

# Clinical Commissioning Policy

## Chalazia (meibomian cysts), removal

Category 2 Intervention - Only routinely commissioned when specific criteria are met -

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| Version:  | 1   |
| Purpose   | This document is part of a suite of policies that the Integrated Care Board (ICB) 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. |
| Supersedes:                                     | Previous Clinical Commissioning Group (CCG) Policy  |
| Author (inc Job Title):                         |   |
| Ratified by:<br>(Name of responsible Committee) | ICB Board   |
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| Target audience:                                | All Cheshire & Merseyside ICB Staff and Provider organisations  |

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| <b>Document control:</b> |                        |  |
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| <b>Date:</b>             | <b>Version Number:</b> | <b>Section and Description of Change</b>     |
| April 2023               | 1                      | Policy ratified by Cheshire & Merseyside ICB |
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## 1. Introduction

- 1.1 This policy relates to the commissioning of interventions which optimise clinical effectiveness and represent value for money.
- 1.2 This document is part of a suite of policies which the Integrated Care Board (ICB) uses to drive its commissioning of healthcare. Each policy is a separate public document in its own right but should be considered alongside all the other policies in the suite as well as the core principles outlined in Appendix 1.
- 1.3 At the time of publication, the evidence presented per procedure/treatment was the most current available.
- 1.4 This policy is based on NHS England's Evidence-Based Interventions (EBI) recommendations see link to programme below - accurate at the point of publication <https://www.aomrc.org.uk/ebi/clinicians/chalazia-removal/>

## 2. Purpose

- 2.1 This policy aims to ensure a common set of criteria for treatments and procedures across the region. This is intended to reduce variation of access to NHS services in different areas and allow fair and equitable treatment for all patients.

## 3. Summary of intervention

- 3.1 This procedure involves incision and curettage (scraping away) of the contents of the chalazion. Chalazia (meibomian cysts) are benign lesions on the eyelids due to blockage and swelling of an oil gland that normally change size over a few weeks. Many but not all resolve within six months with regular application of warm compresses and massage.

## 4. Policy statement

- 4.1 Incision and curettage (or triamcinolone injection for suitable candidates) of chalazia is not routinely commissioned unless one of the following criteria have been satisfied:
  - 4.1.1 Has been present for more than 6 months and has been managed conservatively with warm compresses, lid cleaning and massage for 4 weeks  
**OR**
  - 4.1.2 Interferes significantly with vision  
**OR**
  - 4.1.3 Interferes with the protection of the eye by the eyelid due to altered lid closure or lid anatomy  
**OR**
  - 4.1.4 Is a source of infection that has required medical attention twice or more within a six-month timeframe  
**OR**

- 4.1.5 Is a source of infection causing an abscess which requires drainage

**OR**

- 4.1.6 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.

## 5. Exclusions

- 5.1 None

## 6. Rationale

- 6.1 NICE recommend that warm compresses and lid massage alone are sufficient first line treatment for chalazia. 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 oral antibiotics (e.g. co-amoxiclav) be used.
- 6.2 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.
- 6.3 Many chalazia, especially those that present acutely, resolve within six months and will not cause any harm however there are a small number which are persistent, very large, or can cause other problems such as distortion of vision.
- 6.4 In these cases surgery can remove the contents from a chalazion. However all surgery carries risks. Most people will experience some discomfort, swelling and often bruising of the eyelids and the cyst can take a few weeks to disappear even after successful surgery. Surgery also carries a small risk of infection, bleeding and scarring, and there is a remote but serious risk to the eye and vision from any procedure on the eyelids. Lastly in a proportion of successful procedures the chalazion can come back. The alternative option of an injection of a steroid (triamcinolone) also carries a small risk of serious complications such as raised eye pressure, eye perforation or bleeding.
- 6.5 Some trials comparing the two treatments suggest that using a single triamcinolone acetonide injection followed by lid massage is almost as effective as incision and curettage in the treatment of chalazia and with similar patient satisfaction but less pain and patient inconvenience. However this is controversial and other studies show that steroid injection is less effective than surgery. Therefore both options can be considered for suitable patients.

