



**Coventry and
Warwickshire**
Integrated Care Board

Chalazia Removal Policy

Reference Number:	This will be applied to all new ICB-wide PPSs by the Governance and Corporate Affairs Team and will be retained throughout its life span.
Version:	Version 1.0
Name of responsible Committee and date approved or recommended to Integrated Care Board Board:	Audit Committee
Date approved by the Integrated Care Board (if applicable):	1 July 2022
Next Review Date:	1 April 2025
Expiry Date:	1 October 2025
Name of author and title:	Lucy Dyde
Name of reviewer and title:	Ali Cartwright
Department:	Corporate Office

VERSION HISTORY

Date	Version	Changes made to previous version	Consulting and Endorsing Stakeholders, Committees / Meetings / Forums etc.

Treatment	Chalazia Removal
Indication	Benign Meibomian Cysts on the Eyelid(s)
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	<p>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:</p> <ul style="list-style-type: none"> • Has been present for more than 6 months and has been managed conservatively with 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 (e.g. madarosis/ recurrence/other suspicious features) in which case the lesion should be removed and sent for histology as for all suspicious lesions. <p>Prior approval from the Integrated Care Board will be required before any treatment proceeds in secondary care unless an alternative contract arrangement has been agreed with the ICB that does not necessitate the requirement of prior approval before treatment.</p>
Diagnostic and Procedure Codes	C121, C122, C124, C181, C198
Equality Impact	https://www.england.nhs.uk/evidence-based-interventions/