



Intervention	002. Incision and Curettage of Chalazion
For the treatment of	Chalazion (Meibomian cyst). Benign lesion on an eyelid due to blockage and swelling of an oil gland.
Commissioning Position	<p>This intervention is only commissioned 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 at least 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 <p>If malignancy (cancer) is suspected, the lesion should be removed and sent for histology.</p>
Summary of Rationale	<p>Alternative treatment options (warm compresses, drops or ointment) or a “watch and wait” approach will lead to resolution of most chalazia within six months and without the risks of surgery.</p> <p>Injection of a steroid (triamcinolone) carries a small risk of serious complications such as raised eye pressure, eye perforation or bleeding. Evidence on effectiveness of steroid injection followed by lid massage compared with incision and curettage is conflicting, but either option can be considered for suitable patients.</p>
References	<p>Chalazia removal - EBI (aomrc.org.uk) Scenario: Management Management Meibomian cyst (chalazion) CKS NICE</p>
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