmj.com/topics/en-gb/214 (accessed 18/10/18)