

Chalazia Removal Prior Approval

Before consideration of referral for management in secondary care, please review advice on the Remedy website (www.remedy.bnssgccg.nhs.uk/) or consider use of advice and guidance services where available

If the patient in question is clinically exceptional compared to the cohort, then an Exceptional Funding Application may be appropriate. The only time when an EFR application should be submitted is when there is a strong argument for clinical exceptionality to be made. EFR applications will only be considered where evidence of clinical exceptionality is provided within the case history/primary care notes in conjunction with a fully populated EFR application form.

Chalazia Removal

Funding for surgical treatment will only be provided by the ICB for patients meeting one of the criteria set out below.

The ICB will fund excision of chalazia when the patient presents with two or more of the following:

- Present continuously for more than six months, verified in clinical notes
- Present on the upper eyelid and interferes significantly with vision.
- Source of regular infection (2 times within six-month time frame) requiring medical treatment
- The site of the lesion or lashes renders the condition as requiring specialist intervention within the secondary care provider.

A chalazion that keeps coming back should be biopsied to rule out malignancy. Use the appropriate referral route for suspected malignancy in this case. Note: The chalazion does not need to be present continuously for more than six months.

BRAN

For any health- related decision, it is important to consider “BRAN” which stands for:

- **B**enefits
- **R**isks
- **A**lternatives
- **D**o **N**othing

Benefits

Removal of lesion

Reduction of infections

Decrease irritation in eye

Risks

Bleeding and bruising

Infection

Incomplete drainage

Recurrence requiring further surgery

Blurred vision (usually temporary)

Alternatives

Medical management with topical and oral antibiotics

Observation and waiting for the chalazion to resolve spontaneously

Do Nothing

Remember, you always have the option to do nothing. Doing nothing is an equally reasonable option to doing something. Sometimes “not yet” is a good enough answer until you gather more information.

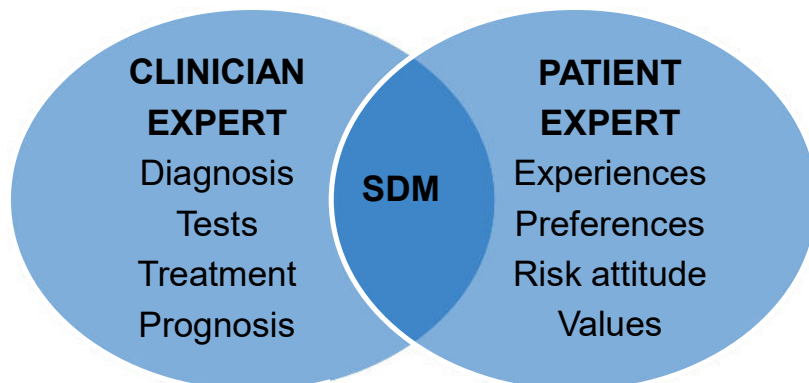
Chalazia removal– Plain Language Summary

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.

Shared Decision Making

If a person fulfils the criteria for chalazia removal it is important to have a partnership approach between the person and the clinician.

Shared Decision Making (SDM) is the meeting of minds of two types of experts:



It puts people at the centre of decisions about their own treatment and care and respects what is unique about them. It means that people receiving care and clinicians delivering care can understand what is important to the other person.

The person and their clinician may find it helpful to use 'Ask 3 Questions':

1. What are my options? (see sections above)
2. What are the pros and cons of each option for **me**?
3. How can I make sure that I have made the right decision?

This policy has been developed with the aid of the following:

1. [Chalazion \(Eyelid Cyst\): Causes, Symptoms, and Treatment | Patient](#)
2. [Health A to Z - NHS \(www.nhs.uk\)](http://www.nhs.uk)

Due regard

In carrying out their functions, the Bristol, North Somerset and South Gloucestershire Clinical Policy Review Group (CPRG) are committed to having due regard to the Public Sector Equality Duty (PSED). This applies to all the activities for which the ICB are responsible, including policy development and review.

Document Control

Document Title	Chalazia Removal
Author(s) job title(s):	Commissioning Policy Development Team
Document version:	2324.02.00
Supersedes:	
Discussed at Commissioning Policy Review Group (CPRG):	24.10.23
Approval Route (see <u>Governance</u>):	Level 2
Approval Date	12.12.23
Date of Adoption:	01.02.24
Publication/issue date:	01.02.24
Review due date:	Earliest of either NICE publication or three years from approval.

Governance

Commissioning policies are assessed for their likely level of impact on BNSSG ICB and the population for which it is responsible. This determines the appropriate level of sign off. The below described the approval route for each score category.

Policy Category	Approval By
Level 1	Commissioning Policy Review Group.
Level 2	Chief Medical Officer, or Chief Nursing Officer, or System Executive Group Chair
Level 3	ICB Board

OPCS Procedure codes

Must have any of (primary only):

C111,C121,C122,C123,C124,C125,C126,C128,C129,C191,C198,C199

Support

If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Customer Services Team on: **0117 900 2655** or **0800 073 0907** or email them on BNSSG.customerservice@nhs.net.