

The routine referral and specialist management of meibomian cysts (chalazia)

NHS Devon

Commissioning policy

Routine referral and specialist management of meibomian cysts is only commissioned in the following circumstances:

Recurrently infected cysts

Specialist assessment and treatment of meibomian cysts will be funded when all three of the following criteria apply:

- The meibomian cyst has been present continuously for more than 6 months
AND
- The meibomian cyst is regularly infected (e.g. 2 times within six-month time frame) and in need of medical treatment for infection
AND
- There has been failure of conservative management (consisting of regular application of warm compresses and lid massage, 2 to 4 times daily) documented after at least 4 weeks.

Interfering with vision or protection of the eye by the eyelid

Specialist assessment and treatment of meibomian cysts will be funded when both of the following criteria apply:

- The meibomian cyst is interfering with the patient's vision
AND

- There has been failure of conservative management (consisting of regular application of warm compresses and lid massage, 2 to 4 times daily) documented after at least 4 weeks

In addition, specialist assessment and treatment of meibomian cysts will be funded when the meibomian cyst interferes with the protection of the eye by the eyelid due to altered lid closure or lid anatomy

Children under the age of 10 years

Specialist assessment and treatment of meibomian cysts will be funded for children under the age of 10 years due to the potential risk to visual development from cyst induced astigmatism. It may be appropriate to recommend 4 weeks conservative management (consisting of regular application of warm compresses and lid massage, 2 to 4 times daily) prior to considering referral, particularly in smaller cysts that are not interfering with vision.

Recurring cysts/atypical features

Meibomian cysts that recur in the same place or have atypical features require biopsy to rule out malignancy.

Once it is established that a lesion is a simple meibomian cyst and that it is not malignant, its removal will only be funded by the NHS in Devon in line with the above criteria. However, a clinician may request exceptional funding. ***Clinicians referring on this basis should make the patient explicitly aware that removal of the lesion may not occur.***

Rationale for the decision

Meibomian cysts are benign lesions of the upper or lower eyelid that will normally resolve with conservative management. Up to 80% of meibomian cysts resolve spontaneously, although this may take weeks to months. Conservative management is the first line treatment of meibomian cysts; this involves regular application of warm compresses and gentle massaging to encourage drainage of the cyst contents.

Very large cysts can cause astigmatism, visual disturbance, or ptosis (drooping eyelid); visual development could potentially be at risk in young children. A meibomian cyst may become secondarily infected, and rarely this can lead to periorbital or orbital cellulitis.

The routine removal of a benign (non-cancerous) skin lesion to improve appearance alone is not considered to represent value for money for the NHS. There are a number of circumstances outlined above in which assessment and/or removal of a lesion is commissioned.

Guidance notes on exceptionality

Where the circumstances of treatment for an individual patient do not meet the criteria described above exceptional funding can be sought. Individual cases will be reviewed by the appropriate panel of the ICB upon receipt of a completed application from the patient's GP, consultant or clinician. Applications cannot be considered from patients personally.

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28.05.2019	Policy agreed by NHS Devon CCG following consideration of Academy of Medical Royal Colleges (AMRC) Evidence Based Interventions Guidance for CCGs Policy adopted by NHS Devon ICB on 01.07.2022