Kent and Medway Policy Recommendation and Guidance Committee
Policy Recommendation

Policy:	**PR 2014-04: Chalazia**
Issue date:	**May 2014**
Review date:	**May 2017**

Recommendation:

The Kent and Medway Policy Recommendation and Guidance Committee (PRGC) considered the evidence, information on local policies and the views and opinions of local experts. All decisions were made with reference to the Ethical Framework. Taking these into account the PRGC recommended that:

Excision of chalazia will only be funded, when all of the following criteria are met:

- The chalazion has been present continuously for more than 6 months
- Conservative treatment has failed
- The chalazion is affecting vision OR it is regularly infected (e.g. two times within a six month time-frame) and in need of medical treatment for infection

Children under 10 years old are excluded from the above and should be referred and treated as appropriate due to the risk of amblyopia.

If the chalazion has atypical features or recurs in the same location, biopsy to rule out malignancy.

In common with all types of lesions, the CCGs will fund removal where malignancy is suspected.

This policy recommendation will be reviewed in light of new evidence or national guidance.

Commissioners in Kent and Medway will always consider appropriate individual funding requests (IFRs) through their IFR process.

Supporting documents

- Health Care Intervention Appraisal and Guidance (HCiAG) team (2014) *Briefing note – Policy statements on blepharoplasty, chalazia and ptosis listed in the schedule of policy statements known as RaTC.*

Key findings and rationale

Why was this topic identified for review?
Current Kent and Medway policies on the removal of lesions of the eyelid skin or lid margin are inconsistent and lack supporting rationale.

What are chalazia?
A chalazion (plural: chalazia) is a sterile, chronic, inflammatory granuloma on the eyelid. It is also called a meibomian cyst because it is caused by a blocked meibomian gland. Chalazia are regarded as the most common cause of lumps on the eyelid. Although they may be considered cosmetically unattractive, chalazia rarely cause serious complications; although there is initial discomfort, this usually settles and pain and tenderness are usually absent.

Chalazia that are excessively large can cause astigmatism and visual disturbance (by pressing on the cornea). Rarely, a chalazion may become secondarily infected, and the infection can spread or cause preseptal cellulitis.

How are chalazia managed initially?
Chalazia can spontaneously resolve. Conservative treatment might speed up their disappearance. For more information on initial management see NICE Clinical Knowledge Summaries (CKS) on chalazia.

It is also important to manage risk factors (if present), especially blepharitis, to reduce the risk of future episodes and prevent chalazia forming in the first place. For more information see NICE CKS or the British Oculoplastic Surgery Society (BOPSS) on blepharitis.

What is the evidence base for conservative treatment?
Although the evidence for conservative treatment is limited, it is widely recommended by experts for the initial management of chalazia. In small studies, resolution rates were 46–77% with conservative treatment. Mean time to resolution was 2–3 weeks.

What is the evidence base for waiting 6 months?
A period of 6 months for watchful waiting reflects the results of one small retrospective study (87 chalazia in 69 people), which found that the duration of complaint (from onset of symptoms to symptom resolution) was 5.4 months (range 1.5–12 months) for those chalazia that resolved spontaneously. The spontaneous resolution rate was 25% (or 43% if all patients lost to follow-up were assumed to have chalazia that resolved spontaneously).

Will implementation of this new policy recommendation lead to a change in activity or expenditure?
Implementation of this policy recommendation is not anticipated to have a significant impact on activity or expenditure. Highlighting the importance of conservative measures for the initial treatment of chalazia (and their risk factors) to primary care practitioners, including stipulation that these measures must have failed before removal of chalazia will be funded, is likely to more than compensate for any increased activity due to new access criteria (i.e. chalazia that are regularly infected, or are located on the lower eyelid). Implementation of this policy recommendation may also lead to avoidance of some NHS consultations required to treat infections.