## 7. Underpinning evidence

- 7.1 Clinical Knowledge Summaries Meibomian Cyst (chalazion)
- 7.2 Moorfield's Eye Hospital Patient Information, Chalazion. <https://www.moorfields.nhs.uk/sites/default/files/Chalazion.pdf>

- 7.3 Wu AY, Gervasio KA, Gergoudis KN, Wei C, Oestreicher JH, Harvey JT. Conservative therapy for chalazia: is it really effective? *Acta Ophthalmol.* 2018 Jan 16. doi: 10.1111/aos.13675. [Epub ahead of print] PubMed PMID:
- 7.4 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* 2007 Nov;35(8):706-12. PubMed PMID: 17997772.
- 7.5 Watson P, Austin DJ. Treatment of chalazions with injection of a steroid *British Journal of Ophthalmology*, 1984, 68, 833-835.
- 7.6 Ben Simon, G.J., Huang, L., Nakra, T. et al. Intralesional triamcinolone acetonide injection for primary and recurrent chalazia (is it really effective?) . 2005; 112: 913–917.
- 7.7 Papalkar D, Francis IC. Injections for Chalazia? *Ophthalmology* 2006; 113:355–356. Incision and curettage vs steroid injection for the treatment of chalazia: a metaanalysis. Aycinena A, Achrion A et al. *Ophthalmic Plastic and reconstructive* 2016;32:220-224.
- 7.8 Stye and Chalazion. *BMJ Best Practice* <https://bestpractice.bmj.com/topics/en-gb/214>.

## 8. Force

- 8.1 This policy remains in force until it is superseded by a revised policy or by mandatory NICE guidance or other national directive relating to this intervention, or to alternative treatments for the same condition.

## 9. Coding

### SQL code

```
WHEN left(der.Spell_Dominant_Procedure,4) IN ('C121','C122','C124','C191','C198')
AND left(der.Spell_Primary_Diagnosis,4) IN ('H001')
AND APCS.Admission_Method not like ('2%')
THEN 'K_chalazia'
```

### Global cancer exclusion

```
APC
WHERE 1=1
-- Cancer Diagnosis Exclusion
AND (apcs.der_diagnosis_all not like '%C[0-9][0-9]%'
AND apcs.der_diagnosis_all not like '%D0%'
AND apcs.der_diagnosis_all not like '%D3[789]%'
AND apcs.der_diagnosis_all not like '%D4[012345678]%'
OR apcs.der_diagnosis_all IS NULL)
```

## 10. Monitoring And Review

- 10.1 This policy may be subject to continued monitoring using a mix of the following approaches:
  - Prior approval process
  - Post activity monitoring through routine data
  - Post activity monitoring through case note audits
- 10.2 This policy will be kept under regular review, to ensure that it reflects developments in the evidence base regarding effectiveness and value.

## 11. Quality and Equality Analysis

11.1 Quality and Equality Impact Analyses have been undertaken for this policy at the time of its review.

# Appendix 1 - Core Objectives and Principles

## Objectives

The main objective for having healthcare commissioning policies is to ensure that:

- Patients receive appropriate health treatments
- Treatments with no or a very limited evidence base are not used; and
- Treatments with minimal health gain are restricted.

## Principles

This policy aims to ensure a common set of criteria for treatments and procedures across the region. This is intended to reduce variation of access to NHS services in different areas and allow fair and equitable treatment for all patients.

Commissioning decisions by ICB Commissioners are made in accordance with the commissioning principles set out as follows:

- Commissioners require clear evidence of clinical effectiveness before NHS resources are invested in the treatment.
- Commissioners require clear evidence of cost effectiveness before NHS resources are invested in the treatment.
- Commissioners will consider the extent to which the individual or patient group will gain a benefit from the treatment.
- Commissioners will balance the needs of an individual patient against the benefit which could be gained by alternative investment possibilities to meet the needs of the community.
- Commissioners will consider all relevant national standards and consider all proper and authoritative guidance.
- Where a treatment is approved Commissioners will respect patient choice as to where a treatment is delivered, in accordance with the 'NHS Choice' framework.
- Commissioning decisions will give 'due regard' to promote equality and uphold human rights. Decision making will follow robust procedures to ensure that decisions are fair and are made within legislative frameworks.

