Buckinghamshire, Oxfordshire & Berkshire West
Integrated Care Board

BOB ICB and Frimley ICB Priorities Committee Clinical Commissioning Policy Statement

Policy Number/ Name	BOBFPC95 Treatment of Chalazia
Date of BOB ICB Adoption	February 2024

Buckinghamshire, Oxfordshire, and Berkshire West ICB and Frimley ICB Priorities Committee has considered the evidence of clinical and cost effectiveness for treatment of chalazia, including a NICE Clinical Knowledge Summary[1] and recommendations from the NHS England Evidence-Based Interventions Programme[2].

Chalazia are usually self-limiting and rarely cause serious complications. Chalazia should be managed conservatively with warm compresses, lid cleaning and massage.

If infection is suspected a drop or ointment containing an antibiotic (e.g. Chloramphenicol) should be added in addition to warm compresses. Only if there is spreading lid and facial cellulitis should a short course of appropriate oral antibiotics be used. Where there is significant inflammation of the chalazion, a drop or ointment containing an antibiotic and steroid can be used along with other measures such as warm compresses. However, all use of topical steroids around the eye does carry the risk of raised intraocular pressure or cataract although this is very low with courses of less than 2 weeks.

A referral for specialist assessment and treatment of chalazia (incision and curettage or triamcinolone injection for suitable candidates) will be funded if at least one of the following criteria has been met:

- Interferes significantly with vision as demonstrated by an opticians report
- 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 there are signs and symptoms of associated orbital cellulitis, arrange urgent hospital admission for assessment and management.

If malignancy (cancer) is suspected eg. Madarosis/recurrence/other suspicious features, patients must be referred using a suspected cancer pathway referral (for an appointment within 2 weeks)

[1] https://www.england.nhs.uk/publication/evidence-based-interventions-response-to-the-public-consultation-and-next-steps/

[2] https://cks.nice.org.uk/meibomian-cyst-chalazion#!scenario

Primary diagnosis code

H00.1 Chalazion

Procedure codes

C121 Excision of lesion of eyelid NEC
C122 Cauterisation of lesion of eyelid
C123 Cryotherapy to lesion of eyelid
C124 Curettage of lesion of eyelid
C125 Destruction of lesion of eyelid NEC
C126 Wedge excision of lesion of eyelid
C128 Other specified extirpation of lesion of eyelid
C129 Unspecified extirpation of lesion of eyelid
C191 Drainage of lesion of eyelid
C224 Injection into eyelid

NOTES:

- Potentially exceptional circumstances may be considered by a patient's ICB where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual's health status.
- This policy was developed and recommended by Thames Valley Priorities Committee which was the predecessor of Buckinghamshire, Oxfordshire, and Berkshire West ICB and Frimley ICB Priorities Committee.
- This policy will be reviewed in the light of new evidence or new national guidance, e.g., from NICE.
- BOBFPC clinical policies can be viewed at Clinical Commissioning Policy Statements & IFRs | BOB ICB

Recommendation made by TVPC	July 2019
Date adopted and issued by OCCG	October 2019