Kent and Medway Policy Recommendation and Guidance Committee

Policy Recommendation

Policy:	**PR 2019-13: Chalazia removal**
Issue date:	**July 2019**
This policy recommendation replaces PR 2014-04	

The Kent and Medway Policy Recommendation and Guidance Committee (PRGC) considered NHS England and professional society guidance, NICE CKS, the baseline position, the views of local specialists, other CCG policies, and the potential impact of changing policy. All decisions were made with reference to the Ethical Framework. Taking these into account, the PRGC recommends:

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 warm compresses, lid cleaning and massage for 4 weeks (see Box A)
- Interferes significantly with vision and a trial of conservative management is not appropriate
- 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

The following are outside of the scope of the policy statement:

- Children aged under 10 years are excluded from the above and should be referred and treated as appropriate due to the risk of amblyopia.
- Suspected malignancy. Where malignancy is suspected the lesion should be removed and sent for histology as for all suspicious lesions. In common with all types of lesions, the CCGs will fund removal where malignancy is suspected.

This policy recommendation will be reviewed when new information becomes available that is likely to have a material effect on the current recommendation.

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

Box A – Conservative management

- Reassure the person that a chalazion is usually self-limiting and rarely causes serious complications.
- Advise the person to apply a warm compress (for example, using a clean flannel that has been rinsed with warm water) to the affected eye for 5–10 minutes, after which the cyst should be gently massaged (to aid expression of its contents) in the direction of the eyelashes using clean fingers or cotton buds. This should be repeated at least once a day for 4 weeks.
- Explain that the warm compress will help to liquefy the lipid content of the cyst, thus encouraging drainage of the cyst contents. Avoid excessively hot compresses (to avoid scalding).
- Antibiotics should only be used if there is evidence that the chalazion is infected.
- Manage any co-existing risk factors to reduce the risk of recurrent episodes (chronic blepharitis, seborrhoeic dermatitis, acne rosacea).

Supporting documents

NEL HPSU (2019) *Chalazia removal – Briefing note*

Equality Analysis Screening Tool – Chalazia removal (2019)

Key points and rationale

What are chalazia?
A chalazion (plural: chalazia) is a sterile, chronic, inflammatory granuloma on the eyelid. Chalazia are regarded as the most common cause of lumps on the eyelid. A chalazion typically presents as a firm, localized eyelid swelling that develops slowly over several weeks. Although there is initial discomfort, this usually settles and pain and tenderness are usually absent.

Chalazia that are very large can cause astigmatism, visual disturbance, or ptosis. Rarely, a chalazion may become secondarily infected, which may spread to other ocular glands or neighbouring tissues, leading to periorbital or orbital cellulitis.

How are chalazia managed?
Chalazia usually resolve spontaneously or with conservative treatment. Conservative management involves the application of a warm compress to the affected eye once a day for up to 4 weeks. Specialist treatments include incision and curettage and intralesional corticosteroid injections.

What does NHS England Evidence Based Interventions (EBI) guidance recommend?
NHS England EBI guidance[1] categorises chalazia removal as a Category 2 intervention; interventions which should only be routinely commissioned or performed when specific criteria are met. According to this guidance:

- 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 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

The Royal College of Ophthalmologists has approved EBI recommendations on chalazia removal.

What does NICE guidance say?
NICE has not developed clinical guidelines on the management of chalazia, or recommended indications for specialist treatments. However, NICE have published a clinical knowledge summary on meibomian cysts (chalazia) (last revised 2015), which includes advice on management in primary care and referral criteria.

What does professional society guidance say?
The College of Optometrists have published clinical management guidelines on chalazia (2018) detailing advice on conservative management and referral criteria.

What is the baseline position in Kent and Medway?
- Kent and Medway CCGs' have a policy on chalazia removal (see Table 1)
- NHS England report 81 chalazia removals were undertaken on Kent and Medway patients in 2017/18. Following implementation of the EBI programme in 2019/20, NHS England expects this to reduce by 29 procedures. Note, this data does not appear to include chalazia removal in an outpatient setting. No reduction in activity is expected from Swale CCG, Thanet CCG or West Kent CCG as they already have activity below the target rate.

What is the rationale for PR2019-13?
The PRGC policy recommendation is consistent with NHS England EBI recommendations on chalazia removal, which have been approved by the Royal College of Ophthalmologists. The PRGC recommendation excludes children under 10 due to the risk of amblyopia.

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[1] This guidance sets out recommendations on 17 interventions including chalazia removal. According to NHS England, CCGs need to be able to demonstrate that they have had 'regard to' this new national guidance.

Change sheet

Reason for review:
On 28 November 2018 NHS England published *Evidence-Based Interventions: Guidance for CCGs*. This guidance sets out recommendations on 17 interventions including chalazia removal. According to NHS England, CCGs need to be able to demonstrate that they have had 'regard to' this new national guidance.

Changes from baseline:
See Table 1 for a comparison of the existing Kent and Medway policy and PR2019-13.

Rationale for PR2019-13:
The PRGC policy recommendation is consistent with NHS England EBI recommendations on chalazia removal, which have been approved by the Royal College of Ophthalmologists. The PRGC recommendation excludes children under 10 due to the risk of amblyopia.

Estimated cost impact of implementing PR2019-13:
The PRGC policy recommendation is less restrictive than the existing policy in Kent and Medway. This may possibly lead to modest increases in activity and expenditure on chalazia removal for Kent and Medway CCGs.

Table 1 – PRGC recommended changes to existing policy on chalazia removal

Existing Kent and Medway policy on chalazia removal	New PRGC policy recommendation (PR2019-13) on chalazia removal

Excision of chalazia are not routinely funded, except where all of the following criteria are met:
• The chalazion has been present continuously for more than 6 months, and
• Conservative treatment has failed (Box A), and
• 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 aged under 10 years 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.
 	
Box A – Conservative management
• Apply a warm compress (e.g. using a clean flannel that has been rinsed with hot water) to the affected eye for 5–10 minutes. Repeat this three to four times daily for up to 4 weeks.
  ○ This will help to liquefy the lipid content of the chalazion, thus encouraging drainage of the chalazion contents.
  ○ Avoid excessively hot compresses (to avoid scalding, particularly in children).
• Gently massage the chalazion after application of the warm compress (to aid expression of the chalazion contents).
  ○ This should be done in the direction of the eyelashes using clean fingers or cotton buds.
• Clean the affected eyelid twice daily (to clear debris and oily secretions from the eyelid and lashes).
  ○ This can be performed by rubbing a moistened cotton bud (e.g. using baby shampoo diluted 1:10 with warm water [one part shampoo to nine parts water]) along the
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	Box A – Conservative management
	• Reassure the person that a chalazion is usually self-limiting and rarely causes serious complications.
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lid margin.	using clean fingers or cotton buds. This should be repeated at least once a day for 4 weeks. • Explain that the warm compress will help to liquefy the lipid content of the cyst, thus encouraging drainage of the cyst contents. Avoid excessively hot compresses (to avoid scalding). • Antibiotics should only be used if there is evidence that the chalazia is infected. • Manage any co-existing risk factors to reduce the risk of recurrent episodes (chronic blepharitis, seborrhoeic dermatitis, acne rosacea)

Green text = additions: Red text = deletions.