## Core Eligibility Criteria

There are a number of circumstances where a patient may meet a 'core eligibility criterion' which means they are eligible to be referred for the procedures and treatments listed, regardless of whether they meet the criteria; or the procedure or treatment is not routinely commissioned.

These core clinical eligibility criteria are as follows:

- Any patient who needs 'urgent' treatment will always be treated.
- All NICE Technology Appraisals Guidance (TAG), for patients that meet all the eligible criteria listed in a NICE TAG will receive treatment.
- In cancer care (including but not limited to skin, head and neck, breast and sarcoma) any lesion that has features suspicious of malignancy, must be referred to an appropriate specialist for urgent assessment under the 2-week rule.
- NOTE: Funding for all solid and haematological cancers are now the responsibility of NHS England.
- Reconstructive surgery post cancer or trauma including burns.
- Congenital deformities: Operations on congenital anomalies of the face and skull are usually routinely commissioned by the NHS. Some conditions are considered highly specialised and are commissioned in the UK through the National Specialised Commissioning Advisory Group (NSCAG). As the incidence of some cranio-facial congenital anomalies is small and the treatment complex, specialised teams, working in designated centres and subject to national audit, should carry out such procedures.
- Tissue degenerative conditions requiring reconstruction and/or restoring function e.g. leg ulcers, dehisced surgical wounds, necrotising fasciitis.
- For patients wishing to undergo Gender reassignment, this is the responsibility of NHS England and patients should be referred to a Gender Identity Clinic (GIC) as outlined in the Interim NHS England Gender Dysphoria Protocol and Guideline 2013/14.

## Cosmetic Surgery

Cosmetic surgery is often carried out to change a person's appearance to achieve what a person perceives to be a more desirable look.

Cosmetic surgery/treatments are regarded as procedures of low clinical priority and therefore not routinely commissioned by the ICB Commissioner.

A summary of Cosmetic Surgery is provided by NHS Choices. Weblink:  
<http://www.nhs.uk/conditions/Cosmetic-surgery/Pages/Introduction.aspx> and  
<http://www.nhs.uk/Conditions/Cosmetic-surgery/Pages/Procedures.aspx>

## Diagnostic Procedures

Diagnostic procedures to be performed with the sole purpose of determining whether or not a restricted procedure is feasible should not be carried out unless the eligibility criteria are met, or approval has been given by the ICB or GP (as set out in the approval process of the patients responsible ICB) or as agreed by the IFR Panel as a clinically exceptional case.

Where a General Practitioner/Optometrlist/Dentist requests only an opinion the patient should not be placed on a waiting list or treated, but the opinion given and the patient returned to the care of the General Practitioner/Optometrlist/Dentist, in order for them to make a decision on future treatment.

## Clinical Trials

The ICB will not fund continuation of treatment commenced as part of a clinical trial. This is in line with the Medicines for Human Use (Clinical Trials) Regulations 2004 and the Declaration of Helsinki which stipulates that the responsibility for ensuring a clear exit strategy from a trial, and that those benefiting from treatment will have ongoing access to it, lies with those conducting the trial. This responsibility lies with the trial initiators indefinitely.

## Clinical Exceptionality

If any patients are excluded from this policy, for whatever reason, the clinician has the option to make an application for clinical exceptionality. However, the clinician must make a robust case to the Panel to confirm their patient is distinct from all the other patients who might be excluded from the designated policy.

The ICB will consider clinical exceptions to this policy in accordance with the Individual Funding Request (IFR) Governance Framework consisting of: IFR Decision Making Policy; and IFR Management Policy.