

Policy statement:	Chalazia (cyst on or in eye lid) / Chalazion
Status:	Threshold

Chalazia are benign, granulomatous lesions caused by blockage of the Meibomian gland duct, which will normally resolve within 6 months with conservative management in primary care.

Community excision of Chalazia (where a community service is available / commissioned) will be funded for those patients with **Two** or more of the following:

- Present for more than six months.
- Present on the upper eyelid.
- Source of regular infection (2 times within six month time frame) requiring medical treatment.
- Interferes with vision.
- Conservative management has been tried & failed and there is no appropriate alternative to surgical intervention.
- The site of the lesion or lashes renders the condition as requiring specialist intervention.

Only the patients meeting the following criteria should be referred to secondary care:

- All children should be referred on.
- Any recurrent chalazion should be referred.
- Any atypical features i.e lash loss, bleeding should be referred.

Any patient with previous history of Basal cell carcinoma (BCC) or Squamous cell carcinoma (SCC) or where malignancy is suspected should be referred on.