Placename CCG

Policies for the Commissioning of Healthcare

Policy for Chalazia Removal

	Introduction
	This document is part of a suite of policies that the CCG uses to drive its commissioning of healthcare. Each policy in that suite is a separate public document in its own right but will be applied with reference to other policies in that suite.
1	**Policy**

1.1	The CCG will commission chalazion removal via either incision and curettage or triamcinolone injection when **one or more** of the following criteria are satisfied:
	
	• The chalazion:
	  ○ Has been present for more than 6 months and has been managed conservatively with warm compresses, lid cleaning and massage for 4 weeks OR
	  ○ Interferes significantly with vision OR
	  ○ Interferes with the protection of the eye by the eyelid due to altered lid closure or lid anatomy OR
	  ○ Is a source of infection that has required medical attention twice or more within a six month time frame OR
	  ○ Is a source of infection causing an abscess which requires drainage

2	**Scope and definitions**
2.1	This policy is based on the CCGs Statement of Principles for Commissioning of Healthcare (version in force on the date on which this policy is adopted).
2.2	Chalazion or Meibomian cyst is a are benign lesion on the eyelids caused by the blockage of Meibomian gland duct resulting in the retention and stagnation of secretion. It may occur spontaneously or follow an acute internal hordeolum (stye).[1] When conservative management fails, it can be effectively managed by incision and curettage of the cyst or injection of triamcinolone (a steroid preparation) into the cyst.[2,3] Incision and curettage cutting open the chalazion and scraping away its content.

2.3	The scope of this policy includes requests for the removal of chalazion in both adults and children.
2.4	The scope of this policy does not include the following: • Suspected malignancies of the eyelid. • Other lesions of the eyelid which may be considered valid differential diagnoses for chalazion (e.g. stye, sebaceous cyst). If a malignancy (cancer) is suspected based on features such as recurrence of a previously treated chalazion, or atypical features such as distortion of the eyelid margin, madarosis, ulceration, or bleeding,[4] the cancer referral pathway should be followed.
2.5	The CCG recognises that a patient may have certain features, such as • having a chalazion; • wishing to have a service provided for the removal of chalazion, • being advised that they are clinically suitable for chalazion removal, and • be distressed by their chalazion, and by the fact that that they may not meet the criteria specified in this commissioning policy. Such features place the patient within the group to whom this policy applies and do not make them exceptions to it.
3	**Appropriate Healthcare**
3.1	The purpose of chalazia removal is normally to resolve symptoms, such as impaired vision or recurrent infections associated with the presence of a chalazion.
3.2	The CCG regards the achievement of this purpose as according with the Principle of Appropriateness. Therefore this policy does not rely on the principle of appropriateness. Nevertheless if a patient is considered exceptional in relation to the principles on which the policy does rely, the CCG may consider the principle of appropriateness in the particular circumstances of the patient in question before confirming a decision to provide funding.
4	**Effective Healthcare**
4.1	This policy relies on the criterion of effectiveness as the CCG recognises that in many cases chalazia do not cause any symptoms. Interventions to remove chalazia carry risks including infection, bleeding and scarring in addition to a risk to the eye and vision.[5] The CCG therefore considers that, in the absence of the symptoms outlined at section 1.1 of the policy, the potential risks associated with chalazion removal outweigh the potential benefits.
5	**Cost Effectiveness**

5.1	The CCG does not call into question the cost-effectiveness of chalazion removal and therefore this policy does not rely on the Principle of Cost-Effectiveness. Nevertheless if a patient is considered exceptional in relation to the principles on which the policy does rely, the CCG may consider whether the treatment is likely to be Cost Effective in this patient before confirming a decision to provide funding.
6	**Ethics**
6.1	The CCG does not call into question the ethics of chalazia removal and therefore this policy does not rely on the Principle of Ethics. Nevertheless if a patient is considered exceptional in relation to the principles on which the policy does rely, the CCG may consider whether the treatment is likely to raise ethical concerns in this patient before confirming a decision to provide funding.
7	**Affordability**
7.1	The CCG does not call into question the affordability of chalazia removal and therefore this policy does not rely on the Principle of Affordability. Nevertheless if a patient is considered exceptional in relation to the principles on which the policy does rely, the CCG may consider whether the treatment is likely to be affordable in this patient before confirming a decision to provide funding.
8	**Exceptions**
8.1	The CCG will consider exceptions to this policy in accordance with the Policy for Considering Applications for Exceptionality to Commissioning Policies.
8.2	In the event of inconsistency, this policy will take precedence over any non-mandatory NICE guidance in driving decisions of this CCG. A circumstance in which a patient satisfies NICE guidance but does not satisfy the criteria in this policy does not amount to exceptionality.
9	**Force**
9.1	This policy remains in force until it is superseded by a revised policy or by mandatory NICE guidance relating to this intervention, or to alternative treatments for the same condition.
9.2	In the event of NICE guidance referenced in this policy being superseded by new NICE guidance, then: • If the new NICE guidance has mandatory status, then that NICE guidance will supersede this policy with effect from the date on which it becomes mandatory.

	• If the new NICE guidance does not have mandatory status, then the CCG will aspire to review and update this policy accordingly. However, until the CCG adopts a revised policy, this policy will remain in force and any references in it to NICE guidance will remain valid as far as the decisions of this CCG are concerned.

Date of adoption
Date for review

10. References

[1] The College of Optometrists (2019). Chalazion (Meibomian cyst). https://www.college-optometrists.org/guidance/clinical-management-guidelines/chalazion-meibomian-cyst-.html

[2] Aycinena AR, Achiron A, Paul M, Burgansky-Eliash Z. Incision and Curettage Versus Steroid Injection for the Treatment of Chalazia: A Meta-Analysis. Ophthalmic Plast Reconstr Surg. 2016;32(3):220-4

[3] Goawalla A, Lee V. A prospective randomized treatment study comparing three treatment options for chalazia: triamcinolone acetonide injections, incision and curettage and treatment with hot compresses. Clin Exp Ophthalmol. 2007;35(8):706-12

[4] NICE (2015). Scenario: Management of meibomian cyst. Clinical Knowledge Summaries. https://cks.nice.org.uk/meibomian-cyst-chalazion#!scenariorecommendation

[5] NHS England (2018). Evidence-Based Interventions: Guidance for CCGs